CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction (Guide explains how to con	plete this form.	1 Filer ID (Ethics Commis 00069218	,	2 Total pages	filed: 108
3	CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
	OFFICEHOLDER NAME	The Honorable	Briscoe R.			Date Received	
						ELECTRONI	CALLY FILED
		NICKNAME	LAST		SUFFIX	07/17/2023	
			Cain		SOLLIN		
4	CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CIT	TY;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
	OFFICEHOLDER MAILING	P.O. Box 7					
	ADDRESS					Receipt #	Amount
	Change of Address	Deer Park, TX 77536				Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI	£	
	TREASURER NAME	Mrs.	Tanya				
		NICKNAME	LAST		SUFFIX		
			Robertson				
6	CAMPAIGN	STREET ADDRESS (NO I	PO BOX PLEASE);	APT	/ SUITE #; CITY;	S	TATE; ZIP CODE
	TREASURER ADDRESS	1110 Appleford Drive					
	(Residence or Business)						
	(residence of business)	Taylor Lake Village, TX	77586				
7	CAMPAIGN	AREA CODE PH	ONE NUMBER	EXTENSION			
Ľ	TREASURER	(832) 687-4192					
	PHONE						
8	REPORT						
	TYPE	January 15	30th day before	e election	Runoff	15th day after of	campaign treasurer fficeholder only)
		X July 15	8th day before	election	Exceeded modified		ttach C/OH-FR)
					reporting limit		,
9	PERIOD	Month Day Yea	ır		Month Day	Year	
	COVERED	01/01/2023	TI	HROUGH	06/30/2023	3	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Yea	ır 🛛 🖓	Primary	Runoff	Other	
				General	Special		
11	OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
		State Representative D	istrict 128 Harris		State Representa	ative District 12	28
F		1			1		
1							
			GO ⁻	TO PAGE 2			
L For	ms provided by Te	exas Ethics Commission		thics.state.tx.u	3	Ver	sion V3.5.1.a18ea2ca
101	ms provided by Te		vvvvv.e			vel	JULI 10.0.1.10000200

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 108

13 C / OH NAME	Cain, Briscoe R. (The	Honorable)	14 Filer ID (E 00069218	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditu These expenditures may have been made without to officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 20,768.67
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 55,150.50
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 215,397.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 100,000.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hono	orable Briscoe R. Cair	ı
		Signature of	Candidate or Officehold	ler
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the sa	aid	, this the	day
		rtify which, witness my hand and seal of office.		
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	\	/ersion V3.5.1.a18ea2ca

S	UBT		FORM C/OH SHEET PG 3 3 of 108		
	ER NAM in, Bris	ME scoe R. (The Honorable)	19 Filer ID 00069218	(Ethics C	ommission Filers)
		E SUBTOTALS SCHEDULE		SUE	STOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	20,768.67
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE E: LOANS		\$	100,000.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	55,150.50
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	60,000.00
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

SCHEDULE A1

					_		
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/108	
2	2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)	
		e R. (The Honorable)			ľ	00069218	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/29/2023	Autry Public Affairs LLC	—				\$500.00
	I	6 Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78739					
8	Principal occu	pation / Job title (See Instructions))	9 Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/29/2023	Blackridge	—				\$2,000.00
	I	Contributor address; City; Sta					
		-					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/29/2023	Brentwood Public Affairs					\$1,000.00
	I	Contributor address; City; Sta	ate; Zip Code				
		-					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/26/2023	Brigham, Ben					\$1,000.00
		Contributor address; City; Sta	ate; Zip Code				
		Austin, TX 78746					
		pation / Job title (See Instructions))	Employer (See Instructions	;)		
	Chairman			Anthem Ventures			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	\square	Amount of Contribution (\$)	
	06/30/2023	Burrows, Dustin					\$2,500.00
	Contributor address; City; State; Zip Code						
		Lubbock, TX 79423					
		pation / Job title (See Instructions))	Employer (See Instructions	;)		
	Attorney			Burrows Law Firm PC			

SCHEDULE A1

The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/108	
2 FILER NAME					Filer ID (Ethics Commissio	on Filers)
	e R. (The Honorable)				00069218	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
06/30/2023	Eichler, Shera					\$1,000.00
	6 Contributor address; City; St	ate; Zip Code				
			ſ			
			ſ			
	Austin, TX 78701		-			
	pation / Job title (See Instructions	.)	9 Employer (See Instructions			
Consultant			Second Floor Strategies	s, L	LC	
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06/30/2023	Hayter, Russell					\$25.00
	Contributor address; City; St					
	Mountain City, TX 78610					
Principal occu	pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06/29/2023	Hodge, Daniel					\$1,000.00
	Contributor address; City; St					
	Austin, TX 78701					
-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Consultant			Self			
Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
06/29/2023	IBAT PAC					\$500.00
	Contributor address; City; St	ate; Zip Code		1		
	Austin, TX 78701		1	<u> </u>		
Principal occu	pation / Job title (See Instructions	·)	Employer (See Instructions	5)		
Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06/30/2023	Lanier, Michael					\$25.00
	Contributor address; City; State; Zip Code					
	Deer Park, TX 77536		_			
-	pation / Job title (See Instructions	,)	Employer (See Instructions	5)		
ITSS			Texas Oncology			

SCHEDULE A1

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	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/108	
2	2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)	
		e R. (The Honorable)				00069218	,
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7	Amount of Contribution (\$)	
	06/30/2023	Marquez, Brandy					\$1,561.52
		6 Contributor address; City; State; Zip Code			1		
		Austin, TX 78735					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	5)		
	Consultant			Marquez Public Affairs			
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	06/23/2023	Ramirez, Rene					\$1,000.00
		Contributor address; City; State; Zip Code					
		Edinburg, TX 78539					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Lobbyist			Self			
F	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	06/29/2023	Rivero, Hector					\$1,000.00
		Contributor address; City; State; Zip Code					
		· · · · · · · · · · · · · · · · · · ·					
		Austn, TX 78731					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President &	CEO		Texas Chemical Counci	I		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	06/30/2023	Robertson, Michael					\$104.10
		Contributor address; City; State; Zip Code					
		Bacliff, TX 77518					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Inspector			TEAM Tank Consultants	5		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	06/28/2023	Schirmbeck, Byron					\$52.05
	Contributor address; City; State; Zip Code						
		Baytown, TX 77521					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Managing member Deftec solutions						
			I				

SCHEDULE	A1
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The Instruction Guide explains how to complete this form.					1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/108	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Cain, Brisco	e R. (The Honorable)				00069218	
4	Date	5 Full name of contributor out-of-state	PAC (ID#:)	7	Amount of Contribution (\$)	
	06/29/2023	Second Floor Strategies LLC					\$500.00
		6 Contributor address; City; State; Zip Code					
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions)		
F	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	06/29/2023	Texans for Lawsuit Reform PAC					\$2,500.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
	Principal occupation / Job title (See Instructions) Employer (See Instruction			Employer (See Instructions)		
F	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	06/29/2023	Texas Association of Health Plans PA					\$1,000.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor 🛛 out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	06/29/2023	The Posey Law Firm, PC					\$1,000.00
		Contributor address; City; State; Zip Code					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	06/29/2023	Weekley, Richard					\$1,500.00
	Contributor address; City; State; Zip Code						
L		Houston, TX 77027					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
1	Realestate D	vevelopment		Weekley Properties			
Γ			I				
1							

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/108	
	FILER NAME Cain, Brisco	e R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069218
				7 Amount of Contribution (\$) \$1,000.00
8	Principal occu	Austin, TX 78701 Ipation / Job title (See Instructions) 9 Employer (See Instructions)	ee Instructions))
	Date Full name of contributor out-of-state PAC (ID#:) 06/20/2023 Williamson, Justin Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1.00
	Principal occu	Austin, TX 78748 Ipation / Job title (See Instructions) Employer (See	ee Instructions))

LOANS				SCHEDULE E
The Instruction	Guide explains how to complete this f	orm.		ges Schedule E: 1 Rpt: 9/108
2 FILER NAME Cain, Briscoe R. (1	Гhe Honorable)		3 Filer ID000692	(Ethics Commission Filers) 18
⁴ TOTAL OF UNIT	EMIZED LOANS			\$
5 Date of loan 7 06/30/2023	Name of lender Image: out-of-state PAR Law Office of Briscoe Cain PLLC	C (ID#:)	9 Loan Amount (\$) \$100,000.00
6 Is lender a 8 financial institution?	Lender address; City; State;	Zip Code		10 Interest Rate
No	Deer Park, TX 77536			11 Maturity Date
12 Principal occupation	/ Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Collate	əral	15 Check if personal funds we	re deposited	into political account (See Instructions)
16 GUARANTOR 11 INFORMATION	7 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable	8 Guarantor address; City; State;	Zip Code		
20 Principal occupation		21 Employer (See Instructions)	

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reint Fees Office Overhead/Rental Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Salaries/Wages/Contrac The Instruction Guide explains how to complete this	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above)			
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)			
	Sch: 1/98 Rpt: 10/108	Cain, Briscoe R. (The Honorable)	00069218			
4	Date 02/08/2023	Payee name L-800-flowers.com, Inc				
6	Amount (\$) \$80.07	Payee address; City; State; Zip Code 2 Jericho Plaza Jericho, NY 11753				
8	PURPOSE OF EXPENDITURE		ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense ers for constituent funeral			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/20/2023	L-800-flowers.com, Inc				
	Amount (\$) \$162.36	Payee address; City; State; Zip Code 2 Jericho Plaza				
	PURPOSE OF EXPENDITURE		ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense Prs for constituent funeral			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/25/2023	AT&T Hotel and Conference Center				
	Amount (\$) \$204.97	Payee address; City; State; Zip Code 1900 University Ave				
		Austin, TX 78705				
	PURPOSE OF EXPENDITURE		ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense ing for officeholder			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	andidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 2/98 Rpt: 11/108	Cain, Briscoe R. (The Honorable)	00069218			
4	Date	Payee name				
	01/17/2023	AT&T				
6	Amount (\$) \$53.76	Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202				
8	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense rice for campaign office			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/16/2023	AT&T				
	Amount (\$) \$53.76	Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202 Example 10 (100 (100 (100 (100 (100 (100 (100				
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense rice for campaign office			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/12/2023	Academy Sports + Outdoors				
	Amount (\$) \$315.98	Payee address; City; State; Zip Code 5400 Brodie Ln				
		Sunset Valley, TX 78745				
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense npaign embroidering			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	tical Committee Legal Services Salaries/Wages/Contract La The Instruction Guide explains how to complete this for						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)								
	Sch: 3/98 Rpt: 12/108		Cain, Briscoe R. (The Honorable)					00069218				
4	Date	5	Payee name									
	05/15/2023		Academy Sports + Outdoors									
6	Amount (\$)	7 Payee address; City; State; Zip Code										
\$181.86 1800 N Mason Rd												
			Katy, TX 77449									
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description						
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense				
								dering for committee gifts				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held				
	Date		Payee name									
	02/21/2023		Amazon									
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode							
\$207.83 410 Terry Ave N												
			Seattle, WA 98109									
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description						
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.				
						campaign off		officeholder living expense				
						campaign on	100	Supplies				
_	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l .ght			Office held				
	expenditure to benefit C/OI	H			U							
	Date		Payee name									
	05/17/2023		Amazon									
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode							
	\$438.99		410 Terry Ave N	,								
			Seattle, WA 98109		_							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description						
	EXPENDITURE		Gift/Awards/Memorials Expense					de of Texas. Complete Schedule T. , officeholder living expense				
								ler for committee gifts				
							. 0.0					
	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office sou	l Iaht			Office held				
	expenditure to benefit C/Oł			2.1100 000	-9·11							
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 4/98 Rpt: 13/108	Cain, Briscoe R. (The Honorable)	00069218							
4	Date 06/29/2023	Payee name Amazon								
6 Amount (\$) 7 Payee address; City; State; Zip Code \$194.76 410 Terry Ave N Seattle, WA 98109										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense American flags for distribution at parades										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/21/2023	Amazon								
	Amount (\$) \$56.38	Payee address; City; State; Zip Code 410 Terry Ave N								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Law by Bastiat for staff reading group							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date 01/21/2023	Payee name Amazon								
	Amount (\$) \$23.68	Payee address; City; State; Zip Code 410 Terry Ave N								
		Seattle, WA 98109								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ers for capitol office							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	· · · · ·	Filer ID (Ethics Commission Filers)							
_	Sch: 5/98 Rpt: 14/108		Cain, Briscoe R. (The Honorable) 00069218								
4	Date	5	Payee name								
	01/04/2023		Ammunition LLC								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de						
	\$300.00		4700 Oleander St								
			El Lago, TX 77586								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Gift/Awards/Memorials Expense	.000.0)		el outs	ide of Texas. Complete Schedule T.				
	EXPENDITORE						, officeholder living expense				
					gifts for legi	slato	ors				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held				
	Date		Payee name								
	01/11/2023		Apple Inc								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$9.99		1 Apple Park Way								
			Cupertino, CA 95014								
	PURPOSE OF		Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	EXPENDITURE		Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
							ftware for campaign videos				
							1 3				
	Complete ONLY if direct	<u>с</u>	andidate/Officeholder name 0	Office sou	ght		Office held				
	expenditure to benefit C/OF	Н									
	Date		Payee name								
	02/06/2023		Apple Inc								
-	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$43.29		1 Apple Park Way								
			Cupertino, CA 95014								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Polling Expense				ide of Texas. Complete Schedule T.				
	-						, officeholder living expense block walkers				
					IF au Sei VICE		DIOCH WAINEIS				
_	Complete ONLV if direct	Ľ	andidate/Officeholder name		abt		Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sou	yılı		Office held				
_											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)								
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 6/98 Rpt: 15/108	Cain, Briscoe R. (The Honorable)	00069218								
4	Date 02/13/2023	5 Payee name Apple Inc									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
Ū	\$9.99										
0	DUDDOSE										
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense teleprompter software for campaign videos 											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/21/2023	Apple Inc									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$43.29	1 Apple Park Way Cupertino, CA 95014									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Dr block walkers								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	03/06/2023	Apple Inc									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$43.29	1 Apple Park Way									
		Cupertino, CA 95014									
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Or block walkers								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 7/98 Rpt: 16/108	Cain, Briscoe R. (The Honorable)	00069218							
4	Date 03/13/2023	5 Payee name Apple Inc								
6	Amount (\$) \$9.99	7 Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense teleprompter software for campaign videos										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/03/2023	Apple Inc								
	Amount (\$) \$43.29	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Polling Expense Check if travel of Check if travel of Check if Austin,	outside of Texas. Complete Schedule T. . TX, officeholder living expense for block walkers							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/11/2023	Apple Inc								
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1 Apple Park Way								
		Cupertino, CA 95014								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Software for campaign videos							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 8/98 Rpt: 17/108	Cain, Briscoe R. (The Honorable)	00069218							
4	Date 05/04/2023	5 Payee name Apple Inc								
6	Amount (\$) \$44.69	7 Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description Image: Check if Austin, TX, officeholder living expense iPad service for block walkers Image: Check if Austin, TX, officeholder living expense iPad service for block walkers										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/11/2023	Apple Inc								
	Amount (\$) \$9.99	Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense Software for campaign videos							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/05/2023	Apple Inc								
	Amount (\$) \$43.29	Payee address; City; State; Zip Code 1 Apple Park Way								
		Cupertino, CA 95014								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Or block walkers							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awa mittee Legal Se	· verage Expense rds/Memorials Expense	Office Overhe Polling Expen Printing Expen Salaries/Wage	nse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
-	Sch: 9/98 Rpt: 18/108	Cain, Briscoe R. (The Honorable)			00069218				
4	Date	Payee name								
	06/12/2023	Apple Inc								
6	Amount (\$)	Payee address;	City; State	e; Zip Code						
	\$9.99	1 Apple Park Way	/							
		Cupartina CA 05	N1 /							
		Cupertino, CA 95		i	_					
8	PURPOSE OF		pries listed at the top of this so	chedule) (b	Description					
	EXPENDITURE	Office Overhead/I	Rental Expense			outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
						software for campaign videos				
					teleprempter	contrate for campaigh faces				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	er name	Office sough	t	Office held				
	Date	Payee name								
	03/31/2023	Apple Inc								
			City // Stat	a. Zin Cada						
	Amount (\$)	Payee address;		e; Zip Code						
	\$124.48	1 Apple Park Way	/							
		Cupertino, CA 95	014							
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense video subtitle software for campaign videos 								
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officehold	er name	Office sough	t	Office held				
	Date	Payee name								
	01/03/2023	At Home								
	Amount (\$)	Payee address;	City; State	e; Zip Code						
	\$179.64	515 US 290		-,						
		Austin, TX 78735								
	PURPOSE	Category (See Category	pries listed at the top of this so	chedule) (b	Description					
	OF EXPENDITURE	Office Overhead/f	Rental Expense		Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense candy jars for capitol office				
	Complete ONLY if direct	andidate/Officehold	er name	Office sough	t	Office held				
	expenditure to benefit C/OF			Since Sough	•	onice neiu				
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials	se Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ment/Reimbursement head/Rental Expense ense jense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME	Filer ID	(Ethics Commission Filers)							
	Sch: 10/98 Rpt:		Cain, Briscoe R. (The Hono	rable)				00069218				
4	Date	5	Payee name									
	04/25/2023		Austin Energy - City of Austin Utilities									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$1,244.27	4815 Mueller Blvd										
		Austin, TX 78723										
8	PURPOSE	(a)	Catagony			(b) Description						
ľ	OF	(a)	Category (See Categories listed at the Office Overhead/Rental Exp		nedule)		outs	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE		Onice Overneau/Rentai Exp	Jense				, officeholder living				
						electricity for	Au	stin COH re	ntal home			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	(Office soug	ht		Office he	əld			
	Date		Payee name									
	06/02/2023		Austin Energy - City of Aust	in Utilities								
_	Amount (\$)		Payee address; City;		; Zip Coo	le						
	\$402.82		4815 Mueller Blvd	otato	, <u>_</u> .p eet							
	ψ402.02											
			Austin, TX 78723									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Office Overhead/Rental Exp		nedule)	(b) Description Check if travel Check if Austin electricity for	I, TX		l expense			
	Complete ONLY if direct		Candidate/Officeholder name		Office cour	bt		Office he				
	expenditure to benefit C/Oł			(Office soug	III		Once ne	eiu			
	Date		Payee name									
	06/21/2023		Austin Energy - City of Aust	in Utilities								
	Amount (\$)		Payee address; City;	State	; Zip Coo	le						
	\$93.33		4815 Mueller Blvd									
			Austin, TX 78723									
	PURPOSE	(a)	Category (See Categories listed at th	ne top of this sch	nedule)	(b) Description						
			Office Overhead/Rental Exp		,	Check if travel	outs	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE		·			X Check if Austin						
						electricity for	Au	stin rental h	ome			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	(Office sou	ht		Office he	eld			
	•											

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	EXPENDITOR Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	se Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense ense pense ages/Contract Labor		Transportation I Travel in Distric Travel Out of Di			
1	Total pages Schedule F1:	2	2 FILER NAME 3 Filer ID (Ethics Co									
-	Sch: 11/98 Rpt:	[-		- oe R. (The Hono	rable)			ľ	00069218	()		
4	Date	5	Payee name	-	,							
	05/19/2023	ľ	2	ing Services								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$297.69	\$297.69 1906 Guadalupe St										
			Ste 2B									
			Austin, TX	78705								
_	DUDDOCE						(h) =					
8	PURPOSE OF	(a)		ee Categories listed at th		nedule)	(b) Description	outoi	ida of Toyac, Con	nplete Schedule T.		
	EXPENDITURE		Giff/Awards	s/Memorials Exp	ense				, officeholder livin	•		
										ommittee gifts		
							engrænnig er			gine gine		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	(Dffice sou	ght		Office h	eld		
	Date		Payee name	1								
	01/29/2023		Austin-Berg	strom Parking								
_	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
\$68.00 2716 Spirit of Texas Dr												
	\$00.00		Li 10 Opini									
			Austin, TX	78719								
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Fees	ee Categories listed at th	ne top of this sch	iedule)		ı, TX	, officeholder livin	nplete Schedule T. g expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Off	iceholder name	(Dffice sou	ght		Office h	eld		
-	Date	Γ	Payee name	1								
	03/03/2023		2	outh Garage								
		-		-	C+++-	· 7in 0-						
	Amount (\$)		Payee addre		State	; Zip Co	Je					
	\$27.00		1710 Poke	SI								
			Houston, T	X 77003								
	PURPOSE	(a)	Category /s	ee Categories listed at th	he ton of this sch	edule)	(b) Description					
	OF	ľ	Fees			ieduic)		outsi	ide of Texas. Con	nplete Schedule T.		
	EXPENDITURE						Check if Austir	ι, TX	, officeholder livin	g expense		
							parking for le	egis	lative event			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	(Office sou	ght		Office h	eld		
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Travel in District Travel Out of Dist	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 12/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218				
4	Date	5	Payee name									
	05/26/2023		B.C.P. / Beaumont Rainbow Room									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$100.00	\$100.00 PO Box 5974										
			Beaumont, TX 77726-5974									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Descripti	on						
	OF EXPENDITURE		Gift/Awards/Memorials Expense					de of Texas. Comp				
								officeholder living				
					Эреаке	r ynt, t	uui					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght			Office he	ld			
	- p											
	Date		Payee name									
	01/01/2023		BBTG Holdings Inc									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$1,239.00		2318 Center St									
			Ste 110									
			Deer Park, TX 77536									
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Descripti	on						
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Comp				
					campaig			officeholder living	expense			
					campai	gii Oni	LE	Tent				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	nht			Office he	Id			
	expenditure to benefit C/OI				<u>y</u>							
-	Date		Payee name									
	01/05/2023		Baytown Chamber of Commerce									
	Amount (\$)	-	-	Zip Co	de							
	\$275.00		825 Rollingbrook Dr	210 00								
	\$210.00											
			Baytown, TX 77521									
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	on						
	OF EXPENDITURE		Fees					de of Texas. Comp				
								officeholder living				
					Campai	girine	5111	bership dues				
-	Complete ONLY if direct	L	Candidate/Officeholder name C	Office sou	aht			Office he	ld			
	expenditure to benefit C/OI							Child He				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Food/Beverage Expense Polling Expense Travel in District Printing Expense Travel Out of Dis						quipment & Related Expense				
1	Total pages Schedule F1:	2	2 FILER NAME 3 Filer ID (Ethics Co									
	Sch: 13/98 Rpt:			oe R. (The Honor	able)				00069218			
4	Date	5	Payee name	9								
	01/26/2023		Baytown Chamber of Commerce									
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$35.00	\$35.00 825 Rollingbrook Dr										
			Baytown, T	X 77521								
8	PURPOSE	(a)	Category (S	See Categories listed at the	e top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Fees			,		outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITORE								, officeholder living			
							event ticket fo	oro	campaign sta	aff		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ficeholder name	C	Office sou	Jht		Office he	eld		
	Date		Payee name	9								
	02/20/2023		Baytown C	hamber of Comm	erce							
⊢	Amount (\$)		Payee addre			; Zip Co	le					
	\$125.00		825 Rolling	-	Otato	, <u>Lip</u> 00						
	φ125.00			JDIOOK DI								
			Baytown, T	X 77521								
⊢	PURPOSE	(a)	-				(b) Description					
	OF	(a)	Fees	See Categories listed at the	e top of this sch	iedule)		outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE		rees						, officeholder living			
							Chamber gal	a e	event ticket fo	or officholder		
⊢	Complete ONLY if direct		Candidate/Off	ficeholder name	(Dffice sou	aht		Office he	eld		
	expenditure to benefit C/OI											
⊢	Date		Payee name	9								
	03/21/2023			hamber of Comm	erce							
⊢	Amount (\$)	-	Payee addre			; Zip Co	10					
	\$50.00		825 Rolling		State	, zip co						
	ψ50.00			JDIOOK DI								
			Baytown, T	X 77521								
	PURPOSE	(a)	Category (S	See Categories listed at the	e top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Fees						ide of Texas. Com			
									, officeholder living			
							event ticket fo		Jampaign Sta	ali		
L	0 14 01 14 1			· · · · ·		2.45						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Off	ficeholder name	C	Office sou	jnt		Office he	eia.		
		•										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2										
1	Sch: 14/98 Rpt:		Cain, Briscoe R. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069218					
4	Date	5	Payee name									
	06/12/2023		Baytown Chamber of Commerce									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$277.00	\$277.00 825 Rollingbrook Dr										
			Baytown, TX 77521									
8	PURPOSE	(2)	-		(b) Description							
Ô	OF	[(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.					
	EXPENDITURE		Candidate/Officeholder/Political Comm	ittee			, officeholder living expense					
					sponsorship	of o	charity golf tournament jackets					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held					
	Date		Payee name									
	04/06/2023		Baytown Republican Women									
⊢	Amount (\$)	┢	Payee address; City; State;	Zip Co	de							
\$25.00 3601 Tompkins Dr												
	+_0.00											
			Baytown, TX 77521									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schu Fees	edule)	Check if Austin	, тх	ide of Texas. Complete Schedule T. , officeholder living expense Campaign Staff					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Office sou	ght		Office held					
⊢	Date	Γ	Payee name									
	04/10/2023		Baytown Republican Women									
	Amount (\$)			Zip Co	de							
	\$25.00		3601 Tompkins Dr	, zip 00								
	\$20.00											
			Baytown, TX 77521									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description							
	EXPENDITURE		Fees			, тх	ide of Texas. Complete Schedule T. , officeholder living expense candidate					
-	Complete ONLY if direct	L (Candidate/Officeholder name C	Office sou	aht		Office held					
	expenditure to benefit C/OI				J		0					
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services	Fees Office Overhead/Rental Expense Transportation Equipmediate Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District						
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 15/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218		
4	Date	6								
4		5	Payee name							
	01/06/2023		Bird Global Inc							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de					
	\$20.00 392 NE 191st St									
	Ste 20388									
	Miami, FL 33179									
8	PURPOSE	(2)			(h)	Description				
ľ	OF	(a)	Category (See Categories listed at the top of this so Transportation Equipment & Related	chedule)	(0)	Description	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense					officeholder living		
						transportatior	۱			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office he	eld	
	Date		Payee name							
	01/08/2023		Bird Global Inc							
	Amount (\$)		Payee address; City; State	e; Zip Co	ode					
	\$5.16		392 NE 191st St	o;p oo						
	40.10									
			Ste 20388							
			Miami, FL 33179							
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Transportation Equipment & Related					de of Texas. Com		
			Expense			Check if Austin, TX, officeholder living expense Officeholder transportation			expense	
						Oncenduel i	lai	isportation		
				0.11				011		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ight			Office he	eld	
	Date		Payee name							
	02/02/2023		Bird Global Inc							
	Amount (\$)		Payee address; City; State	e; Zip Co	de					
	\$10.00		392 NE 191st St							
			Ste 20388							
			Miami, FL 33179							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description	0.140	do of Toylog Com	nlata Sabadula T	
	EXPENDITURE		Transportation Equipment & Related					de of Texas. Com officeholder living		
			Expense			Officeholder t			expense	
								.sportation		
_	Complete ON! V if direct	L	Candidate/Officeholder name	Office acti	abt			Office he	Nd	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Office sou	iynt			Unice he		
	•									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 16/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218			
4	Date		Payee name							
	01/06/2023	Bouldin Acres								
6	Amount (\$) \$151.74	7 Payee address; City; State; Zip Code \$151.74 2027 S Lamar Blvd Austin, TX 78704								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner with freshman legislators										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	Office sou	ght		Office held			
	Date		Payee name							
01/10/2023 Brother's Valet										
Amount (\$) Payee address; City; State; Zip Code \$16.36 7610 Rio Pass Austin, TX 78724										
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Fees	nedule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense lative function			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			
	Date		Payee name							
	06/21/2023		Buc-ee's							
	Amount (\$) \$55.21		Payee address; City; State 205 I-45	; Zip Co	de					
			Madisonville, TX 77864							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Travel Out of District	nedule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense n travel			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								uipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAM	Ξ					3	Filer ID		(Ethics Commission Filers)
	Sch: 17/98 Rpt:	[⁻		oe R. (The Hon	orable)				-	0006921		````
	Date	-		-								
4		5	Payee name									
	01/24/2023		BUIIOCK TEX	kas History Mus	seum							
6 Amount (\$) 7 Payee address; City; State; Zip Code												
\$15.00 1800 Congress Ave												
			Austin, TX	78701								
8	PURPOSE	(2)				I	(h)	Decerintien				
°	OF	(a)	Fees	See Categories listed at	t the top of this sch	iedule)	(0)	Description	nutsi	de of Texas (Compl	ete Schedule T.
	EXPENDITURE		FEES					Check if Austin				
								parking for Th	ne T	Texan Co	onfer	ence, legislative policy
								event				
9	Complete ONLY if direct	<u> </u>	Candidate/Off	iceholder name	(Dffice sou	aht			Office	e hel	d
-	expenditure to benefit C/Oł						9.11					-
	Dete	_										
	Date		Payee name	;								
	01/06/2023		CVS									
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$12.98		2101 S Lar	nar Blvd								
			Austin, TX	78704								
	PURPOSE	(a)	Category	See Categories listed at		(a dula)	(b)	Description				
	OF			rhead/Rental Ex		iedule)	()		outsi	de of Texas. C	Compl	ete Schedule T.
	EXPENDITURE		Office Over		Apenioe			Check if Austin	, тх,	officeholder li	iving e	expense
								suppllies for a	сар	itol office		
	Complete ONLY if direct	. (Candidate/Off	iceholder name	(Office sou	ght			Office	e hel	d
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/13/2023		Cavender's									
					Ctoto	. 7:2 0.2	da					
	Amount (\$)		Payee addre	-	State	; Zip Co	ue					
	\$86.58		4435 S Lar	nar Bivo								
			Austin, TX	78745								
	PURPOSE	(a)	Category (S	See Categories listed at	t the top of this sch	nedule)	(b)	Description				
				s/Memorials Ex		,			outsi	de of Texas. C	Compl	ete Schedule T.
	EXPENDITURE							Check if Austin				
								shirts for emb	oroi	dering for	r cor	nmittee gifts
	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office	e hel	d
	expenditure to benefit C/OI	Н										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 18/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218		
4	Date 05/12/2023	5	Payee name Chick-fil-A						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	le				
	\$80.55	\$80.55 503 W Martin Luther KIng Jr Blvd Austin, TX 78701							
8	PURPOSE	(a)	Category (a construction of the second		(b) Description				
Ū	OF	OF Ecod/Reverage Expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held		
	Date		Payee name						
03/07/2023 Chili's									
Amount (\$) Payee address; City; State; Zip Code									
	\$98.19		4420 N Lamar Blvd Austin, TX 78701						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Ich		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held		
-	Date		Payee name						
	06/21/2023		Chili's						
	Amount (\$)		Payee address; City; State;	; Zip Co	le				
	\$89.49		6350 North Fwy						
			Fort Worth, TX 76137						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	edule)	Check if Austin	, тх,	ide of Texas. Complete Schedule T. , officeholder living expense ublican precinct chairs after speaking		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 19/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218		
4	Date	5	Payee name			<u> </u>			
	05/19/2023		Chili's						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
\$63.40 4420 N Lamar Blvd									
			Austin, TX 78701						
8	PURPOSE		Category (See Categories listed at the top of this sche	5.13	(b) Description				
-	OF		Food/Beverage Expense	edule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE						, officeholder living expense		
					capitol office	lun	ch		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ht		Office held		
	Date	Γ	Payee name						
	02/24/2023 Chipotle Mexican Grill								
	Amount (\$)	\square	Payee address; City; State;	Zip Co	le				
	\$46.33		2230 Guadalupe St						
			Ste 32						
			Austin, TX 78705						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense	,			ide of Texas. Complete Schedule T.		
						heck if Austin, TX, officeholder living expense			
					lunch for cap	Itoi	STATT		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ıht		Office held		
	expenditure to benefit C/OF			JIICE SOUL	liit		Onice neid		
	Dete	—							
	Date 03/16/2023		Payee name Chipotle Mexican Grill						
			•	7:- 00					
	Amount (\$)			Zip Co	16				
	\$55.37	1	2230 Guadalupe St						
		1	Ste 32						
			Austin, TX 78705						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					lunch for cap				
						1101	Stan		
	Complete ONLY if direct	L	Candidate/Officeholder name C	Office soug	iht		Office held		
	expenditure to benefit C/Oł								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense 1 Food/Beverage Expense Polling Expense 1 - Gift/Awards/Memorials Expense Printing Expense 1						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 20/98 Rpt:		Cain, Briscoe R. (The Honora	ble)				00069218			
4	Date	5	Payee name								
	01/18/2023		Chris's Package Store								
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	le					
	\$361.51		2203 S Lamar Blvd								
			Austin, TX 78704								
8	PURPOSE	(a)	Category (See Categories listed at the t			(b) Description					
Ũ	OF	(``'	Gift/Awards/Memorials Expen		edule)		outsi	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE			50		Check if Austin	, TX,	, officeholder living	expense		
						legislator gifts	S				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Dffice sou	ht		Office he	eld		
	Date		Payee name								
	05/01/2023		Chris's Package Store								
		-		Stata	Zin Co	10					
	Amount (\$)		Payee address; City;	Siale,	; Zip Co	ie					
	\$129.84 2203 S Lamar Blvd										
			Austin, TX 78704								
	PURPOSE	(a)	Category (See Categories listed at the t	op of this sch	edule)	(b) Description					
	OF EXPENDITURE		Gift/Awards/Memorials Expen	se				ide of Texas. Com	•		
								, officeholder living	expense		
						legislator gift	S				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	lht		Office he	eld		
	expenditure to benefit C/OI	Η									
	Date	Γ	Payee name								
	04/12/2023		Chuy's								
-	Amount (\$)	⊢	Payee address; City;	State	Zip Co	10					
	\$107.24		1728 Barton Springs Rd	State	, zip coo						
	Φ107.24		1/26 Barton Springs Ru								
			Austin, TX 78704								
	PURPOSE	(a)	Category (See Categories listed at the t	op of this sch	edule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Com			
								, officeholder living	expense		
						Dinner with le	egis	slators			
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	lht		Office he	eld		
	expenditure to benefit C/OI	Н									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Re Office O Polling E Printing Salaries	epayr Iverh Expe Expe /Wag	ment/Reimbursement ead/Rental Expense nse ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 21/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218	. , ,		
4	Date	5	Payee name								
	01/11/2023		Cloudways Ltd								
6	6 Amount (\$) 7 Payee address; City; State; Zip Code										
\$10.60 Junction Business Center											
			1st Floor Sqaq								
	Saint Julian's STJ3334 Malta										
_	DUDDOCE				10						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	1(1	b) Description	outei	ide of Texas. Com	nlata Schadula T		
	EXPENDITURE		Office Overhead/Rental Expense					, officeholder living			
						cloud hosting					
							,				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held								eld			
	Date		Payee name								
	02/11/2023		Cloudways Ltd								
	Amount (\$)		Payee address; City; S	tate; Zip C	code	9					
	\$10.60		Junction Business Center								
			1st Floor Sgag								
			Saint Julian's STJ3334 Malta		_						
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(t	b) Description					
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Com			
						cloud hosting		, officeholder living			
							, 10	rcampaign	website		
	Complete ONLY if direct	L	Candidate/Officeholder name	Office so		at		Office he	ald		
	expenditure to benefit C/OI			Office So	Jugi	it.		Office In			
_	Data	<u> </u>									
	Date		Payee name								
	03/11/2023		Cloudways Ltd								
	Amount (\$)			tate; Zip C	Code	9					
	\$10.60		Junction Business Center								
			1st Floor Sqaq								
			Saint Julian's STJ3334 Malta								
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(t	b) Description					
			Office Overhead/Rental Expense	,		Check if travel	outsi	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE							, officeholder living			
						cloud hosting) fo	r campaign v	website		
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ough	nt		Office he	eld		
	expenditure to benefit C/OI	H									

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials	se Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	EII ER NAME				3	Filer ID	(Ethics Commission Filers)
-	Sch: 22/98 Rpt:	-	Cain, Briscoe R. (The Hone	orable)			ľ	00069218	()
4	Date	5	Payee name				•		
	04/13/2023		Cloudways Ltd						
6	6 Amount (\$) 7 Payee address; City; State; Zip Code								
\$10.60 Junction Business Center									
1st Floor Sqaq									
				4-					
			Saint Julian's STJ3334 Ma	ta					
8	PURPOSE	(a)	Category (See Categories listed at	he top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Ex					ide of Texas. Com	•
								, officeholder living	
						cloud hosting	g fo	r campaign v	website
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office sought Office								Office he	eld
	Date		Payee name						
	05/13/2023		Cloudways Ltd						
⊢	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	.,			State	, zip coi	ue			
	\$12.37		Junction Business Center						
	1st Floor Sqaq								
			Saint Julian's STJ3334 Ma	ta					
	PURPOSE	(a)	Category (See Categories listed at	he ton of this sch	nedule)	(b) Description			
	OF		Office Overhead/Rental Ex		iouulo)		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austi	ı, TX	, officeholder living	expense
						cloud hosting	g fo	r campaign \	website
	Complete ONLY if direct	. (Candidate/Officeholder name	(Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Η							
_	Data	<u> </u>	D						
	Date		Payee name						
	06/19/2023		Cloudways Ltd						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$12.37		Junction Business Center						
			1st Floor Sqaq						
			Saint Julian's STJ3334 Ma	ta					
	BUBBAAE					<u> </u>			
	PURPOSE OF	(a)	Category (See Categories listed at		nedule)	(b) Description			
	EXPENDITURE		Office Overhead/Rental Ex	pense				ide of Texas. Com	
						cloud hosting			
							<i>y</i> 10	a campaign	
	0 1.1 0.111				2.45			~ " ·	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(Office sou	gnt		Office he	eia

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	erheac pense kpense /ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 23/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218		
4	Date	5	Payee name							
	01/28/2023		Courtyard by Marriott							
6	Amount (\$)	Amount (\$) 7 Payee address; City; State; Zip Code								
\$88.20 6700 Padre Blvd										
	South Padre Island, TX 78597									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense	,			outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE							officeholder living expense		
						dinner with le information tr		lators and staff on legislative		
						iniomation ti	ιþ			
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							Office held			
	Date		Payee name							
	06/19/2023		Courtyard by Marriott							
_	Amount (\$)		Payee address; City; State;	; Zip Co	de					
	\$159.33		16100 Impact Way	,						
			Pflugerville, TX 78660							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Travel Out of District	nedule)	edule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense lodging for campaign event			officeholder living expense		
							սոր	Jaigh event		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held		
	Date		Payee name							
	02/07/2023		Criminal Justice Reform Caucus							
	Amount (\$)		Payee address; City; State;	; Zip Co	de					
	\$300.00		2601 N Stanton St	, בוף כס	ao					
	\$000.00		Ste A							
			El Paso, TX 79902							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Fees					ide of Texas. Complete Schedule T. , officeholder living expense		
								us membership dues		
						isgisiative ca	400			
	Complete ONIL V if direct	L	Condidate (Office holder as the	Office com	abt			Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ynt			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 24/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218		
4	Date	5	Payee name			<u> </u>			
	03/06/2023		Crosby Huffman Chamber of Commerce	ce					
6	Amount (\$)	7 Payee address; City; State; Zip Code							
\$20.00 5317 1st St									
	Orachy TV 77522								
			Crsoby, TX 77532						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T. , officeholder living expense		
							campaign staff		
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held Office held									
	Date		Payee name						
	01/17/2023		Current Revolt						
	Amount (\$) Payee address; City; State; Zip Code								
	\$55.00		PO Box 560671	, zip co					
			The Colony, TX 75056						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule)		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense DN		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	jht		Office held		
	Date		Payee name						
	04/24/2023		Deer Park Chamber of Commerce						
-	Amount (\$)		Payee address; City; State;	; Zip Co	10				
	\$50.00		120 E. 8th Street	, zip 00					
	\$00.00								
			Deer Park, TX 77536						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T. , officeholder living expense		
							campaign staff and candidate		
						51 (
	Complete ONLV if direct	Ļ	Candidate/Officeholder name C	Office sou	aht		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Sure Son	jiit		Onice neiu		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Rela Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District						quipment & Related Expense	
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)	
1		 ²]			
	Sch: 25/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218		
4	Date	5	Payee name							
	05/08/2023	8/2023 Deer Park Chamber of Commerce								
6	Amount (\$)	7	Payee address; City; Stat	e; Zip C	Code					
\$25.00 120 E. 8th Street										
			Deer Park, TX 77536							
8	PURPOSE	(a)	Category (See Categories listed at the top of this se	hedule)	(b)	Description				
	OF		Fees	, includio)			outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	, TX	, officeholder living	j expense	
						event ticket f	or c	campaign sta	aff	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office so	<u> </u>	Office held				
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date		Payee name							
	01/03/2023		Delano Strategies LLC							
			-							
	Amount (\$)		Payee address; City; Stat	e; Zip C	Code					
	\$150.00		1415 S Voss Rd							
	Ste 110-329									
			Houston, TX 77057							
-	PURPOSE				(h)	Description				
	OF	(a)	Category (See Categories listed at the top of this se	chedule)		Description	outei	ide of Texas. Com	nloto Schodulo T	
	EXPENDITURE		Consulting Expense					, officeholder living		
						Media consu		-		
							i ci i i	g ioi ouripu	911	
				<u> </u>				0111		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ought			Office he	eld	
		· ·								
	Date		Payee name							
	02/06/2023		Delano Strategies LLC							
-	Amount (\$)		Payee address; City; Stat	e; Zip C) ode					
	\$150.00		1415 S Voss Rd	с, др с	Jouc					
	\$100.00									
			Ste 110-329							
			Houston, TX 77057							
	PURPOSE	(a)	Category (See Categories listed at the top of this se	chedule)	(b)	Description				
	OF		Consulting Expense	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	, officeholder living	j expense	
						Media consu	lting	g for campai	gn	
	Complete ONLY if direct	L(Candidate/Officeholder name	Office so	uaht			Office he	eld	
	expenditure to benefit C/Oł							2.1.00 1		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 26/98 Rpt:	Cain, Briscoe R. (The Honorable)	00069218						
4	Date 02/06/2023	Payee name Dropbox Inc							
6	Amount (\$) \$127.79 \$127.79 7 Payee address; City; State; Zip Code 1800 Ownes St San Francisco, CA 94158								
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign document storage subscription 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/03/2023	Ebay							
Amount (\$) Payee address; City; State; Zip Code \$18.77 2025 Hamilton Av San Jose, CA 95125									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense DN						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 01/04/2023	Payee name Ebay							
	Amount (\$) \$18.39	Payee address; City; State; Zip Code 2025 Hamilton Av							
		San Jose, CA 95125							
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense DN						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			-	Loan Repayment/Reimbursem Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labo		ad/Rental Expense se se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 27/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218	
4	Date	5	Payee name						
	01/17/2023		Ebay						
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$82.29		2025 Hamilton Av						
			San Jose, CA 95125						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	EXPENDITURE	E Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gifts for session							
						gins for sessi	ION		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	bught			Office held	
	Date		Payee name						
01/30/2023			Ebay						
Amount (\$) Payee address; City; State; Zip Code									
	\$20.41 2025 Hamilton Av								
			San Jose, CA 95125						
PURPOSE OF EXPENDITURE		(a)				ı, TX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	bught			Office held	
Date Payee name									
	05/26/2023		Economic Alliance Houston Port Region						
Amount (\$)			Payee address; City; State; Zip Code						
	\$25.75		203 Ivy Ave						
			Deer Park, TX 77536						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Fees	schedule)	(b)	Check if Austin	ı, TX,	de of Texas. Complete Schedule T. officeholder living expense campaign staff	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	bught			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 28/98 Rpt:	Cain, Briscoe R. (The Honorable)	00069218								
4	Date										
	05/12/2023	Etsy									
6	Amount (\$) \$52.49	Payee address; City; State; Zip Code 117 Adams St Brooklyn, NY 11201									
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ttee vice-chair								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/09/2023	Extra Space Storage									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$138.50	4402 Underwood Road La Porte, TX 77571									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense rage								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/30/2023	Extra Space Storage									
	Amount (\$) \$129.00	Payee address; City; State; Zip Code 4402 Underwood Road Image: Code Image: Code Image: Code Image: Code									
		La Porte, TX 77571									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense rage								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	verhea xpens Expens Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 29/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218			
4	Date	5	Payee name								
	02/07/2023		Extra Space Storage								
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	ode						
	\$138.50		4402 Underwood Road								
			La Porte, TX 77571								
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.			
								, officeholder living expense			
						Campaign st	ora	ge			
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Jaht			Office held			
•	expenditure to benefit C/O				agin						
	Date		Payee name								
	02/28/2023		Extra Space Storage								
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode						
	\$133.00		4402 Underwood Road								
			La Porte, TX 77571								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.			
								, officeholder living expense			
		Campaign sto				orage					
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Jaht			Office held			
	expenditure to benefit C/OI			0	.g.n						
	Date		Payee name								
	03/07/2023		Extra Space Storage								
	Amount (\$)		Payee address; City; Sta	te; Zip Co	ode						
	\$147.50		4402 Underwood Road								
			La Porte, TX 77571		_						
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description	_				
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.			
						Campaign sto		, officeholder living expense			
						Campaign St	ora	ցե			
-	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Jaht			Office held			
	expenditure to benefit C/OI			2	.9.11						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide exp	Office Pollir Printi Salar	e Overf Ig Expe ng Exp ies/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 30/98 Rpt:		Cain, Briscoe R. (The Honorable)	I				00069218				
4	Date	5 Payee name										
	03/28/2023		Extra Space Storage									
6	Amount (\$)	7	Payee address; City;	State; Zip	Cod	e						
	\$133.00		4402 Underwood Road									
			La Porte, TX 77571									
8	PURPOSE	<u> </u>			1	b) Description						
ľ	OF	(")	Category (See Categories listed at the top of Office Overhead/Rental Expense		ľ		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE					Check if Austir	ı, TX	, officeholder living expense				
		Campaign storage										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office	soug	ht		Office held				
	Date		Payee name									
	04/07/2023		Extra Space Storage									
	Amount (\$)		Payee address; City;	State; Zip	Cod	e						
	\$147.50		4402 Underwood Road									
		<u> </u>	La Porte, TX 77571									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Office Overhead/Rental Expense	this schedule)			ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense IGE				
	Complete ONLY if direct	Candidate/Officeholder name Office sought						Office held				
	expenditure to benefit C/OI	Н			-							
-	Date		Payee name									
	04/28/2023		Extra Space Storage									
	Amount (\$)			State; Zip	Cod	٩						
	\$133.00		4402 Underwood Road	Olule, Zip	000	0						
	\$100.00											
			La Porte, TX 77571									
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	(b) Description	a	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Office Overhead/Rental Expense				ı, TX	, officeholder living expense				
	Complete ONLY if direct	Ļ	andidate/Officeholder name	Office	50110	ht		Office held				
	expenditure to benefit C/OI		anuluate/Onicenoluer name	Unice	รบนปู	i it		Once neid				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office C Polling Printing Salaries	Dverhe Exper Expe Expe s/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 31/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218			
4	Date	5 Payee name									
	05/08/2023		Extra Space Storage								
6	Amount (\$)	7	Payee address; City; S	State; Zip (Code	9					
	\$147.50		4402 Underwood Road								
			La Porte, TX 77571								
8	PURPOSE	(a)	Category (See Categories listed at the top of th		(b) Description					
-	OF		Office Overhead/Rental Expense	lis scriedule)			outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense			
			ge								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ough	t		Office held			
	Date		Payee name								
	05/30/2023		Extra Space Storage								
	Amount (\$)		Payee address; City; S	State; Zip (Code	9					
	\$133.00		4402 Underwood Road								
			La Porte, TX 77571								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Office Overhead/Rental Expense	is schedule)	(b		, тх,	de of Texas. Complete Schedule T. . officeholder living expense ge			
	Complete ONLY if direct		Candidate/Officeholder name	Office so	Jugh	Office held					
	expenditure to benefit C/OI	Н			U						
	Date		Payee name								
	06/07/2023		Extra Space Storage								
	Amount (\$)			State; Zip (Code	3					
	\$147.50		4402 Underwood Road								
			La Porte, TX 77571								
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(b) Description	out-'	de of Texas. Complete Schedule T.			
	EXPENDITURE		Office Overhead/Rental Expense				, тх,	officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	Office so	ough	t		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 32/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218				
4	Date	5									
	06/28/2023		Extra Space Storage								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de						
	\$133.00		4402 Underwood Road								
			La Porte, TX 77571								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description						
	OF EXPENDITURE		Office Overhead/Rental Expense	,			de of Texas. Complete Schedule T.				
							officeholder living expense				
					Campaign st	Jia	ye				
9	Complete ONLY if direct		Candidate/Officeholder name	Office sour			Office held				
5	expenditure to benefit C/O			Onice sou	jiit		Onice neid				
	Date		Payee name								
	01/17/2023		Farmer, Bethanie								
	Amount (\$)		Payee address; City; State	e; Zip Co	de						
	\$300.00		1009 Westwood Dr								
			Roundrock, TX 78681								
	PURPOSE OF		Category (See Categories listed at the top of this sch	hedule)	(b) Description						
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
							r campaign services				
	Complete ONLY if direct	0	Candidate/Officeholder name	Office sou	jht		Office held				
	expenditure to benefit C/OI	H									
	Date		Payee name								
	02/04/2023		Farmer, Bethanie								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$410.00		1009 Westwood Dr								
			Roundrock, TX 78681								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description						
	OF EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T.				
							officeholder living expense				
					contract labo	110	r campaign services				
_	Complete ONLY if direct		Candidate/Officeholder name	Office sou	nht		Office held				
	expenditure to benefit C/OI			-mec 300(j						
-											

			EXPENDI	URE CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage E Gift/Awards/Memo mittee Legal Services	pense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 33/98 Rpt:		Cain, Briscoe R. (The H	onorable)				00069218			
4	Date	5 Payee name									
	02/03/2023		GoDaddy.com								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le					
	\$165.36		14455 N Hayden Rd								
			Ste 226								
		Scottsdale, AZ 85260									
8	PURPOSE	(a)	Category (See Categories liste	d at the tap of this ash	odulo)	(b) Description					
-	OF		Office Overhead/Rental		edule)		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE			1		Check if Austin	, TX	officeholder living	expense		
		campaign domains purchase									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office sou	lht		Office he	łd		
	Date		Payee name								
	02/06/2023		GoDaddy.com								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$21.36		14455 N Hayden Rd								
			Ste 226								
			Scottsdale, AZ 85260								
	PURPOSE	(a)	Category (See Categories liste	t at the ten of this sch	odulo)	(b) Description					
	OF		Office Overhead/Rental		culley		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE			1				officeholder living	expense		
						campaign err	nail	hosting			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office sou	Jht		Office he	eld		
		-									
	Date		Payee name								
	03/02/2023		GoDaddy.com								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$50.00		14455 N Hayden Rd								
			Ste 226								
			Scottsdale, AZ 85260								
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental	Expense				de of Texas. Com			
								officeholder living	expense		
						campaign do	iiid	mnosung			
-	Complete ONLY if direct		andidate/Officeholder nam	<u> </u>	Office sou	iht		Office he	ld		
	expenditure to benefit C/Oł		analate, emechoider nam			,					
-											

	EXPENDITURE CATEGORIES FOR B	OX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repaym Fees Office Overhee Food/Beverage Expense Polling Expens y - Gift/Awards/Memorials Expense Printing Expen	ent/Reinbursement ad/Rental Expense se Transportation Equipment & Related Expense Travel in District se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 34/98 Rpt:	Cain, Briscoe R. (The Honorable)	00069218
4 Date	5 Payee name	
06/05/2023	GoDaddy.com	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$110.85	14455 N Hayden Rd	
	Ste 226	
	Scottsdale, AZ 85260	
8 PURPOSE OF		Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign domains purchase
		campaign domains purchase
• Complete ONU V if direct	Condidate/Officeholder.romo	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
01/01/2023	Google	
Amount (\$)	Payee address; City; State; Zip Code	
\$37.29	1600 Amphitheatre Pkwy	
	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		campaign email service and data storage
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
02/01/2023	Google	
Amount (\$)	Payee address; City; State; Zip Code	
\$37.29	1600 Amphitheatre Pkwy	
	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign email service and data storage
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp e Legal Services The Instruction Guide	pense I	Office Overh Polling Expe Printing Expe Salaries/Wag	ense Jes/Contract Labor		Transportation E Travel in District Travel Out of Di		
1	Total pages Schedule F1:	2 FILE	RNAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 35/98 Rpt:	Cai	n, Briscoe R. (The Honoral	ble)				00069218		
4	Date	5 Pay	ee name							
	03/01/2023	Goo	ogle							
6	Amount (\$)	7 Pay	ee address; City;	State;	Zip Code	9				
	\$37.29	160	0 Amphitheatre Pkwy							
			untain View, CA 94043							
8	PURPOSE OF		gory (See Categories listed at the to		ule) (I	Description				
	EXPENDITURE	Offi	ce Overhead/Rental Exper	nse				de of Texas. Con , officeholder livin	nplete Schedule T. a expense	
									l data storage	
						1 0			5	
9	Complete ONLY if direct expenditure to benefit C/OF		idate/Officeholder name	Off	fice sough	t		Office h	eld	
	Date	Pay	ee name							
	04/01/2023	Goo	ogle							
	Amount (\$)	Pay	ee address; City;	State;	Zip Code	9				
	\$37.29	160	0 Amphitheatre Pkwy							
			untain View, CA 94043							
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the tr ce Overhead/Rental Exper		ule) (I	Check if Austin	ı, TX,	, officeholder livin	nplete Schedule T. g expense I data storage	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	Off	fice sough	it		Office h	eld	
	Date	Pav	ee name							
	05/01/2023		ogle							
	Amount (\$)		ee address; City;	State	Zip Code	2				
	\$37.29	-	0 Amphitheatre Pkwy	0.000,		-				
	Ψ31.23	100								
		Mo	untain View, CA 94043							
	PURPOSE OF		egory (See Categories listed at the to		ule) (I) Description				
	EXPENDITURE	Offi	ce Overhead/Rental Exper	nse				de of Texas. Con , officeholder livin	nplete Schedule T.	
									l data storage	
						1				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	Off	fice sough	ıt		Office h	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards Imittee Legal Servio	age Expense /Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 36/98 Rpt:		Cain, Briscoe R. (Th	ne Honorable)				00069218			
4	Date	5	Payee name								
	06/01/2023		Google								
6	Amount (\$)	7	Payee address; C	ity; State;	; Zip Cod	e					
	\$37.29		1600 Amphitheatre Mountain View, CA	-							
8	PURPOSE					b) December 1					
o	OF EXPENDITURE	(a)	Category (See Categorie Office Overhead/Re		edule)	Check if Austin	ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense service and data storage			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	ht		Office held			
	Date		Payee name								
	05/17/2023		Greater Houston Po	rt Bureau							
	Amount (\$)		Payee address; C	ity; State;	; Zip Cod	e					
	\$60.00		4400 TX-225 Deer Park, TX 7753	6							
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categorie} Fees	s listed at the top of this sch	edule)	Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense cheon event ticket			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	ht		Office held			
	Date		Payee name								
	05/25/2023		Greater Houston Po	rt Bureau							
	Amount (\$) \$50.00		Payee address; C 4400 TX-225	ity; State;	; Zip Cod	e					
			Deer Park, TX 7753	6							
	PURPOSE OF EXPENDITURE		Category _{(See Categorie} Fees	s listed at the top of this sch	edule)	Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense n Port Bureau Event ticket			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex	Loa Offi Poll pense Prir Sala	n Repaym ce Overhe ing Expen iting Exper aries/Wage	ent/Reimbursement ad/Rental Expense se ise es/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 37/98 Rpt:	Cair	, Briscoe R. (The Honora	ble)				00069218			
4	Date	5 Paye	e name								
	06/29/2023	Grea	ater Houston Port Bureau								
6 Amount (\$) 7 Payee address; City; State; Zip Code \$60.00 \$400 TX-225											
		Dee	r Park, TX 77536								
8	PURPOSE OF EXPENDITURE	(a) Cate Fee		op of this schedule) (b		, TX,	ide of Texas. Com , officeholder living ticket for offi	expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	Office	e sought	t		Office he	eld		
	Date	Paye	e name								
	02/12/2023	H-E	·B								
	Amount (\$) \$99.70	690	e address; City;) Brodie Ln in, TX 78745	State; Zi	code						
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the t d/Beverage Expense	op of this schedule) (b)		, TX,	ide of Texas. Com , officeholder living S for capitol (expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candi	date/Officeholder name	Office	e sought	I		Office he	eld		
	Date	Paye	e name								
	04/29/2023	H-E									
	Amount (\$) \$82.33		e address; City;) Brodie Ln	State; Zij	code						
		Aus	in, TX 78745								
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the t d/Beverage Expense	op of this schedule	(b)		, TX,	ide of Texas. Com , officeholder living S for capitol	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	Office	e sought	t		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 38/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218				
4	Date	5	Payee name			<u> </u>					
	02/02/2023										
6	Amount (\$)	7	Payee address; City; Stat	te; Zip Co	de						
	\$89.12		720 Congress Ave								
			Ū.								
			Austin, TX 78701								
8	PURPOSE	(a)			(b) Description						
Ū	OF		Category (See Categories listed at the top of this s Food/Beverage Expense	cnedule)		outs	ide of Texas. Complete Schedule T.				
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·		Check if Austin	, ТХ	, officeholder living expense				
					entertainmen	it w	ith constituents from district				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	01/02/2023		Hill Country Springs								
	Amount (\$)		Payee address; City; Stat	te; Zip Co	de						
	\$7.58		10019 S Interstate 35								
			Austin, TX 78747								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Office Overhead/Rental Expense	chedule)	Check if Austin	, тх	ide of Texas. Complete Schedule T. , officeholder living expense ervice for capitol office				
	Complete ONLY if direct		Candidate/Officeholder name	Office held							
	expenditure to benefit C/OI	Н		Office sou							
-	Date		Payee name								
	02/02/2023		Hill Country Springs								
-	Amount (\$)			te; Zip Co	he						
	\$19.57		10019 S Interstate 35	ie, zip 00							
	¢10.01										
			Austin, TX 78747								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b) Description						
	EXPENDITURE		Office Overhead/Rental Expense	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense							
							ervice for capitol office				
					g riate	5					
-	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office held				
	expenditure to benefit C/OI				-						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	e Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 39/98 Rpt:		Cain, Brisc	oe R. (The Hono	rable)				00069218		
4	Date	5	Payee name	9				I			
	02/28/2023		Hill Country								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	le				
	\$19.57		10019 S In	terstate 35	·						
			Austin, TX	78747							
8	PURPOSE	(a)					(b) Description				
ľ	OF	[^(u)		See Categories listed at th rhead/Rental Exp		iedule)		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if Austir	ı, TX	, officeholder living	expense	
							drinking wate	er s	ervice for ca	pitol office	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	C	Office sou	ht		Office he	eld	
	Date		Payee name)							
	04/03/2023		Hill Country	y Springs							
	Amount (\$)	┢	Payee addre	ess; City;	State	; Zip Co	le				
	\$47.56		10019 S In	terstate 35							
			Austin, TX	78747							
	PURPOSE	(a)	Category (S	See Categories listed at th	e top of this sch	iedule)	(b) Description				
	OF EXPENDITURE			rhead/Rental Exp		,			ide of Texas. Com		
		Check if Austin, TX, offic									
							drinking wate	er s	ervice for ca	pitol office	
	-										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	(Office sou	Int		Office he	eld	
		-									
	Date		Payee name								
	05/01/2023		Hill Country								
	Amount (\$)		Payee addre		State	; Zip Coo	le				
	\$28.65		10019 S In	terstate 35							
			Austin, TX	78747							
	PURPOSE	(a)	Category (S	See Categories listed at th	e top of this sch	iedule)	(b) Description				
	OF EXPENDITURE		Office Ove	rhead/Rental Exp	ense				ide of Texas. Com		
							drinking wate		, officeholder living		
							unining wate	. 3	CIVICE IUI CO		
-	Complete ONLY if direct	Ļ	Candidate/Of	ficeholder name	· · · · · · · · · · · · · · · · · · ·	Office soug	iht		Office he	h	
	expenditure to benefit C/OI				(Since Soul	pric			Ju	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)							
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)							
	Sch: 40/98 Rpt:	Cain, Briscoe R. (The Honorable)	00069218							
4	Date 04/15/2023	i Payee name Hill's Liquor								
6	Amount (\$) \$123.38	Dickinson, TX 77539								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gift for legislators								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/19/2023	Houston Area Pastor Council								
	Amount (\$) \$7.00	Payee address; City; State; Zip Code 11902 Jones Rd N Houston, TX 77070								
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. 4, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/21/2023	Houston Area Pastor Council								
	Amount (\$) \$7.00	Payee address; City; State; Zip Code 11902 Jones Rd N								
		Houston, TX 77070								
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food//Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
Ľ	Sch: 41/98 Rpt:	Cain, Briscoe R. (The Honorable)	00069218								
	Date	Payee name									
*	03/20/2023	Houston Area Pastor Council									
		7 Payee address; City; State; Zip Code									
6	Amount (\$)										
	\$7.00	\$7.00 III302 JUIES KU N									
		Houston, TX 77070									
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description									
	EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held								
Ľ	expenditure to benefit C/OI										
	Date	Payee name									
	04/19/2023	Houston Area Pastor Council									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$7.00	11902 Jones Rd N									
		Houston, TX 77070									
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.								
		Candidate/Officeholder/Political Committee	in, TX, officeholder living expense								
		uonation									
⊢	Complete ONIL V if direct	Candidate/Officeholder name Office sought	Office held								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office field								
	Date 05/19/2023	Payee name Houston Area Pastor Council									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$7.00	11902 Jones Rd N									
		Houston, TX 77070									
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.								
			in, TX, officeholder living expense								
		donation									
⊢	Operation Operation										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing Ex Salaries/W	erhead pense xpens Vages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 42/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218			
4	Date	5	Payee name								
	02/06/2023		К-Вор								
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$90.29		2002 Guadalupe St								
			Ste B								
			Austin, TX 78705								
8	PURPOSE	(a)			(h)	Description					
ľ	OF	("	Category (See Categories listed at the top of this Food/Beverage Expense	schedule)	(5)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense			
						lunch for capi	itol	office staff			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held			
	Date		Payee name								
	01/06/2023		Ken's Restaurant								
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode						
	\$25.08		1122 Center St								
			Deer Park, TX 77536								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T. officeholder living expense			
						breakfast with					
	Complete ONLY if direct	(Candidate/Officeholder name	Office sou	ght			Office held			
	expenditure to benefit C/OF	H									
	Date		Payee name								
	06/26/2023		Ken's Restaurant								
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	de						
	\$49.23		1122 Center St								
			Deer Park, TX 77536		-						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T. officeholder living expense			
						breakfast with					
-	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ight			Office held			
	expenditure to benefit C/OF	H									

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage E: Gift/Awards/Memo Legal Services		Loan Repa Office Ove Polling Ex Printing Ex Salaries/M	yment/Reimbursement rhead/Rental Expense bense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2		=				2	Filer ID	(Ethics Commission Filers)
1		 ²						l 3		
	Sch: 43/98 Rpt:		Cain, Brisc	oe R. (The H	onorable)				00069218	
4	Date	5	Payee name							
	01/17/2023		Kerbey Lar	ne Cafe						
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de			
ľ	\$89.89	Ľ	3003 S Lan	-	Olalo	, בוף כס				
	ψ09.09		3003 3 Lai	nai bivu						
			Austin, TX	78704						
8	PURPOSE	(a)	Category (s	oo Catogorios listo	d at the top of this sch	uodulo)	(b) Description			
	OF	Ľ		rage Expense		ieuuie)		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		1 000/2010				Check if Austin	, TX	, officeholder living	j expense
							breakfast witl	h le	gislators	
9	Complete ONLY if direct		Candidate/Off	iceholder nam	<u> </u>	Office sou	tht		Office he	h
Ĵ	expenditure to benefit C/OF		Sundidute, On			51166 504	jin			
	Date		Payee name							
	01/23/2023		Kerbey Lar	ne Cafe						
	Amount (\$)	┝	Payee addre		Stato	; Zip Co	do			
	.,		-	-	State	, zip cu	ue			
	\$175.87		3003 S Lar	nar Bivo						
			Austin, TX	78704						
	PURPOSE	(2)					(b) Description			
	OF	(")			d at the top of this sch	iedule)	_	outsi	ide of Texas. Com	nlete Schedule T
	EXPENDITURE		FUUU/Deve	rage Expense	5				, officeholder living	
							breakfast witl	h le	aislators	
									J	
	Complete ONI V if direct		Constitutes (Off	i a a la a la la vi va a via	- (Office he	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/OII	iceholder nam	e c	Office sou	JIIL		Office he	eiu
	- I	_								
	Date		Payee name							
	03/06/2023		La Porte-Ba	ayshore Chai	mber of Comm	erce				
-	Amount (\$)	⊢	Payee addre	ss; City;	State	; Zip Co	de			
	\$60.00		100 W Maii			,				
	\$00.00		100 11 11141	101						
			La Porte, T	X 77571						
	PURPOSE	(a)	Category (S	ee Categories liste	d at the top of this sch	edule)	(b) Description			
	OF		Fees	0		,	Check if travel	outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE						Check if Austin	, TX	, officeholder living) expense
							event tickets	for	campaign s	taff
	Complete ONLY if direct	L(Candidate/Off	iceholder nam	e (Office sou	ght		Office he	eld
	expenditure to benefit C/Oł						2 · ·		2	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 44/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218				
4	Date	5	Payee name			·					
	03/06/2023		La Porte-Bayshore Chamber of Comm	erce							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$30.00 100 W Main St										
			La Porte, TX 77571								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description						
-	OF		Fees	euule)		outs	ide of Texas. Complete Schedule T.				
	EXPENDITURE						, officeholder living expense				
					event tickets	for	campaign staff				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held				
	Date		Payee name								
	01/18/2023		Law Offices of Kevin C. Stewart								
	Amount (\$)		Payee address; City; State;	; Zip Co	le						
	\$625.00		6801 Yaupon Dr								
			Austin, TX 78759								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Legal Services				ide of Texas. Complete Schedule T.				
							, officeholder living expense for campaign finance review				
					Lines Alloin	су	ior campaign mance review				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	iht		Office held				
	expenditure to benefit C/Oł				,						
_	Date	<u> </u>	Payee name								
	06/12/2023		Law Offices of Kevin C. Stewart								
	Amount (\$)			; Zip Co	10						
	\$625.00		6801 Yaupon Dr	, zip co							
	\$020.00										
			Austin, TX 78759								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Legal Services				ide of Texas. Complete Schedule T. , officeholder living expense				
							for campaign finance review				
						Сy	ior campaign mance review				
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name C	Office sou	iht		Office held				
	expenditure to benefit C/OI			2000 300	,						

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services	xpense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	aymer erheac pense (pens /ages	nt/Reimbursement d/Rental Expense e /Contract Labor		Transportation E Travel in District Travel Out of Di		
1	Total pages Schedule F1:	2	FII FR NAM	=					3	Filer ID	(Ethics Comn	nission Filers)
-	Sch: 45/98 Rpt:	-		- oe R. (The ⊢	lonorable)				ľ	00069218	(
4	Date	5	Payee name									
	01/03/2023		-	Solutions In	C							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$54.13		807 Brazos	St								
			Ste 714									
				70701								
			Austin, TX	/0/01								
8	PURPOSE	(a)	Category (S	ee Categories liste	ed at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental	Expense						plete Schedule T.	
										officeholder living		
								subscription (10 16	egislative in	formation se	rvice
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder nam	ie (Office sou	ght			Office h	eld	
	Date		Payee name									
	02/15/2023		Leo, Madis	on								
	Amount (\$)		Payee addre		Stato	; Zip Co	do					
	()				Sidle	, zip co	ue					
	\$154.00		3403 Linkw	000 DI								
			Houston, T	X 77025								
	PURPOSE OF EXPENDITURE	(a)		ee Categories liste ages/Contra	ed at the top of this sch ct Labor	iedule)	(b)		ı, ТХ,	officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder nam	ie (Office sou	ght			Office h	eld	
	experialitate to benefit C/OI	1										
	Date		Payee name									
	01/20/2023		Lime									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	db					
	\$4.87		85 2nd St	.55, Oity,	Sidic	, zip co	uc					
	Φ4.07		05 ZHU SI									
			San Franci	sco, CA 941	05							
	PURPOSE	(a)	Category (s	ee Catenories liste	ed at the top of this sch	nedule)	(b)	Description				
	OF	``			ent & Related	iouulo)		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense					Check if Austin	ı, ТХ,	officeholder living	g expense	
								transportation	n			
	Complete ONLY if direct	L(Candidate/Off	iceholder nam	e (Office sou	aht			Office h	eld	
	expenditure to benefit C/Oł				-		J			2		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen nmittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 46/98 Rpt:		Cain, Briscoe R. (The Honorable	e)				00069218		
4	Date	5	Payee name							
	05/24/2023		Lime							
6	6 Amount (\$) 7 Payee address; City; State; Zip Code									
	\$12.14		85 2nd St							
			San Francisco, CA 94105							
8	PURPOSE	(a)	Category (See Categories listed at the top of	of this sche	edule)	(b) Description				
	OF EXPENDITURE		Transportation Equipment & Rel		,	Check if travel	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE		Expense					, officeholder living expense		
						Officeholder	trar	nsportation in Austin		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ht		Office held		
	Date		Payee name							
	05/05/2023		Lyft Inc							
	Amount (\$)		Payee address; City;	State:	Zip Co	le				
	\$18.28		185 Berry St	,						
	φ10.20		-							
			Ste 5000							
			San Francisco, CA 94107							
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sche	edule)	(b) Description				
	OF EXPENDITURE		Transportation Equipment & Rel	lated				ide of Texas. Complete Schedule T.		
			Expense					a, officeholder living expense		
						transportatio	n to	or officeholder		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	Iht		Office held		
	Date		Payee name							
	01/03/2023		Mailchimp							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$202.54		675 Ponce de Leon Ave NE							
			Ste 5000							
			Atlanta, GA 30308							
	PURPOSE OF	(a)	Category (See Categories listed at the top of	of this sche	edule)	(b) Description				
	EXPENDITURE		Advertising Expense					side of Texas. Complete Schedule T.		
								a, officeholder living expense		
						campaign en	ıdil	ISURWARE		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	Iht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Exp Gift/Awards/Memori	ense als Expense	Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	rment/Reimbursement head/Rental Expense ense jense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 47/98 Rpt:		Cain, Briscoe R. (The Ho	norable)				00069218		
4	Date	5	Payee name							
	02/01/2023		Mailchimp							
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le				
	\$234.52		675 Ponce de Leon Ave N	NE						
			Ste 5000							
			Atlanta, GA 30308							
8	PURPOSE	(a)	Category (See Categories listed a	at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Advertising Expense	·	,			ide of Texas. Com	•	
								, officeholder living	expense	
						campaign err	iali	sonware		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	С	Dffice soug	ht		Office he	eld	
	Date		Payee name							
	03/01/2023		Mailchimp							
	Amount (\$)		Payee address; City;	State;	Zip Coo	le				
	\$234.52		675 Ponce de Leon Ave N	NE						
	Ste 5000									
			Atlanta, GA 30308							
	PURPOSE	(a)	Category (See Categories listed a	at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Advertising Expense		,	Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE							, officeholder living	expense	
						campaign err	naii	soπware		
	Complete ONLY if direct		andidate/Officeholder name		Office soug	ht		Office he	ald	
	expenditure to benefit C/OI					in t		Office he		
	Date		Payee name							
	04/03/2023		Mailchimp							
	Amount (\$)		Payee address; City;	State:	Zip Coo	le				
	\$218.53		675 Ponce de Leon Ave							
			Ste 5000							
			Atlanta, GA 30308							
	PURPOSE			the tofd' '	edulc)	(b) Description				
	OF		Category (See Categories listed a Advertising Expense	at the top of this sch	edule)	•	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	, officeholder living	expense	
						campaign en	nail	software		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office he	eld	
	-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	kpense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	tymer rhead pense pense ages/	t/Reimbursement I/Rental Expense e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commission Filers)
	Sch: 48/98 Rpt:			pe R. (The Honora	able)					00069218	
4	Date	5	Payee name								
	05/01/2023		Mailchimp								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				
	\$218.53		675 Ponce	de Leon Ave NE							
			Ste 5000								
			Atlanta, GA	30308							
_	DUDDOOD						<u> </u>				
8	PURPOSE OF	(a)		ee Categories listed at the	top of this sche	edule)	(D)	Description	outoi	de of Texas. Com	nlata Sabadula T
	EXPENDITURE		Advertising	Expense						officeholder living	
								campaign em		-	,
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C)ffice sou	ght			Office he	eld
	Date		Payee name								
	06/01/2023		Mailchimp								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de				
	\$218.53		675 Ponce	de Leon Ave NE							
	Ste 5000										
				20200							
			Atlanta, GA								
	PURPOSE OF	(a)		ee Categories listed at the	top of this sche	edule)	(b)	Description			alata Oakadula T
	EXPENDITURE		Advertising	Expense						de of Texas. Com officeholder living	
								campaign em			, oxpense
								oampaignom	ian	contraio	
	Complete ONLY if direct		Candidate/Off	iceholder name		Office sou	nht			Office he	٩d
	expenditure to benefit C/Oł						9			01100110	
	Date										
	01/08/2023		Payee name Matt's El Ra								
					<u></u>	7: 0	-1 -				
	Amount (\$)		Payee addre		State;	Zip Co	ae				
	\$35.65		2613 S Lar	nar Bivd							
			Austin, TX	78704							
	PURPOSE	(a)	Category (S	ee Categories listed at the	top of this sch	edule)	(b)	Description			
				rage Expense		ŕ			outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE			-						officeholder living) expense
								dinner with ch	nief	of staff	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	C	Office sou	ght			Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	e Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 49/98 Rpt:		Cain, Brisc	oe R. (The Honor	able)				00069218			
4	Date	5	Payee name	2								
	01/09/2023		Michaels									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$65.26		5400 Brodi	e Ln								
			Ste 350									
			Austin, TX	78745								
8	PURPOSE	(0)					(b) Description					
Ô	OF	(a)		See Categories listed at the rhead/Rental Exp		nedule)	(b) Description	outsi	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE		Onice Over	neau/Rentai Exp	ense				, officeholder living			
							pictures fram	es	and shelves	for capitol office		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	(Office sou	Jht		Office he	eld		
	Date		Payee name									
	03/02/2023		Microsoft									
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	le					
	\$108.24		1 Microsoft	Way								
			Redmond,									
	PURPOSE OF EXPENDITURE	(a)		See Categories listed at the rhead/Rental Exp		nedule)		, TX,	ide of Texas. Com , officeholder living npaign comp	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ïceholder name	(J Office sou	ıht		Office he	eld		
-	Data	1	Dever									
	Date 05/25/2023		Payee name Molly Maid	of Greater Austin	l							
	Amount (\$)		Payee addre			; Zip Co	10					
	\$436.73		7801 N Lai		Otato	, בוף סטי						
	\$ 100110		Ste A132									
				20250								
			Austin, TX			r						
	PURPOSE OF	(a)		See Categories listed at the		nedule)	(b) Description	outei	ide of Texas. Com	nloto Schodulo T		
	EXPENDITURE		Office Ove	rhead/Rental Exp	ense		Check if Austin	, тх	, officeholder living	g expense		
-	Complete ONLY if direct	Ļ	Candidate/Off	iceholder name		Office soug	iht		Office he	bld		
	expenditure to benefit C/OI				, c	51100 3000	,					
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Office Pollin Printi Salar	Repay e Overl ng Expe ng Exp ries/Wa	ment/Reimbursement nead/Rental Expense ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 50/98 Rpt:		Cain, Briscoe R. (The Honorable)	1				00069218		
4	Date	5	Payee name							
	01/21/2023		Park ATX							
6	Amount (\$)	7	Payee address; City;	State; Zip	Cod	e				
	\$2.25		301 W 2nd St							
			Austin, TX 78701							
8	PURPOSE	(a)	O standard	this schodule)	- 10	b) Description				
	OF		Category (See Categories listed at the top of Fees	tills schedule)			outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE							, officeholder living expense		
						parking fee f	or p	political function		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	soug	ht		Office held		
	Date		Payee name							
	03/06/2023		Party City							
	Amount (\$)		Payee address; City;	State; Zip	Cod	e				
	\$240.70		5601 Brodie Ln							
			Ste 200							
			Sunset Valley, TX 78745							
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b) Description				
	OF EXPENDITURE		Event Expense	· · · · · ,		Check if travel		ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						decorations	or p	political event		
	Complete ONLY if direct		Candidate/Officeholder name	Office	50110	bt		Office held		
	expenditure to benefit C/OF			Onice	souy	iit.		Once neid		
	Data									
	Date 04/18/2023		Payee name Pasadena Chamber of Commerce	۵						
				-	0	•				
	Amount (\$)			State; Zip	Cod	e				
	\$35.00		4334 Fairmont Pkwy							
			Pasadena, TX 77504							
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b) Description				
	OF EXPENDITURE		Fees					ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						event licket t	Ur C	campaign staff		
	Complete ONUV if direct	Ľ	Candidate/Officeholder name	Office	00110	ht		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		anuluale/Onicenoluer name	Office	Soug	i it		Onice neid		

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo hittee Legal Services	Loan Re Office Ov pense Polling E rials Expense Printing B	ayment/Reimbursement erhead/Rental Expense xpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Total pages Schedule F1:				3 Filer ID (Ethics Commission Filers)				
 ⁺									
	Sch: 51/98 Rpt:	Cain, Briscoe R. (The Ho	phorable)		00069218				
4	Date	ayee name							
	05/04/2023	asadena Chamber of C	Commerce						
6	Amount (\$)	ayee address; City;	State; Zip C	ahe					
ľ			State, Zip C	Jue					
	\$35.00	334 Fairmont Pkwy							
		asadena, TX 77504							
8	PURPOSE	ategory (See Categories listed	at the top of this schedule)	(b) Description					
	OF		at the top of this schedule)		outside of Texas. Complete Schedule T.				
	EXPENDITURE	000		Check if Austin	n, TX, officeholder living expense				
				event ticket f	or campaign staff				
9	Complete ONLY if direct	ndidate/Officeholder name	e Office so	l iaht	Office held				
ľ	expenditure to benefit C/OF			Jgint .					
	Date	ayee name							
	05/16/2023	asadena Chamber of C	Commerce						
	Amount (\$)	ayee address; City;	State; Zip C	ode					
	\$35.00	334 Fairmont Pkwy							
		asadena, TX 77504							
⊢	PURPOSE			(b) Description					
	OF	Category (See Categories listed	at the top of this schedule)	(b) Description	outside of Texas. Complete Schedule T.				
	EXPENDITURE	ees			n, TX, officeholder living expense				
					or campaign staff				
⊢	Osmanlata ONILX/ if alias at	and interference of the state o	0.5						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	ndidate/Officeholder name	e Office so	Ignt	Office held				
	Date	ayee name							
	03/06/2023	Pasadena Chamber of C	Commerce						
-	Amount (\$)	ayee address; City;	State; Zip C	nde					
			State, Zip C	Jue					
	\$25.00	334 Fairmont Pkwy							
		Pasadena, TX 77504							
	PURPOSE	Category (See Categories listed	at the top of this schedule)	(b) Description					
	OF	ees			outside of Texas. Complete Schedule T.				
	EXPENDITURE			Check if Austin	n, TX, officeholder living expense				
				event ticket f	or campaign staff				
⊢	Complete ONLY if direct	ndidate/Officeholder name	e Office so	i jaht	Office held				
	expenditure to benefit C/OI								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Re Office O Polling B Printing Salaries	payme verhea Expens Expen Wage	ent/Reimbursement ad/Rental Expense se ise es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 52/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218	``````````````````````````````````````	
4	Date	5	Payee name							
	03/13/2023		Pasadena Chamber of Commerce							
6	Amount (\$)	7	Payee address; City; S	tate; Zip C	ode					
	\$30.00		4334 Fairmont Pkwy							
			Pasadena, TX 77504							
8	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE		Fees			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
Check if Austin, 1X, officenoider living expense										
						event ticket f	or c	ampaign sta	ltt	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office he	eld	
Date Payee name										
	02/11/2023 Perfect Strangers									
	Amount (\$) Payee address; City; State; Zip Code									
	\$253.25 400 Lavaca St									
	φ200.20		400 Lavaca St							
			Austin, TX 78701							
	PURPOSE	(a)			(h)	Description				
	OF	(")	Category (See Categories listed at the top of thi	s schedule)	(0)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Food/Beverage Expense					officeholder living		
						dinner with le	gis	lators		
							-			
-	Complete ONLY if direct		Candidate/Officeholder name	Office so	uaht			Office he	ld	
	expenditure to benefit C/Oł				agin					
_		<u> </u>								
	Date		Payee name							
	02/02/2023		Platimum Parking							
	Amount (\$)		Payee address; City; S	tate; Zip C	ode					
	\$10.00		118 Plat							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE		Fees			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE							officeholder living		
						parking for le	gis	lative functio	n	
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught			Office he	ld	
	expenditure to benefit C/OI	Н								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	EXPENDITORE (Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	oense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Transportation E Travel in District Travel Out of Di			
1	Total pages Schedule F1:		:				2	Filer ID	(Ethics Commission Filers)		
1	Sch: 53/98 Rpt:		e R. (The Honoral	hle)			ľ	00069218			
4	Date			510)				00000210			
-	01/25/2023	Payee name Oi Austin M	odern Asian Kitche	en							
6	Amount (\$)	Payee addres			Zip Co	10					
ľ	\$144.64	835 W 6th S		State,							
	<i>\</i>	Ste 114									
			20702								
_		Austin, TX 7									
8	PURPOSE OF		ee Categories listed at the to	op of this sched	dule)	(b) Description	outoi	do of Toyoo, Com	nplete Schedule T.		
	EXPENDITURE	F000/Bever	age Expense					officeholder livin			
Dinner with legislators											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offi	ceholder name	Of	ffice sou	Jht		Office h	eld		
	Date Payee name										
	01/03/2023	Recover An	nerica								
	Amount (\$)	Payee addres	ss; City;	State;	Zip Co	le					
	\$5.00 15311 Vantage Pkwy West										
		Ste 315									
		Houston, TX	K 77032								
	PURPOSE) Category (s	ee Categories listed at the to	on of this school	dulo)	(b) Description					
	OF		s/Donations Made		uuic)		el outside of Texas. Complete Schedule T.				
	EXPENDITURE		Officeholder/Politica		ttee		η, TX,	officeholder livin	g expense		
						donation					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offi	ceholder name	Of	ffice sou	Jht		Office h	eld		
	Date	Payee name									
	02/02/2023	Recover An	nerica								
	Amount (\$)	Payee addres		State;	Zip Co	le					
	\$5.00	15311 Vant	age Pkwy West								
		Ste 315									
		Houston, TX	K 77032								
	PURPOSE) Category (Se	ee Categories listed at the to	op of this sched	dule)	(b) Description					
	OF EXPENDITURE		s/Donations Made						nplete Schedule T.		
		Candidate/0	Officeholder/Politica	al Commit	ttee		ι, TX,	officeholder livin	g expense		
						donation					
	Complete ONUX if align it	Condidate (CM		~ ~ ~		-la.4		0.45 1			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Canuluale/Offi	ceholder name	Of	ffice sou	jiit		Office h	eiu		

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)						
1	Sch: 54/98 Rpt:	Cain, Briscoe R. (The Honorable) 00069218	5)						
_	· · · · · ·								
4	Date	5 Payee name							
	03/02/2023	Recover America							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$5.00	15311 Vantage Pkwy West							
		Ste 315							
		Houston, TX 77032							
_	DUDDOOF								
8	PURPOSE OF	 (a) Category (See Categories listed at the top of this schedule) (b) Description (contributions/Donations Made By (b) Description (contributions/Donations Made By 							
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee							
		donation							
_	Complete ONIL V if direct	Candidate/Officeholder name Office sought Office held							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	······································							
	Date Payee name								
	04/03/2023	Recover America							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$5.00	15311 Vantage Pkwy West							
	40100								
		Ste 315							
		Houston, TX 77032							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By							
	-	Candidate/Officeholder/Political Committee							
		donation							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	05/02/2023	Recover America							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$5.00	15311 Vantage Pkwy West							
	40100	Ste 315							
		Houston, TX 77032							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By							
		Candidate/Officeholder/Political Committee							
		donation							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials	se Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Transportation E Travel in District Travel Out of Dis	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 55/98 Rpt:		Cain, Briscoe R. (The Hono	rable)				00069218	· · · · ·		
4	Date	5	Payee name								
	04/25/2023		SPACES Parking								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le					
	\$16.25		300 W 6th St								
			Austin, TX 78701								
8	PURPOSE	(a)	Category (See Categories listed at th	ne top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Fees					ide of Texas. Com			
								, officeholder living			
						parking for le	gis	lative functio	n		
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ht		Office he	3ld		
	Date Payee name										
	02/24/2023 Shoal Creek										
	Amount (\$) Payee address; City; State; Zip Code										
	\$226.51 909 N Lamar Blvd										
	\$220101										
			Austin, TX 78703								
	PURPOSE	(a)	Category (See Categories listed at th	ne top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense			Check if travel outside of Texas. Complete Schedule T.					
							I, TX	, officeholder living	expense		
						staff dinner					
			Sendidata (Office helder respec					Office he			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	(Office sou	Int		Office he	210		
		-									
	Date		Payee name								
	02/24/2023		Shoal Creek								
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le					
	\$45.47		909 N Lamar Blvd								
			Austin, TX 78703								
	PURPOSE	(a)	Category (See Categories listed at th	ne top of this sch	iedule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Com			
	EXFENDITORE						n, TX	, officeholder living	expense		
						staff dinner					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ht		Office he	eld		
	,										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			EXPENDITOR Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	se Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimburseme rhead/Rental Expens pense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
-	Sch: 56/98 Rpt:	[-		e R. (The Hono	rable)			ľ	00069218	()
									00000210	
4	Date	5	Payee name	workt						
	01/17/2023		Soto Restau							
6	Amount (\$)	7	Payee addres		State	; Zip Co	de			
	\$100.43		1100 S Lam	ar Blvd						
	Ste 2115									
			Austin, TX 7	'8704						
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne ton of this sch	nedule)	(b) Description			
OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.								plete Schedule T.		
	EXPENDITORE								, officeholder living	l expense
	capitol staff lunch									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	ceholder name	C	Office sou	ght		Office he	eld
	Date		Payee name							
	02/22/2023 Spokeo									
	Amount (\$) Payee address; City; State; Zip Code									
	\$29.85 199 South Los Robles Ave									
			Pasadena, (CA 91101						
	PURPOSE OF EXPENDITURE	(a)		e Categories listed at the nead/Rental Exp		nedule)		ustin, TX	ide of Texas. Com , officeholder living S ErVICE	
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght		Office he	eld
	expenditure to benefit C/OI									
	Date		Payee name							
	05/22/2023		Spokeo							
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de			
	\$29.85			os Robles Ave						
			Pasadena, (CA 91101						
	PURPOSE OF	(a)		e Categories listed at th		nedule)	(b) Description			
	EXPENDITURE		Office Overl	nead/Rental Exp	pense				ide of Texas. Com , officeholder living	
							campaign			Texpense
							sampuign	Jun		
_	Complete ONLY if direct	Ľ	Candidata/Offi	ceholder name		Office corr	nht		Office he	bld
	expenditure to benefit C/Oł		Januiuale/Uffl	Lenoiuer name	(Office sou	ynt		Unice he	5IU
_										

			EXPENDITURE CATE	GORIES FO	R BO	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ov Polling E Printing E Salaries/	oayme verhea xpens Expens Wages	nt/Reimbursement d/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 57/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218	· · · · ·
4	Date	5	Payee name						
	02/07/2023		TDCJ Manufacturing and Logistics						
6	Amount (\$)	7	Payee address; City; St	ate; Zip C	ode				
	\$47.63		PO Box 4013						
			Huntsville, TX 77342-4013						
8	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Com	
Candidate/Officeholder/Political Committee						-			
gavel for doantion to Deer Park Chamber of Commerce						ark Chamber of			
						Commerce			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ught			Office he	eld
	Date		Payee name						
	05/16/2023		TFRW Convention 2023 PAC						
⊢	Amount (\$)	┝	Payee address; City; St	ate; Zip C	nde				
	.,		2113 Flat Creek Dr		Juc				
	\$3,300.00		2113 FIAL CIEEK DI						
			Richardson, TX 75070-2331						
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE		Advertising Expense					de of Texas. Com	
								officeholder living	
						advertisemer		orship of co	nvention booth and
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Jght			Office he	eld
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	01/03/2023		Target						
-	Amount (\$)	-	-	ate; Zip C	ode				
				αι ς , Ζιμ Ο	Jue				
	\$453.00		5300 S Mo Pac Expy						
			Austin, TX 78749						
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Com	
								officeholder living	expense
					1	suppllies for o	сар	itol office	
L									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office he	eld
-									

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 58/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218		
4	Date	5	Payee name						
	03/07/2023		Target						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	le				
	\$92.02		2025 Guadalupe St						
			Ste 01-100						
			Austin, TX 78705-5654						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.		
Check if Austin, TX, officeholder living expense supplies for capitol office									
					Supplies for	սր			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name C	Office sou	ht		Office held		
	Date		Payee name						
	05/01/2023 Target								
	Amount (\$)		Payee address; City; State;	le					
	\$64.95		2025 Guadalupe St						
			Ste 01-100						
			Austin, TX 78705-5654						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.		
					supplies for (officeholder living expense		
					ouppines :-	Jur.			
	Complete ONLY if direct	L(Candidate/Officeholder name C	Dffice sou	Iht		Office held		
	expenditure to benefit C/OF	Н							
	Date		Payee name						
	05/08/2023		Target						
	Amount (\$)	┢	Payee address; City; State;	; Zip Co	le				
	\$55.80		2025 Guadalupe St						
			Ste 01-100						
			Austin, TX 78705-5654						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	,	Check if travel		de of Texas. Complete Schedule T.		
							officeholder living expense		
					suppllies for o	Jap	itor onice		
	Complete ONLY if direct	Ľ	Candidate/Officeholder name C	Office sou	lht		Office held		
	expenditure to benefit C/OF			Jince Sou	hit		Onice neid		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memoria Legal Services The Instruction	ense als Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	aymen rhead bense pense (ages/	t/Reimbursement /Rental Expense Contract Labor		Transportation Travel in Distric Travel Out of D		elated Expense
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Cor	nmission Filers)
	Sch: 59/98 Rpt:			be R. (The Ho	norable)					00069218		
4	Date		Payee name									
	02/27/2023		Target									
6	Amount (\$)	L	Pavee addre	ss; City;	Stato	Zip Co	do					
0	\$135.26	I	2025 Guada		Siale	zip co	ue					
	φ100.20	I	Ste 01-100	alupe St								
		<u> </u>	Austin, I X	78705-5654								
8	PURPOSE OF			ee Categories listed a		edule)	(b)	Description				_
	EXPENDITURE		Office Over	head/Rental E	xpense					officeholder livir	mplete Schedule na expense	· 1.
								suppllies for a			ig oxponice	
								i - i				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offi	ceholder name	C	Dffice sou	ght			Office h	neld	
	Date		Payee name									
	03/06/2023 Target											
	Amount (\$) Payee address; City; State; Zip Code											
	\$122.22 2025 Guadalupe St											
	+	1	Ste 01-100									
		1		78705-5654								
	DUDDOCE					I	(1-)					
	PURPOSE OF			ee Categories listed a		edule)	(a)	Description	outsi	de of Texas. Co	mplete Schedule	т
	EXPENDITURE		Onice Over	head/Rental E	xpense					officeholder livir		
								suppllies for a	сар	itol office		
	Complete ONLY if direct		andidate/Offi	ceholder name	(Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/14/2023		Target									
	Amount (\$)		Payee addre	ss; City;	State	Zip Co	de					
	\$351.13		2025 Guad									
		I	Ste 01-100									
		1		78705-5654								
	DUDDOCE						(1-)					
	PURPOSE OF			ee Categories listed a		edule)	(a)	Description	outsi	de of Texas. Co	nplete Schedule	т
	EXPENDITURE		Onice Over	head/Rental E	xpense					officeholder livir		
								suppllies for a	сар	itol office		
	Complete ONLY if direct		andidate/Offi	ceholder name	(Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										

			EXPENDITURE CATEGO	RIES FOR	R BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/W	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 60/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218		
4	Date	5	Payee name			I			
	05/17/2023	Texas Capitol Traders Inc							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de				
-	\$1,537.15		4907 Southcrest Dr	,					
			Austin, TX 78746						
8	PURPOSE	(2)			(b) Deceription				
°	OF	(a)	Category (See Categories listed at the top of this sch Gift/Awards/Memorials Expense	nedule)	(b) Description	outs	ide of Texas. Complete Schedule T.		
EXPENDITURE									
end of session gifts for staff									
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							Office held		
	Date		Payee name						
	01/31/2023 Texas Chili Parlor								
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$110.00 1409 Lavaca St								
			Austin, TX 78701						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	nedule)		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense h		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht		Office held		
	expenditure to benefit C/OI	Н			0				
⊢	Date		Payee name						
	04/14/2023		Texas Chili Parlor						
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$73.64		1409 Lavaca St	., zip 00					
	¢10101								
			Austin, TX 78701						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description	outo	ide of Toylog, Complete Celedule T		
	EXPENDITURE		Food/Beverage Expense			I, TX	ide of Texas. Complete Schedule T. , officeholder living expense h		
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office sou	ght		Office held		
	expenditure to benefit C/OI				~				
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp	ense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 61/98 Rpt:		Cain, Briscoe R. (The Honoral	ole)				00069218				
4	Date	5	Payee name				<u> </u>					
	02/24/2023		Texas Conservative Coalition									
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le						
	\$2,000.00		PO Box 2659									
			Austin, TX 78768									
8	PURPOSE	(a)	Category (See Categories listed at the to	on of this sch	edule)	(b) Description						
OF Fees Check if travel outside of Texas. Complete Schedule T.												
Check if Austin, 1X, officeholder living expense												
	legislative caucus membership dues							iip dues				
0	Complete ONLV if direct	L	Candidata/Officabaldar nama		Office cour	.bt		Office he	Ы			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH												
	Date		Payee name									
	01/02/2023		Texas Federation of Republica	an Wome	en							
Amount (\$) Payee address; City; State; Zip Code												
	\$77.12		PO Box 171146									
			Austin, TX 78717									
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sch	edule)	(b) Description						
	EXPENDITURE		Fees				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
						event ticket f		-				
	Complete ONLY if direct	(Candidate/Officeholder name Office sought					Office held				
	expenditure to benefit C/OI	H										
	Date		Payee name									
	01/02/2023		Texas Federation of Republica	an Wome	en							
	Amount (\$)		Payee address; City;	State;	Zip Co	le						
	\$1,570.18		PO Box 171146									
			Austin, TX 78717									
	PURPOSE OF	(a)	Category (See Categories listed at the to		edule)	(b) Description	outo	de of Texas. Comp	lata Schadula T			
	EXPENDITURE		Contributions/Donations Made Candidate/Officeholder/Politica		ittee			officeholder living				
						TFRW legisla						
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	C	Office sou	ht		Office he	ld			
	expenditure to benefit C/OI	H										

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)					
	Sch: 62/98 Rpt:	Cain, Briscoe R. (The Honorable)	00069218					
4	Date 02/07/2023	5 Payee name Texas Federation of Republican Women						
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717						
8	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation to the TFRW scholarship fund 							
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
Γ	Date	Payee name						
03/30/2023 Texas Federation of Republican Women								
	Amount (\$) Payee address; City; State; Zip Code \$97.42 PO Box 171146 FO Box 171146 FO Box 171146							
	PURPOSE OF EXPENDITURE	Check if Austin, TX	tside of Texas. Complete Schedule T. X, officeholder living expense men registration fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/19/2023	Texas Federation of Republican Women						
	Amount (\$) \$77.12	Payee address; City; State; Zip Code PO Box 171146						
		Austin, TX 78717						
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event ticket for campaign staff							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials B	e Expense	Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reinbursement nead/Rental Expense ense iense iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 63/98 Rpt:		Cain, Briscoe R. (The Honor	rable)				00069218	
4	Date	5	Payee name						
	06/28/2023		Texas Federation of Republ	ican Wome	en				
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	e			
	\$204.77		PO Box 171146						
			Austin, TX 78717						
8	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	b) Description			
	OF EXPENDITURE		Fees		cuule)		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITORE							, officeholder living	expense
	TFRW convention fees								
						-			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								eld	
	Date Payee name								
	02/08/2023		Texas Gas Service						
	Amount (\$) Payee address; City; State; Zip Code								
	\$101.64 PO Box 31427								
			El Paso, TX 79931-0427						
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	b) Description			
			Office Overhead/Rental Exp		cuule)	Check if travel		ide of Texas. Com	
	EXPENDITURE					X Check if Austir			
						gas for Austi	n re	ental residen	ce
								0111	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office soug	ht		Office he	eld
		-							
	Date		Payee name						
	03/09/2023		Texas Gas Service						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	е			
	\$173.52		PO Box 31427						
			El Paso, TX 79931-0427						
	PURPOSE OF	(a)	Category (See Categories listed at th		edule)	b) Description			alata Cabadula T
	EXPENDITURE		Office Overhead/Rental Exp	ense				ide of Texas. Com , officeholder living	•
						gas for Austi			
						<u> </u>			
-	Complete ONLY if direct	L(Candidate/Officeholder name	C	Office soug	ht		Office he	eld
	expenditure to benefit C/OI	Н							

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transpo Food/Beverage Expense Polling Expense Travel in y - Gift/Awards/Memorials Expense Printing Expense Travel O						Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 64/98 Rpt:		Cain, Brisc	oe R. (The Hon	orable)				00069218		
4	Date	5	Payee name	9							
	04/07/2023		Texas Gas								
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$64.64		PO Box 31	-							
			El Paso, TX	X 79931-0427							
8	PURPOSE	(a)	Category (S	See Categories listed at	the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Office Ove	rhead/Rental E>	pense				ide of Texas. Com , officeholder living		
							gas for Austin				
							g				
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										əld	
	Date		Payee name	9							
	05/08/2023		Texas Gas	Service							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	le				
	\$42.40		PO Box 31	427							
			El Paso, T	X 79931-0427							
	PURPOSE OF EXPENDITURE	(a)		Gee Categories listed at rhead/Rental E		nedule)		і, TX,	ide of Texas. Com , officeholder living ental residen) expense	
	Complete ONLY if direct		Candidate/Off	ficeholder name	(Office soug	ıht		Office he	eld	
	expenditure to benefit C/OI	Η									
	Date		Payee name	2							
	06/07/2023		Texas Gas								
-	Amount (\$)	-	Payee addre	ess; City;	State	; Zip Co	le				
	\$41.57		PO Box 31			· •					
			El Paso, T	X 79931-0427							
	PURPOSE OF	(a)		See Categories listed at		nedule)	(b) Description				
	EXPENDITURE		Office Ove	rhead/Rental E>	pense		Check if travel X Check if Austin		ide of Texas. Com , officeholder living		
							gas for Austi	n re	ental residen	се	
	Complete ONU V if dire at	L	Condidate (Off	iachaldar a sec -		Office	.bt		Office		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januidate/Off	ficeholder name	(Office sou	Jrit		Office he	eiu	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Exper Fees Food/Bever Gift/Awards nmittee Legal Servio	nse age Expense 'Memorials Expense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 65/98 Rpt:		Cain, Briscoe R. (Th	e Honorable)				00069218			
4	Date	5	Payee name				I				
	02/20/2023		Texas House Reput	lican Caucus							
6	Amount (\$)	7	Payee address; C	ty; State;	Zip Coc	le					
	\$1,000.00		PO Box 13305		·						
			Austin, TX 78711-33	805							
8	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sche	edule)	b) Description					
	OF EXPENDITURE		Fees				outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITORE							, officeholder living	•		
						legislative ca	ucı	us members	nip dues		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	name O	office soug	ht		Office he	eld		
	Date		Payee name								
	01/06/2023		Texas Values								
	Amount (\$)		Payee address; C	ty; State;	Zip Coc	le					
	\$25.00		900 Congress Ave								
			Ste L115								
			Austin, TX 78701								
	PURPOSE	(2)				b) Description					
	OF	(a)	Category (See Categorie Contributions/Donat		edule)		outsi	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE		Candidate/Officehol		ittee			, officeholder living			
						donation					
	Complete ONLY if direct		Candidate/Officeholder	name O	office soug	ht		Office he	eld		
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	02/06/2023		Texas Values								
	Amount (\$)		Payee address; C	ty; State;	Zip Coc	le					
	\$25.00		900 Congress Ave								
			Ste L115								
			Austin, TX 78701								
	PURPOSE	(a)				b) Description					
	OF	(~)	Category (See Categorie Contributions/Donat		eaule)		outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE		Candidate/Officehol		ittee	Check if Austin	, тх	, officeholder living	expense		
						donation					
	Complete ONLY if direct		Candidate/Officeholder	name O	office soug	ht		Office he	eld		
	expenditure to benefit C/OI	Н									

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
-	Sch: 66/98 Rpt:	[Cain, Briscoe R. (The Honorable	e)				00069218	(
Δ	Date	5	Payee name								
	03/06/2023	ľ	Texas Values								
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	е					
	\$25.00		900 Congress Ave								
			Ste L115								
			Austin, TX 78701								
8	PURPOSE	(a)	Category (See Categories listed at the top of		edule)	b) Description					
	OF EXPENDITURE		Contributions/Donations Made B					de of Texas. Comple			
			Candidate/Officeholder/Political	Comm	ittee		, TX,	officeholder living e	xpense		
						donation					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held	ť		
	Date		Payee name								
	04/06/2023		Texas Values								
	Amount (\$)	\vdash	Payee address; City;	State:	Zip Cod	e					
	\$25.00		900 Congress Ave	,							
	φ20.00		-								
			Ste L115								
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sche	edule) (b) Description					
	OF EXPENDITURE		Contributions/Donations Made B					de of Texas. Comple			
			Candidate/Officeholder/Political	Comm	ittee		, TX	officeholder living e	xpense		
						donation					
	Complete ONLY if direct		Candidate/Officeholder name	С	Office soug	ht		Office held	t		
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	05/05/2023		Texas Values								
	Amount (\$)		Payee address; City;	State [.]	Zip Cod	P					
	\$25.00		900 Congress Ave	Olulo,	2.p 000	•					
	Ψ20.00		-								
			Ste L115								
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sche	edule)	b) Description					
	OF EXPENDITURE		Contributions/Donations Made B	By		Check if travel	outsi	de of Texas. Comple	ete Schedule T.		
	EXPENDITORE		Candidate/Officeholder/Political	Comm	ittee		, TX	officeholder living e	xpense		
						donation					
L											
	Complete ONLY if direct		Candidate/Officeholder name	С	Office soug	ht		Office held	t		
	expenditure to benefit C/OI	Н									
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Fe Fo Gi nmittee Le	ent Expense es od/Beverage Expense ft/Awards/Memorials Ex gal Services he Instruction Guid	pense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reiml head/Rental ense pense ages/Contra	ct Labor		Transportation E Travel in District Travel Out of Di			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	ers)	
	Sch: 67/98 Rpt:		Cain, Briscoe	R. (The Honora	ble)					00069218			
4	Date	5	Payee name										
	06/05/2023		Texas Values										
6	Amount (\$)	7	7 Payee address; City; State; Zip Code										
	\$25.00		900 Congress	s Ave									
			Ste L115										
			Austin, TX 78	701									
8	PURPOSE	(2)					(h) Daga	rintion					
ľ	OF	(a)		Categories listed at the t		edule)	(b) Desc		outsi	de of Texas. Con	plete Schedule T.		
	EXPENDITURE			ficeholder/Politic	,	ittee				officeholder livin			
							dona	ation					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Office	holder name	C	Office sou	Jht			Office h	eld		
	Date		Payee name										
	02/15/2023		The Bowie										
	Amount (\$)		Payee address	; City;	State;	Zip Co	le						
	\$20.00		311 Bowie St										
			Austin, TX 78	703									
	PURPOSE	(a)	Category (See	Categories listed at the I	top of this sche	edule)	(b) Desc	ription					
	OF EXPENDITURE		Fees								nplete Schedule T.		
										officeholder living			
							μαικ		ieei	ing with leg	1514101		
_	Complete ONLY if direct		Candidate/Office	holdor namo		Office sou	uht			Office h	old		
	expenditure to benefit C/OI		canuluale/Onice	noider name		JIICE SOU	jin			Onice II	eiu		
_	Data	-											
	Date 06/17/2023		Payee name The Texan										
				0.1		7. 0							
	Amount (\$)		Payee address		State;	Zip Co	le						
	\$90.00		1011 San Jac	into Biva									
			Ste 315										
			Austn, TX 787	701									
	PURPOSE OF	(a)		Categories listed at the t		edule)	(b) Desc	•					
	EXPENDITURE		Office Overhe	ad/Rental Expe	nse						nplete Schedule T.		
										officeholder living			
							110 110	2 5005011	Puc				
-	Complete ONLY if direct	Ļ	Candidate/Office	holder name	0	Office sou	ıht			Office h	eld		
	expenditure to benefit C/OI				C		,			Chice II			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District						quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 68/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218			
4	Date	5	Payee name								
	02/27/2023		Thomas Schoenbein Campaign								
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$535.38		6911 Silver Grove Ct								
			Pasadena, TX 77505								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	on					
	OF		Contributions/Donations Made By	cuuic)			utsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political Comm	ittee	Check if	if Austin,	ΤX,	officeholder living	expense		
					campaig	gn con	ntril	oution			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	yht			Office he	eld		
	Date		Payee name								
	05/28/2023		Threads Embroidery								
	Amount (\$)	-	Payee address; City; State;	Zip Co	le						
	\$386.45		616 Rickey Dr	p 00							
	φ300.+3										
			Austin, TX 78757								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	on					
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Com			
								officeholder living	•		
					embroid apparel	lery to	r c	ommittee gr	fts and campaign		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght			Office he	eld		
	Date		Payee name								
	01/29/2023		Torchy's Tacos								
-	Amount (\$)		-	Zip Co							
	\$161.13		3005 S Lamar Blvd	Zip 00							
	\$101.15		SUUS S Lamar Bivu								
			Austin, TX 78704								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	on					
	OF EXPENDITURE		Food/Beverage Expense						plete Schedule T.		
								officeholder living			
					breakfas	st tacc	os f	for capitol ha	allway		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght			Office he	eld		
⊢											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	rhead/F pense pense /ages/C	Reimbursement Rental Expense contract Labor e this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 69/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218			
4	Date	5	Payee name								
	01/01/2023		Tran, Stacey								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de						
	\$3,300.00		2905 Oaklane Dr								
			Austin, TX 78704								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) [Description					
	OF EXPENDITURE		Office Overhead/Rental Expense		Ē	=		de of Texas. Complete Schedule T.			
								officeholder living expense			
					J	lanuary rent	101	Austin rental			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held			
	Date		Payee name								
	01/01/2023		Tran, Stacey								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$3,300.00		2905 Oaklane Dr								
			Austin, TX 78704								
	DUDDOSE	(0)			(h) -						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(D) [T	Description	nutsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living expense			
					S	 security depo	sit	for Austin rental			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht			Office held			
	expenditure to benefit C/OF				5						
_	Data	1									
	Date 01/26/2023		Payee name								
			Tran, Stacey								
	Amount (\$)			; Zip Co	de						
	\$6,740.00		2905 Oaklane Dr								
			Austin, TX 78704								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) [Description					
	OF EXPENDITURE		Office Overhead/Rental Expense	ŕ	Γ	Check if travel of		de of Texas. Complete Schedule T.			
	EXPENDITORE							officeholder living expense			
					F	ebruary and	Ma	arch rent for Austin rental			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held			
	Compenditure to benefit C/Of										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transport Food/Beverage Expense Polling Expense Travel in / - Gift/Awards/Memorials Expense Printing Expense Travel Out						Travel in District Travel Out of Dist	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 70/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218			
4	Date	5	Payee name								
	03/21/2023		Tran, Stacey								
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip Co	ode						
	\$3,440.00		2905 Oaklane Dr								
			Austin, TX 78704		1						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description		. (=			
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Comp officeholder living			
						April rent for			expense		
						•					
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	l Ight			Office he	ld		
	Date		Payee name								
	05/01/2023		Tran, Stacey								
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode						
	\$3,370.00		2905 Oaklane Dr								
			Austin, TX 78704								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	EXPENDITURE		Office Overhead/Rental Expense			Check if travel		de of Texas. Comp officebolder living			
						May rent for A			expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office he	ld		
	Date		Payee name								
	02/06/2023		TweetDeleter.com								
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode						
	\$131.75		49 Gaunt St	,							
			Lincoln Lincolnshire LN5 7PU United								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description	outo	de of Texas. Comp	lata Schadula T		
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living			
						campaign so					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office he	ld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 71/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218				
4	Date 02/11/2023	5	Payee name USPS									
_		7			! -							
6	\$25.25 3902 S Congress Ave Austin, TX 78704											
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Office Overhead/Rental Expense (b) Description Check if Austin, TX, officeholder living expense October of the comparison of the compa											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held				
	Date		Payee name									
	06/08/2023		USPS									
	Amount (\$) \$210.00		Payee address; City; S 200 E San Augustine St Deer Park, TX 77536	tate; Zip C	ode							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Office Overhead/Rental Expense	is schedule)	(b)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense OX rental				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held				
	Date		Payee name									
	01/11/2023		Uber									
	Amount (\$) \$6.00		Payee address; City; S 1455 Market St Ste 400 San Francisco, CA 94103	itate; Zip C								
	PURPOSE		Category (See Categories listed at the top of th		(b)	Description						
	OF EXPENDITURE		Transportation Equipment & Relate Expense	ed		Check if Austin	, тх,	ide of Texas. Complete Schedule T. , officeholder living expense nsportation in Austin				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)												
A C C	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1 To	otal pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 72/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218					
4 Da	ate	5	Payee name									
01	/17/2023		Uber									
6 An	nount (\$)	7 Payee address; City; State; Zip Code										
-	\$10.94 1455 Market St											
			Ste 400									
			San Francisco, CA 94103									
	BUBB665			ı	<i>a</i> >							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description	outei	ide of Texas. Complete Schedule T.					
E	XPENDITURE		Transportation Equipment & Related Expense				, officeholder living expense					
			Слреное		Officeholder	trar	nsportation in Austin					
	omplete <u>ONLY</u> if direct penditure to benefit C/OF		Candidate/Officeholder name	Jffice sou	jht		Office held					
Da	ate		Payee name									
01	/17/2023		Uber									
An	nount (\$)		Payee address; City; State	; Zip Co	de							
	\$12.94		1455 Market St									
			Ste 400									
			San Francisco, CA 94103									
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description							
	OF	Ľ	Transportation Equipment & Related	ieuuie)		outsi	ide of Texas. Complete Schedule T.					
E	XPENDITURE		Expense				, officeholder living expense					
					Officeholder	trar	nsportation in Austin					
	omplete <u>ONLY</u> if direct penditure to benefit C/OF		Candidate/Officeholder name	Office sou	jht		Office held					
UX												
	ate		Payee name									
01	/17/2023		Uber									
An	nount (\$)		Payee address; City; State	; Zip Co	de							
	\$26.46		1455 Market St									
			Ste 400									
			San Francisco, CA 94103									
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description							
			Transportation Equipment & Related	,		outsi	ide of Texas. Complete Schedule T.					
	AFENDITORE		Expense				, officeholder living expense					
					Officeholder	trar	nsportation in Austin					
	omplete <u>ONLY</u> if direct penditure to benefit C/OF		Candidate/Officeholder name	Office sou	yht		Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equip Food/Beverage Expense Polling Expense Travel in District / - Gift/Awards/Memorials Expense Printing Expense Travel Out of District						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	-		•		3	Filer ID (Ethics Commission Filers)			
-	Sch: 73/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218			
4	Date	5	Payee name								
	01/18/2023		Uber								
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	de						
	\$1.00		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
8	PURPOSE	(2)			(h)	Description					
0	OF	(a)	Category (See Categories listed at the top of this s Transportation Equipment & Related		(0)	Description	outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Expense					officeholder living expense			
			F			Officeholder t	trar	sportation in Austin			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held			
	Date		Payee name								
	01/18/2023		Uber								
	Amount (\$)		Payee address; City; Sta	te; Zip Co	de						
	\$12.99		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description					
	OF EXPENDITURE		Transportation Equipment & Related					de of Texas. Complete Schedule T.			
	-		Expense					officeholder living expense			
						Oncenduer	liai	sportation in Austin			
	Complete ONIL V if direct		Non di data (Office helden neme	0							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	gni			Office held			
		1									
	Date		Payee name								
	01/18/2023		Uber								
	Amount (\$)			te; Zip Co	de						
	\$15.90		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description					
	OF EXPENDITURE		Transportation Equipment & Related				outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE		Expense					officeholder living expense			
						Officeholder t	trar	sportation in Austin			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held			
		•									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 74/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218				
4	Date	5	Payee name								
	01/26/2023		Uber								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de						
	\$9.07		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
8	PURPOSE	(a)			(b) Description						
ľ	OF	(a)	Category (See Categories listed at the top of this sch Transportation Equipment & Related	hedule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Expense				, officeholder living expense				
			•		Officeholder t	trar	nsportation in Austin				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	01/27/2023		Uber								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$9.93		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description						
	OF EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T.				
	-		Expense				officeholder living expense				
					Oncentitier	lai	nsportation in Austin				
	Complete ONIL V if direct			0#:20 20:00							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	JIIL		Office held				
	·	_									
	Date		Payee name								
	01/27/2023		Uber								
	Amount (\$)		Payee address; City; State	e; Zip Co	de						
	\$12.93		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description						
	OF		Transportation Equipment & Related	,		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Expense				, officeholder living expense				
					Officeholder 1	trar	nsportation in Austin				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held				
	experiatione to benefit C/Of										
1											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 75/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218				
4	Date	5	Payee name								
	01/30/2023		Uber								
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	le						
	\$3.00		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
8	PURPOSE	(a)			(b) Description						
Ũ	OF	(,	Category (See Categories listed at the top of this schu Transportation Equipment & Related	edule)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE		Expense		Check if Austin	, TX,	officeholder living expense				
					Officeholder t	trar	nsportation in Austin				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office souç	Jht		Office held				
	Date		Payee name								
	01/30/2023		Uber								
	Amount (\$)		Payee address; City; State;	; Zip Co	le						
	\$7.19		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Transportation Equipment & Related	cuuc)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITORE		Expense				officeholder living expense				
					Officeholder t	trar	nsportation in Austin				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	iht		Office held				
		_									
	Date		Payee name								
	01/30/2023		Uber								
	Amount (\$)			; Zip Coo	le						
	\$10.18		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T.				
	-		Expense				officeholder living expense Isportation in Austin				
					Unicerioluer	uai	isponation in Austin				
	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office soug	uht		Office held				
	expenditure to benefit C/OF			SUUCE SUU	jin		Onice neid				
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 76/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218			
4	Date	5	Payee name							
	02/13/2023		Uber							
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	le					
	\$7.85		1455 Market St	•						
			Ste 400							
			San Francisco, CA 94103							
8	PURPOSE	(a)			(b) Description					
0	OF	(a)	Category (See Categories listed at the top of this sch Transportation Equipment & Related	iedule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Expense		Check if Austin	, тх,	officeholder living expense			
					Officeholder	trar	nsportation in Austin			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	lht		Office held			
	Date		Payee name							
	02/13/2023		Uber							
	Amount (\$)		Payee address; City; State;	; Zip Co	le					
	\$9.47		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related	icuaic)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE		Expense				officeholder living expense			
					Officeholder 1	trar	nsportation in Austin			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held			
	Date		Payee name							
	02/13/2023		Uber							
	Amount (\$)		Payee address; City; State;	; Zip Co	le					
	\$9.99		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T.			
			Expense				officeholder living expense			
					Unicenoider	rar	nsportation in Austin			
		L			-la 4					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	Jrit		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	als Expense	Office Over Polling Exp Printing Ex Salaries/W			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 77/98 Rpt:		Cain, Briscoe R. (The Ho	norable)				00069218		
4	Date	5	Payee name							
	02/13/2023		Uber							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$22.91		1455 Market St							
			Ste 400							
			San Francisco, CA 94103	}						
8	PURPOSE	(2)				(b) Description				
ľ	OF	(a)	Category (See Categories listed) Transportation Equipmen		iedule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Expense					, officeholder living expense		
			'			Officeholder	trar	nsportation in Austin		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Office sou	ht		Office held		
	Date		Payee name							
	02/15/2023		Uber							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$1.00		1455 Market St							
			Ste 400							
			San Francisco, CA 94103	3						
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Transportation Equipmen		,	Check if travel	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE		Expense					, officeholder living expense		
						Officeholder	trar	nsportation in Austin		
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	C	Office soug	lht		Office held		
	expenditure to benefit C/OF									
	Date		Payee name							
	02/16/2023		Uber							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$1.00		1455 Market St							
			Ste 400							
			San Francisco, CA 94103	3						
	PURPOSE	(a)	Category (See Categories listed		odule)	(b) Description				
	OF	(~,	Transportation Equipmen		iedule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Expense			Check if Austin	, TX	, officeholder living expense		
						Officeholder	trar	nsportation in Austin		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	(Office sou	ht		Office held		
	,									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 78/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218			
4	Date	5	Payee name							
	02/16/2023		Uber							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$11.90		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
8	PURPOSE	(a)			(b) Description					
Ũ	OF	(~)	Category (See Categories listed at the top of this sch Transportation Equipment & Related	redule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Expense		Check if Austin	, тх	officeholder living expense			
					Officeholder	trar	nsportation in Austin			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	Jht		Office held			
	Date		Payee name							
	02/17/2023		Uber							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$6.08		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T.			
	-		Expense				officeholder living expense Isportation in Austin			
					Onicentitider	liai	isportation in Austin			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	t		Office held			
	expenditure to benefit C/OF				jiit		Onice neid			
	Date		Payoo nama							
	02/17/2023		Payee name Uber							
				. 7:2 0.2						
	Amount (\$)			; Zip Co	le					
	\$7.61		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T.			
			Expense				officeholder living expense Isportation in Austin			
					Chiceholdel	uai				
_	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office sou	t		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH			Unice Soli	jiit		Onice neid			
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	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid	Offic Polli bense Print Sala	ce Overhe ing Exper ting Expe aries/Wag	nse es/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense	
1	Total pages Schedule F1:	PILEF	NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 79/98 Rpt:	Cain,	Briscoe R. (The Honora	ble)				00069218		
4	Date	Payee	e name							
	02/17/2023	Uber								
6	Amount (\$)	P ayee	address; City;	State; Zip	o Code	9				
	\$8.87	1455	Market St							
		Ste 4	00							
		San I	Francisco, CA 94103							
8	PURPOSE	a) Cateo	Ory (See Categories listed at the t	on of this schedule)	(b) Description				
	OF EXPENDITURE		sportation Equipment & F			Check if travel		ide of Texas. Comp		
	EXPENDITORE	Expe	nse					, officeholder living		
						Officeholder	trar	isponation in	Ausun	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	Office	sough	t		Office hel	ld	
	experiature to benefit C/Of									
	Date	Payee	e name							
	02/23/2023	Uber								
	Amount (\$)	Payee	e address; City;	State; Zip	o Code	•				
	\$14.95	1455	Market St							
		Ste 4	00							
		San I	Francisco, CA 94103							
	PURPOSE OF		Ory (See Categories listed at the t		(b	Description				
	EXPENDITURE	Trans Expe	sportation Equipment & F	Related				ide of Texas. Comp , officeholder living (
		Exhe	nse			Officeholder				
	Complete ONLY if direct	Candid	ate/Officeholder name	Office	sough	t		Office hel	ld	
	expenditure to benefit C/OI									
	Date	Payee	e name							
	02/24/2023	Uber								
	Amount (\$)	Payee	address; City;	State; Zip	Code	9				
	\$11.79	1455	Market St							
		Ste 4	00							
		San I	Francisco, CA 94103							
	PURPOSE	a) Categ	Ory (See Categories listed at the t	op of this schedule)	(b) Description				
	OF EXPENDITURE	Trans	sportation Equipment & F					ide of Texas. Comp		
		Expe	nse			Officeholder		, officeholder living (
						Chiceholuel	ιu			
-	Complete ONLY if direct	Candid	ate/Officeholder name	Office	sough	t		Office hel	ld	
	expenditure to benefit C/OI			0	91			2		
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	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 80/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218			
4	Date	5	Payee name							
	03/02/2023		Uber							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$12.61		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch		(b) Description					
	OF	(,	Transportation Equipment & Related	iedule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Expense		Check if Austin	, тх	officeholder living expense			
					Officeholder	trar	nsportation in Austin			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name (Office sou	ght		Office held			
	Date		Payee name							
	03/02/2023		Uber							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$26.82		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T.			
			Expense				officeholder living expense			
					Officenoider	trar	nsportation in Austin			
					1.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	Int		Office held			
		_								
	Date		Payee name							
	03/02/2023		Uber							
	Amount (\$)			; Zip Co	de					
	\$32.92		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T.			
			Expense				officeholder living expense			
					Officenoider	uar	nsportation in Austin			
		L								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	jnt		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 81/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218			
4	Date	5	Payee name							
	03/14/2023		Uber							
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de					
	\$9.96		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
8	PURPOSE	(a)			(b) Description					
ľ	OF	[^(u)	Category (See Categories listed at the top of this schu Transportation Equipment & Related	edule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Expense		Check if Austin	, тх,	officeholder living expense			
					Officeholder	trar	nsportation in Austin			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	03/15/2023		Uber							
	Amount (\$)		Payee address; City; State;	; Zip Co	de					
	\$1.00		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related	,	Check if travel	outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE		Expense				officeholder living expense			
					Officeholder 1	trar	nsportation in Austin			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	- p	_								
	Date		Payee name							
	03/15/2023		Uber							
	Amount (\$)			; Zip Co	de					
	\$11.91		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T.			
			Expense				officeholder living expense			
					Uniceriolaer	udí	nsportation in Austin			
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	abt		Office held			
	expenditure to benefit C/OF			Sure Soul	jiit					
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	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 82/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218			
4	Date	5	Payee name							
	03/29/2023		Uber							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$8.96		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	adula)	(b) Description					
-	OF		Transportation Equipment & Related	ledule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Expense		Check if Austin	, тх	officeholder living expense			
					Officeholder t	trar	nsportation in Austin			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	Jht		Office held			
	Date		Payee name							
	03/29/2023		Uber							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$11.90		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T.			
			Expense				officeholder living expense			
					Onicenoider	Irar	nsportation in Austin			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	t		Office held			
	expenditure to benefit C/OF				jiit		Onice neid			
	Data	<u> </u>								
	Date 04/04/2023		Payee name Uber							
				7. 0						
	Amount (\$)			; Zip Co	le					
	\$14.96		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T.			
			Expense				officeholder living expense Isportation in Austin			
					Chiecholder	au				
-	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht		Office held			
	expenditure to benefit C/OF				, -					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 83/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218			
4	Date	5	Payee name							
	04/04/2023		Uber							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$37.96		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
8	PURPOSE	(a)			(b) Description					
0	OF	(a)	Category (See Categories listed at the top of this sch Transportation Equipment & Related	hedule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Expense		Check if Austin	, тх,	officeholder living expense			
					Officeholder t	trar	nsportation in Austin			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght		Office held			
	Date		Payee name							
	04/06/2023		Uber							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$10.92		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this scl	hedule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related	ileudic)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE		Expense				officeholder living expense			
					Officeholder 1	trar	nsportation in Austin			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght		Office held			
	Date		Payee name							
	04/06/2023		Uber							
	Amount (\$)		Payee address; City; State	e; Zip Co	de					
	\$12.93		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this scl	hedule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T.			
			Expense				officeholder living expense			
					Officenoider	rar	nsportation in Austin			
		L		0#:04						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	jnt		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 84/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218			
4	Date	5	Payee name							
	04/07/2023		Uber							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$15.31		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description					
-	OF		Transportation Equipment & Related	leuule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Expense		Check if Austin	, TX	officeholder living expense			
					Officeholder 1	trar	nsportation in Austin			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name (Office sou	jht		Office held			
	Date		Payee name							
	04/10/2023		Uber							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$5.31		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T.			
			Expense				officeholder living expense			
					Officenoider	trar	nsportation in Austin			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	t		Office held			
	expenditure to benefit C/OF				jiit		Onice neid			
	Date									
	04/10/2023		Payee name Uber							
	Amount (\$)			· Zin Co	10					
	\$9.98		Payee address; City; State 1455 Market St	; Zip Co	le					
	φ9.90									
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description		de ef Teures, Construites Cales i i i T			
	EXPENDITURE		Transportation Equipment & Related Expense				de of Texas. Complete Schedule T. officeholder living expense			
			Lxpense				nsportation in Austin			
					_		-			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name) Office sou	jht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Exp Salaries/W	rhead/f pense pense /ages/C	Reimbursement Rental Expense Contract Labor e this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 85/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218		
4	Date	5	Payee name							
	04/10/2023		Uber							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de					
	\$12.90		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
8	PURPOSE	(a)			(h) г	Description				
ľ	OF	(",	Category (See Categories listed at the top of this so Transportation Equipment & Related	chedule)	(ο) ι Γ		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Expense		Č	Check if Austin,	, тх,	officeholder living expense		
					(Officeholder t	rar	sportation in Austin		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held		
	Date		Payee name							
	04/10/2023		Uber							
	Amount (\$)		Payee address; City; State	e; Zip Co	de					
	\$27.93		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b) [Description				
	OF EXPENDITURE		Transportation Equipment & Related		Į			de of Texas. Complete Schedule T.		
			Expense		Ĺ			officeholder living expense		
					C	Jmcenolder t	rar	sportation in Austin		
				0.11				0111		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	gnt			Office held		
		-								
	Date		Payee name							
	04/10/2023		Uber							
	Amount (\$)		Payee address; City; State	e; Zip Co	de					
	\$30.28		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b) [Description				
	OF EXPENDITURE		Transportation Equipment & Related	ŗ	Γ			de of Texas. Complete Schedule T.		
	EXPENDITORE		Expense		Ę			officeholder living expense		
					(Jiliceholder t	rar	sportation in Austin		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held		
		-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 86/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218			
4	Date	5	Payee name							
	04/13/2023		Uber							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$8.23		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF		Transportation Equipment & Related	icuaic)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Expense				officeholder living expense			
					Transportatio	n ii	n Austin			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name (Office sou	jht		Office held			
	Date		Payee name							
	04/17/2023		Uber							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$9.93		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T.			
			Expense				officeholder living expense			
					Officenoider	trar	nsportation in Austin			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	t		Office held			
	expenditure to benefit C/OF				jiit		Onice neid			
	Date		Payoa nama							
	04/17/2023		Payee name Uber							
	Amount (\$)			; Zip Co	10					
	\$12.97		1455 Market St	, zip co						
	ψ12.91									
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description		de ef Teures, Construites Cales i i i T			
	EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T. officeholder living expense			
			Expense				nsportation in Austin			
-	Complete ONLY if direct		Candidate/Officeholder name) Office sou	jht		Office held			
	expenditure to benefit C/OF	Н								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 87/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218			
4	Date	5	Payee name							
	04/20/2023		Uber							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$1.00		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
8	PURPOSE	(a)			(b) Description					
ľ	OF	(")	Category (See Categories listed at the top of this sch Transportation Equipment & Related	hedule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Expense				officeholder living expense			
					Officeholder t	trar	nsportation in Austin			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			
	Date		Payee name							
	05/04/2023		Uber							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$23.49		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description					
	OF EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T.			
			Expense				officeholder living expense			
					Officenoider	rar	nsportation in Austin			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	gnt		Office held			
		-								
	Date		Payee name							
	05/08/2023		Uber							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$9.57		1455 Market St							
			Ste 400							
			San Francisco, CA 94103							
-	PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description					
	OF	l` í	Transportation Equipment & Related	incualcy		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Expense				officeholder living expense			
					Officeholder 1	trar	nsportation in Austin			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			
		-								

			EXPENDITURE CATE	GORIES FOR	R BC	DX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expl	Office Ove Polling Ex Printing E Salaries/V	erhea (pense (xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 88/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218
4	Date	5	Payee name					
	05/08/2023		Uber					
6	Amount (\$)	7	Payee address; City; S	tate; Zip Co	ode			
	\$9.97		1455 Market St					
			Ste 400					
			San Francisco, CA 94103					
8	PURPOSE	<u> </u>			(h)	Description		
ľ	OF		Category (See Categories listed at the top of th Transportation Equipment & Relate		(5)	-	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Expense	Ju				officeholder living expense
			•			Officeholder t	trar	nsportation in Austin
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	05/10/2023		Uber					
	Amount (\$)		Payee address; City; S	tate; Zip Co	ode			
	\$6.00	I	1455 Market St					
			Ste 400					
			San Francisco, CA 94103					
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description		
	OF EXPENDITURE		Transportation Equipment & Relate					de of Texas. Complete Schedule T.
			Expense					officeholder living expense
						Oncenoider	Irar	nsportation in Austin
				0.0				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ignt			Office held
		_						
	Date		Payee name					
	05/10/2023		Uber					
	Amount (\$)		Payee address; City; S	itate; Zip Co	ode		_	
	\$8.31		1455 Market St					
			Ste 400					
			San Francisco, CA 94103					
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description		
	OF		Transportation Equipment & Relate				outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Expense					officeholder living expense
						Officeholder t	trar	nsportation in Austin
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ıght			Office held
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/M	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 89/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218				
4	Date	5	Payee name								
	05/10/2023		Uber								
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de						
	\$13.91		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
8	PURPOSE	<u> </u>			(b) Description						
ľ	OF		Category (See Categories listed at the top of this so Transportation Equipment & Related	chedule)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE		Expense		Check if Austin	, тх,	officeholder living expense				
					Officeholder t	rar	nsportation in Austin				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	05/11/2023		Uber								
	Amount (\$)		Payee address; City; State	e; Zip Co	de						
	\$10.97		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the top of this so	shedule)	(b) Description						
	OF EXPENDITURE		Transportation Equipment & Related	(includic)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITORE		Expense				officeholder living expense				
					Officeholder t	rar	nsportation in Austin				
				0.11							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	gnt		Office held				
	-	_									
	Date		Payee name								
	05/18/2023		Uber								
	Amount (\$)			e; Zip Co	de						
	\$1.00		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE OF		Category (See Categories listed at the top of this so	chedule)	(b) Description						
	EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T. officeholder living expense				
			Expense				sportation in Austin				
	Complete ONLY if direct		candidate/Officeholder name	Office sou	ght		Office held				
	expenditure to benefit C/OF	-1									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	, kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 90/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218				
4	Date	5	Payee name								
	05/18/2023		Uber								
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de						
	\$10.64		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
8	PURPOSE	<u> </u>	Category (See Categories listed at the top of this sc	h a shula)	(b) Description						
Ũ	OF		Transportation Equipment & Related	nedule)		outs	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Expense		Check if Austi	n, TX	, officeholder living expense				
					Officeholder	trar	nsportation in Austin				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	05/22/2023		Uber								
	Amount (\$)		Payee address; City; State	e; Zip Co	de						
	\$11.98		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description						
	OF EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T.				
			Expense				, officeholder living expense				
					Officenoider	trar	nsportation in Austin				
				0.11							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	gnt		Office held				
	•										
	Date		Payee name								
	05/23/2023		Uber								
	Amount (\$)		Payee address; City; State	e; Zip Co	de						
	\$12.98		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description						
	OF		Transportation Equipment & Related	liouulo)		outs	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Expense				, officeholder living expense				
					Officeholder	trar	nsportation in Austin				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held				
	openditore to benefit C/O										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	, xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 91/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218				
4	Date	5	Payee name								
	05/25/2023		Uber								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de						
	\$8.77		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
8	PURPOSE	(a)			(b) Description						
ľ	OF	(",	Category (See Categories listed at the top of this sch Transportation Equipment & Related	nedule)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE		Expense		Check if Austin	, TX,	officeholder living expense				
					Officeholder	trar	nsportation in Austin				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	05/25/2023		Uber								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$14.91		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Transportation Equipment & Related	,	Check if travel	outsi	de of Texas. Complete Schedule T.				
	EXPENDITORE		Expense				officeholder living expense				
					Officeholder	trar	nsportation in Austin				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght		Office held				
		_									
	Date		Payee name								
	05/25/2023		Uber								
	Amount (\$)			; Zip Co	de						
	\$15.96		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T.				
			Expense				officeholder living expense				
					Unicerioider	udí	nsportation in Austin				
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office sou	abt		Office held				
	expenditure to benefit C/OI			CHICE SUU	gin						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 92/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218				
4	Date	5	Payee name								
	05/26/2023		Uber								
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de						
	\$7.88		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
8	PURPOSE	(a)			(b) Description						
Ũ	OF	(,	Category (See Categories listed at the top of this sc Transportation Equipment & Related	nedule)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE		Expense		Check if Austin	, тх	officeholder living expense				
					Officeholder 1	trar	nsportation in Austin				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	05/26/2023		Uber								
	Amount (\$)		Payee address; City; State	e; Zip Co	de						
	\$10.38		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description						
	OF EXPENDITURE		Transportation Equipment & Related	lioudicy		outsi	de of Texas. Complete Schedule T.				
	EXPENDITORE		Expense				officeholder living expense				
					Officeholder	trar	nsportation in Austin				
				0.0							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	Int		Office held				
	-	_									
	Date		Payee name								
	05/26/2023		Uber								
	Amount (\$)			e; Zip Co	de						
	\$13.92		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) Description	_					
	EXPENDITURE		Transportation Equipment & Related				de of Texas. Complete Schedule T. officeholder living expense				
			Expense				rsportation in Austin				
-	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held				

			EXPENDITURE CATEO	GORIES FOR	R BC	DX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing Ex Salaries/W	erhea pense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 93/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218
4	Date	5	Payee name					
	05/30/2023		Uber					
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip Co	ode			
	\$1.00		1455 Market St					
			Ste 400					
			San Francisco, CA 94103					
8	PURPOSE	(a)			(h)	Description		
ľ	OF	(4)	Category (See Categories listed at the top of this Transportation Equipment & Related		(5)	-	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Expense	J				officeholder living expense
			•			Officeholder t	trar	nsportation in Austin
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	05/30/2023		Uber					
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode			
	\$3.00		1455 Market St					
			Ste 400					
			San Francisco, CA 94103					
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE		Transportation Equipment & Related					de of Texas. Complete Schedule T.
			Expense					officeholder living expense
						Oncenoider	Irar	nsportation in Austin
				0.11	L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ignt			Office held
		-						
	Date		Payee name					
	05/30/2023		Uber					
	Amount (\$)		Payee address; City; Sta	ate; Zip Co	ode			
	\$10.89		1455 Market St					
			Ste 400					
			San Francisco, CA 94103					
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE		Transportation Equipment & Related				outsi	de of Texas. Complete Schedule T.
	EXPENDITORE		Expense					officeholder living expense
						Officeholder t	trar	nsportation in Austin
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held
		•						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 94/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218				
4	Date	5	Payee name								
	05/30/2023		Uber								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$10.96		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
8	PURPOSE	(0)									
ð	OF	(a)	Category (See Categories listed at the top of this schu	edule)	(b) Description	outei	de of Texas. Complete Schedule T.				
	EXPENDITURE		Transportation Equipment & Related Expense				officeholder living expense				
			Expense				nsportation in Austin				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	yht		Office held				
	Date		Payee name								
	05/31/2023		Uber								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$7.88		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Transportation Equipment & Related		Check if travel	outsi	de of Texas. Complete Schedule T.				
	EXPENDITORE		Expense				officeholder living expense				
					Officeholder	trar	nsportation in Austin				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jht		Office held				
	experiature to benefit C/Or										
	Date		Payee name								
	05/31/2023		Uber								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$8.71		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
	PURPOSE	(0)			(b) Decemination						
	OF	(^(a)	Category (See Categories listed at the top of this schu Transportation Equipment & Related	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE		Expense				officeholder living expense				
							nsportation in Austin				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	Jht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	aymer rheac pense pens (ages	nt/Reimbursement I/Rental Expense e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 95/98 Rpt:		Cain, Briscoe R. (The Honorable)					00069218			
4	Date	5	Payee name								
	05/31/2023		Uber								
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	de						
	\$9.91		1455 Market St								
			Ste 400								
			San Francisco, CA 94103								
8	PURPOSE				(b)	Description					
Ũ	OF		Category (See Categories listed at the top of this s Transportation Equipment & Related	chedule)	()		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Expense			Check if Austin	, TX,	officeholder living expense			
						Officeholder t	trar	nsportation in Austin			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held			
	Date		Payee name								
	02/16/2023		Vince Young Steakhouse								
	Amount (\$)		Payee address; City; Stat	e; Zip Co	de						
	\$444.55		301 San Jacinto Blvd								
			Austin, TX 78701								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Food/Beverage Expense	chedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense nd legislators			
	Complete ONLY if direct		andidate/Officeholder name	Office sou	aht			Office held			
	expenditure to benefit C/OI				5						
	Date		Payee name								
	01/01/2023		Wal-Mart								
	Amount (\$)			e; Zip Co	do						
	\$16.76		9025 Spencer Hwy	.c, zip co	uc						
	¢10.70		Sozo Spencer riwy								
			La Porte, TX 77571								
	PURPOSE OF		Category (See Categories listed at the top of this s	chedule)	(b)	Description					
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T. officeholder living expense			
								ers for campaign supplies			
						storage conte		sie ier oampaign oupplies			
	Complete <u>ONLY</u> if direct		andidate/Officeholder name	Office sou	ght			Office held			
	expenditure to benefit C/OI	H									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 96/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218				
4	Date	5	Payee name								
	01/23/2023		Walgreens								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le						
	\$22.17		2501 S Lamar Blvd								
			Austin, TX 78704								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outoi	de of Texas. Complete Schedule T.				
	EXPENDITURE		Office Overhead/Rental Expense				officeholder living expense				
					suppllies for						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	ht		Office held				
	Date		Payee name								
	05/28/2023		Walgreens								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$93.28		2501 S Lamar Blvd								
			Austin, TX 78704								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fees	edule)			de of Texas. Complete Schedule T. officeholder living expense				
					suppllies for						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	ht		Office held				
	Date		Payee name								
	01/03/2023		Well Written Gifts LLC								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$93.95		9116 Bright Sky Oaks Dr								
			Midland, NC 28107								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		de ef Teures, Complete Colorituite T				
	EXPENDITURE		Gift/Awards/Memorials Expense			ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense n legislators				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 97/98 Rpt:		Cain, Briscoe R. (The Honorable)				00069218				
4	Date	5	Payee name								
	01/19/2023		Well Written Gifts LLC								
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le						
	\$45.59		9116 Bright Sky Oaks Dr								
			Midland, NC 28107								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dula)	b) Description						
-	OF		Gift/Awards/Memorials Expense	dule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE						, officeholder living expense				
					gifts for fresh	ma	n legislators				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held				
	Date		Payee name								
	05/17/2023		Williamson, Justin								
	Amount (\$)		Payee address; City; State;	Zip Coo	le						
	\$363.72		9324 Hunter Ln								
			Austin, TX 78748								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dula)	b) Description						
	OF		Office Overhead/Rental Expense	duic)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE						, officeholder living expense				
					reimburseme supplies	ent (of cost for committee gifts and office				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Of	ffice soug	ht		Office held				
	Date		Payee name								
	06/29/2023		Williamson, Justin								
	Amount (\$)		Payee address; City; State;	Zip Coo	le						
	\$110.00		9324 Hunter Ln								
			Austin, TX 78748								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	b) Description						
	OF EXPENDITURE		Fees	,			ide of Texas. Complete Schedule T.				
	EXPENDITORE						officeholder living expense				
					reimburseme	ent (of cost for event registration for staff				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held				

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event E: Fees Food/Be Gift/Awa nmittee Legal Se	verage Expense rds/Memorials Expense	Loan Rep Office Ov Polling E Printing E Salaries/	oayme erhea kpense Expens Wages	nt/Reimbursement d/Rental Expense e se s/Contract Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	_
-	Sch: 98/98 Rpt:	Γ	Cain, Briscoe R. (The Honorable)					00069218	(,	
	-		Call, Biscoe R. (The Honorable)					00009210		
4	Date	5	Payee name								
	06/26/2023		WinRed								
6	Amount (\$) \$80.89	7	Payee address; 1776 Wilson Blvd Ste 530 Arlington, VA 222		ate; Zip Co	ode					
8	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categ} Fees	ories listed at the top of this	schedule)	(b)	Check if Austin	, TX,	officeholder living	nplete Schedule T. g expense orm service charge	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office sou	ught			Office h	eld	
	Date		Payee name								
	06/30/2023		WinRed								
	Amount (\$)	-	Payee address;	City; Sta	ate; Zip Co	ahe					_
	\$244.90		1776 Wilson Blvd Ste 530 Arlington, VA 222								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categ Fees	pries listed at the top of this	schedule)	(b)	Check if Austin	, TX,	officeholder living	nplete Schedule T. g expense prm service charge	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office sou	ught			Office h	eld	
	Date		Payee name								
	03/19/2023		newspapers.com								
	Amount (\$) \$74.90		Payee address; 355 S 520th W Ste 250 Lindon, UT 84042		ate; Zip Co	ode					
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categ} Office Overhead/I	pries listed at the top of this Rental Expense	schedule)	(b)		, тх,	officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office sou	ught			Office h	eld	

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

	The Instructio	n Guide explains how to complete this form.	1	Total pages Sch	Schedule F3: h: 1/1 Rpt: 108/108
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Cain, Briscoe R. (The H	onorable)		00069218	
4	Date	5 Name of person from whom investment is purchased			
	01/05/2023	USI Federal Credit Union			
		 6 Address of person from whom investment is purchased; City; State 1515 Miller Cut Off Rd. LaPorte , TX 77571 	e; Z	ip Code	
		7 Description of investment Certificate of Deposit			
		8 Amount of investment (\$) 60,000.00			