CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00069218		2 Total pages fil	led: 35
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Briscoe R.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	10/07/2024	
		Cain				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered o	or Date Postmarked
MAILING ADDRESS	P.O. Box 7				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	,	
	INICIAWA	Robertson		30111/		
		Robertson				
C CAMBAICNI	OTDEET ADDRESS (NO BO	POY DI EACE).	ΛΕ	T / CLUTE #· CITV	·	**E: 7ID CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BUX PLEASE),	AP	T / SUITE #; CITY;	517	ATE; ZIP CODE
ADDRESS	1110 Appleford Drive					
(Residence or Business)						
	Taylor Lake Village, TX 77	7586				
- CAMADAICNI	A DE A CODE DUON	NE NUMBER I	CYTCHOLON			
7 CAMPAIGN TREASURER		1F INOINIBEK I	EXTENSION			
PHONE	(832) 687-4192					
- DEDODT						
8 REPORT TYPE	January 15	7 20th day hefore	a alastian	Dunoff F	T 15th day after ca	mpaign treasurer
	January 15	30th day before	a election	Runoff	appointment (offi	
	July 15	8th day before	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)
		_		reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TI	HROUGH	09/26/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024			브	ш	
		XIG	General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Dist	rict 128		State Represent	tative District 128	
	•			•		
		GO 7	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 35

13 C / OH NAME	Cain, Briscoe R. (The	Honorable)	14 Filer ID 00069218	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been mad I officeholders are required to report this	ade without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	ER NAME	
		COMMITTEE CAMPAIGN TREASURE	ER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (O' ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 22,214.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 24,760.86
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 126,565.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			nder penalty of perjury, that the aco d includes all information required t tion Code.	
			The Honorable Briscoe R. Cai	in
			Signature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid		day
	, 20, to contact of the	ertify which, witness my hand and seal o		r administoring oath
Signature of Offi	cei aunimistening	Printed name of officer administer	під і піве от оттсеі	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	3 of 35
l	ER NAN		19 Filer ID	(Ethics Commission Filers)
		coe R. (The Honorable) E SUBTOTALS	00069218	1
l		SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 22,214.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 24,760.86
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
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	\$

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	ULE A1	
	The Instru	ction Guide explains how to c	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/35	
2	FILER NAME Cain, Brisco	e R. (The Honorable)			3	Filer ID (Ethics Commission 00069218	on Filers)
4	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:) Associated Builders & Contractors of Greater Houston, PAC Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	Houston, TX 77092 pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID#:) BNSF RailPAC Contributor address; City; State; Zip Code Fort Worth, TX 76161-0039			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor on Baytown Republican Women Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Baytown, TX 77520 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/21/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$103.00
	Principal occu Broker	Anaheim, CA 92806 pation / Job title (See Instructions)		Employer (See Instructions Millennium 3 RealEst)		
	Date 07/17/2024	Full name of contributor on Blackridge Contributor address; City; State; Z Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			l				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/35		
2	FILER NAME Cain, Brisco	e R. (The Honorable)			3	Filer ID (Ethics Commission 00069218	on Filers)	
4	Date 07/18/2024			7	Amount of Contribution (\$)	\$5.00		
_	Deignigal	Madison, WI 53703	- 10	Family on (Can Instruction				
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired				
	Date 07/01/2024	Full name of contributor out-of-state PAC (Carroll, Janeice Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$59.00	
	Deinsinal assu	Baytown, TX 77521		Frankrija (Cas kastrijationa	_			
	Logistics	pation / Job title (See Instructions)		Employer (See Instructions Self	5)			
	Date 07/17/2024			•	Amount of Contribution (\$)	\$250.00		
		Austin, TX 78747						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)			
	Date 09/23/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$260.00		
		Eagle Lake, TX 77434 pation / Job title (See Instructions) Affairs Consultant		Employer (See Instructions Riceland Consulting, LL	•			
	Date Full name of contributor x out-of-state PAC (ID#: C00247981) 07/17/2024 Corteva, Inc. Employees PAC / Coretva Agriscience PAC Contributor address; City; State; Zip Code Austin, TX 20001			Amount of Contribution (\$)	\$1,000.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			

	MONETARY POLITICAL CONTRIBUTIONS					LE A1	
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/35	
2	FILER NAME Cain, Brisco	e R. (The Honorable)			3	Filer ID (Ethics Commission 00069218	on Filers)
4	Date 07/03/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$2,000.00	
		Washington, DC 20004					
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	s)		
	Date 07/17/2024	Full name of contributor Health Care Service Corp Contributor address; City; S Austin, TX 78701		Committee - Texas		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	5)		
	Date 09/06/2024	Full name of contributor Jackson, Evelyn Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$250.00
	Principal occu	Kingwood, TX 77325 pation / Job title (See Instruction	5)	Employer (See Instructions	<u>;)</u>		
		(-7		,		
	Date 07/17/2024	Full name of contributor Moak Casey PAC Contributor address; City; S Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	s)		
	Date 07/17/2024	Full name of contributor Nelson H Nease, P.C. Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/35		
2	FILER NAME Cain, Brisco	e R. (The Honorable)		3	Filer ID (Ethics Commission 00069218	on Filers)	
4	Date 08/26/2024			7	Amount of Contribution (\$)	\$1,001.00	
0	Dringing oggu	Washington, DC 20004-3650 pation / Job title (See Instructions)	9 Employer (See Instructional				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	15)			
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID#:) Political Action Committee of the Independent Insurance Agents of Texas Contributor address; City; State; Zip Code Austin, TX 78768			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)			
	Date 07/17/2024	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	18)			
	- Timolpai coca	patient, cop tale (coe metadaene)	Employer (eee mondone)	,			
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#:) Schmidt, Axel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$115.00	
	Principal occuretired	Crosby, TX 77532 pation / Job title (See Instructions)	Employer (See Instructions retired	ls)			
	Date 09/17/2024	Full name of contributor out-of-state PAC (TREPAC-Texas Realtors Political Action Co Contributor address; City; State; Zip Code Austin, TX 78768-2246			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)			
			,				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A	E A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/35		
2	FILER NAME Cain, Brisco	e R. (The Honorable)		3	Filer ID (Ethics Commission Filers 00069218	5)	
4	Date 09/04/2024			7	Amount of Contribution (\$) \$50	0.00	
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions))			
	Timelpai occu	pation / Job title (Jee matactions)	2 Employer (See instructions	,			
	Date 07/17/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10	0.00	
	Principal occu	Austin, TX 78754 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID#: Texas Association of Health Plans PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$) \$1,00	0.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:) Texas Dental Association Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78704			Amount of Contribution (\$) \$50	0.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Forestry Association Forestry Political Act Contributor address; City; State; Zip Code Lufkin, TX 75902	ion Committee		Amount of Contribution (\$) \$1,00	0.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
		•					

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDU	JLE A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 6/6 Rpt: 9/35	
2	FILER NAME Cain, Brisco	e R. (The Honorable)		3	Filer ID (Ethics Commiss 00069218	sion Filers)
4	Date 07/17/2024 5 Full name of contributor out-of-state PAC (ID#:) Texas Lobby Partners LLP 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$	\$1,000.00	
8	Principal occu	Austin, TX 78701-2132 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID# Walker, Kwame Contributor address; City; State; Zip Code Austin, TX 78705	<u> </u>		Amount of Contribution (\$	\$521.00
		pation / Job title (See Instructions) Affairs Consultant	Employer (See Instructions McGuireWoods Consult		J	
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID# Wholesale Beer Distributors of Texas Political Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/26 Rpt: 10/35	2 FILER NAME Cain, Briscoe R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069218
4 Date	5 Payee name
07/22/2024	24 Diner
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$158.41	600 N Lamar Blvd
	Austin, TX 78703
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	meal for campaign staff and supporters
O Commission CAN V Malling 1	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
07/23/2024	61 Isaih Ministries
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	PO Box 304
	Teague, TX 75860
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	event sponsorship
	over opened in
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
07/18/2024	AT&T
Amount (\$)	Payee address; City; State; Zip Code
\$75.27	208 S Akard St
,	
	Dallas, TX 75202
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 internet service
Complete CAU V if direct	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/26 Rpt: 11/35	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	08/19/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.27	208 S Akard St
		Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign internet service
		Sampaign morner solvide
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/16/2024	AT&T
H	Amount (\$)	Payee address; City; State; Zip Code
	\$75.27	208 S Akard St
		Dallas, TX 75202
	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 internet service
		Campaign memer service
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/11/2024	Academy Sports + Outdoors
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.24	4627 E Sam Houston Pkwy S
		Pasadena, TX 77505
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Shirts for campaign embroidery
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/26 Rpt: 12/35	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	09/03/2024	Academy Sports + Outdoors
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$769.64	6425 Garth Rd
		Baytown, TX 77521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Concey tents and chairs for compaign
		Canopy tents and chairs for campaign
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	07/01/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.06	1221 Peachtree Street NE
		Ste 150
		Atlanta, GA 30361
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		software service for campaign
	Computate ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	08/01/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.06	1221 Peachtree Street NE
		Ste 150
		Atlanta, GA 30361
	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
		software service for campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/26 Rpt: 13/35	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	09/03/2024	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.06	1221 Peachtree Street NE
		Ste 150
		Atlanta, GA 30361
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense software service for campaign
		Software service for campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/16/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.70	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign event decorations
		campaign cront decorations
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	07/09/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.16	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
		Check if Austin, TX, officeholder living expense
		supplies for block walking
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 5/26 Rpt: 14/35	Cain, Brisc	oe R. (The Honorable	e)				00069218	
4	Date	5 Payee name)						
	07/30/2024	Baytown C	hamber of Commerc	е					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode				
	\$75.00	825 Rolling	jbrook Dr						
		Baytown, T	X 77521						
8	PURPOSE OF	,	See Categories listed at the top	of this schedule)	(b)	Description		df-T O	aleka Cabadala T
	EXPENDITURE	Fees				ш		officeholder living	plete Schedule T. g expense
						_			aff and candidate
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld
_	Date	Payee name	<u> </u>						
	07/02/2024	Campaign							
	Amount (\$)	Payee addre		State; Zip C	ode				
	\$425.34	11 Lea Ave	-	Otato, Zip O	ouc				
	Ţ . 2 0.0 .								
		Nashville, ⁻	TN 37210						
	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense			<u></u>		de of Texas. Com officeholder living	plete Schedule T. g expense
						campaign em			, σ.φσσσ
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld
_	Date	Dove nome							
	08/02/2024	Payee name Campaign							
				State: 7in C	odc				
	Amount (\$) \$425.34	Payee addre	•	State; Zip C	oue				
	φ420.34	TI LEA AVE	•						
		Nashville, ⁻	ΓN 37210						
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	Expense					de of Texas. Com officeholder living	plete Schedule T.
						campaign em			g expense
						- xpaigi1 0111			
-	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	l ught			Office he	eld
	expenditure to benefit C/O			300 00	- g			200 110	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 6/26 Rpt: 15/35	2 FILER NAME Cain, Briscoe R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069218
4	Date 09/03/2024	5 Payee name Campaign Monitor	00003210
6	Amount (\$) \$436.00	7 Payee address; City; State; Zip Code 11 Lea Ave Nashville, TN 37210	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense nail software
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held
	Date 07/09/2024	Payee name Cloudways Ltd	
	Amount (\$) \$12.37	Payee address; City; State; Zip Code Junction Business Center 1st Floor Sqaq Saint Julian's STJ3334 Malta	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense g for campaign website
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 08/09/2024	Payee name Cloudways Ltd	
	Amount (\$) \$12.37	Payee address; City; State; Zip Code Junction Business Center 1st Floor Sqaq Saint Julian's STJ3334 Malta	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense g for campaign website
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Si		ages	/Contract Labor		OTHER (enter a	a category not listed above)	
				The Instruction Gu	iide explains hov	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/26 Rpt: 16/35		Cain, Brisco	e R. (The Hono	rable)					00069218		
4	Date	5	Payee name									
	09/13/2024		Cloudways	Ltd								
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$12.37		Junction Bu	siness Center								
			1st Floor Sq	aq								
			Saint Julian	s STJ3334 Mal	ta							
8	PURPOSE	(a)	Category	e Categories listed at the	as top of this school	ula)	(b)	Description				
	OF	``		nead/Rental Exp		iie)	(-,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Office Overi	icaa/rentai Exp	JC113C			=		officeholder livin		
								cloud hosting	for	campaign	website	
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offic	ceholder name	Offic	ce soug	ght			Office h	eld	
	experiditure to benefit C/Or	П										
	Date		Payee name									
	07/29/2024		Courtyard H	otels								
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Coc	de					
	\$162.72		16100 Impa	ct Way								
			·	-								
			Pflugerville,	TX 78660								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedu	ıle)	(b)	Description				
	OF EXPENDITURE		Travel Out of	of District				=			nplete Schedule T.	
								—		officeholder livin		
								lodging for re	pui	JIICAII WOIII	en event	
	Operation ONLY if allowed	L_	01i -1 - + - 10ffi		04:		. l. s			O#: I-	-1-1	
	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Oπi	ceholder name	Опи	ce soug	gnt			Office h	ela	
	·	_										
	Date		Payee name									
	07/05/2024		Crosby-Huff	man Chamber o	of Commerce							
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$150.00		5317 1st Str	eet								
			Crosby, TX	77532								
	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this schedu	ıle)	(b)	Description				
	OF EXPENDITURE			nead/Rental Exp				Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							_		officeholder livin		
								event ticket fo	or c	ampaign st	aff	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	ght			Office h	eld	
	expenditure to benefit C/OI	H										

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/26 Rpt: 17/35	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	07/05/2024	Crosby-Huffman Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	5317 1st Street
		Crosby, TX 77532
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		membership for campaign
		memorismp to campaign
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/30/2024	Deer Park Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	120 E. 8th Street
		Deer Park, TX 77536
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense membership for campaign
		membership for earripaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/22/2024	DoubleTree by Hilton
	Amount (\$)	Payee address; City; State; Zip Code
	\$442.06	303 W. 15th St.
	\$112.00	555 W. 15th Ct.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lodging Expense
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/26 Rpt: 18/35	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	08/15/2024	DoubleTree by Hilton
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$576.89	303 W. 15th St.
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lodging Expense
		Loading Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/23/2024	DoubleTree by Hilton
	Amount (\$)	Payee address; City; State; Zip Code
	\$543.86	303 W. 15th St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging Expense
		Loughing Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/22/2024	Elect Dan Simons Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 62463
		Houston, TX 77205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		campaign donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/26 Rpt: 19/35	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	08/28/2024	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$144.00	4402 Underwood Road
		La Porte, TX 77571
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Campaign storage
		Sampaigh storage
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
L		
	Date	Payee name
	07/29/2024	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.00	4402 Underwood Road
		La Porte, TX 77571
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign storage
		Gampaign clorage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payeo namo
	09/09/2024	Payee name Extra Space Storage
_		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.50	4402 Underwood Road
		La Porte, TX 77571
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign storage
		Sumpaign storage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total nagge Ceb 1:-1 - 54	
1	Total pages Schedule F1: Sch: 11/26 Rpt: 20/35	2 FILER NAME Cain, Briscoe R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069218
<u>_</u>	•	
4	Date	5 Payee name
L	08/07/2024	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$162.50	4402 Underwood Road
		La Porte, TX 77571
Ļ	DUDDOCE	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign storage
		Sampaign storage
Ļ	Complete ONII V if allows a	Condidate/Officeholder name Office accords
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	07/08/2024	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.50	4402 Underwood Road
		La Porte, TX 77571
_	DUDD05-	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Camplete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign storage
		Sampaigh Storage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name
	08/30/2024	GoDaddy.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.34	14455 N Hayden Rd
		Ste 226
		Scottsdale, AZ 85260
	DUDDOCE	I
	PURPOSE OF	(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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign domains purchase
		ouripaign domaine paronace
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sal		ages	/Contract Labor		OTHER (enter a	strict a category not listed abo	ve)
				The Instruction Gu	uide explains how	to com	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 12/26 Rpt: 21/35		Cain, Brisco	e R. (The Hono	rable)					00069218		
4	Date	5	Payee name									
	09/16/2024		GoDaddy.co	om								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	p Cod	le					
	\$19.99		14455 N Ha	yden Rd								
			Ste 226									
			Scottsdale,	AZ 85260								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this schedule) ((b)	Description				
	OF EXPENDITURE			nead/Rental Exp				Check if travel	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITORE							_		officeholder livin		
								campaign do	ma	ins purchas	e	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office	e soug	ht			Office h	eld	
		_										
	Date		Payee name									
	07/19/2024		GoDaddy.co	om								
	Amount (\$)		Payee addres	ss; City;	State; Zi	p Cod	le					
	\$154.66		14455 N Ha	yden Rd								
			Ste 226									
			Scottsdale,	AZ 85260								
	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this schedule) ((b)	Description				
	OF EXPENDITURE		Advertising					=			plete Schedule T.	
	LXI LINDITORL							므		officeholder livin		
								campaign do	ma	in website r	iosung	
	Complete ONLY if direct	<u> </u>	Candidata/Offic	ceholder name	Office	e soug	ıht			Office h	old	
	expenditure to benefit C/OI		Januluale/Onic	centituer frame	Office	e soug	וונ			Office II	eiu	
_												
	Date		Payee name									
	07/02/2024		Google									
	Amount (\$)		Payee addres	•	State; Zi	p Cod	le					
	\$41.57		1600 Amphi	theatre Pkwy								
			Mountain Vi	ew, CA 94043		_						
	PURPOSE OF	(a)	•	e Categories listed at th	ne top of this schedule) ((b)	Description				
	EXPENDITURE		Advertising	Expense				ш		de of Texas. Con officeholder livin	plete Schedule T.	
								campaign em				
								Jampaign Cili	·uii	JOI VIOC WITC	data storage	
\vdash	Complete ONLY if direct	L(Candidate/Offic	ceholder name	Office	e soug	ıht			Office h	eld	
	expenditure to benefit C/OI			zz.ioiao. Haino	Sillot	Joug	,			211100 11		
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1: Sch: 13/26 Rpt: 22/35	FILER NAME Cain, Briscoe R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069218
4	Date 08/02/2024	5 Payee name Google	
6	Amount (\$) \$41.57	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign email service and data storage
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/03/2024	Payee name Google	
	Amount (\$) \$41.57	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign email service and data storage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/05/2024	Payee name Gringo's Tex-Mex	
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 2202 E Broadway	
		Pearland, TX 77581	
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal with legislators
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/26 Rpt: 23/35	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	07/24/2024	Harris County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,041.98	8588 Katy Fwy
		Ste 445
		Houston, TX 77024
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/04/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.66	10019 S Interstate 35
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		drinking water service for capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/02/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.66	10019 S Interstate 35
		Austin, TX 78747
	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 drinking water service for capitol office
		difficing water service for expitor office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/26 Rpt: 24/35	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	07/02/2024	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.65	10019 S Interstate 35
		Austin, TX 78747
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense drinking water service for capitol office
		unitally water service for capitor office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Pausa sama
		Payee name
	09/19/2024	Houston Area Pastor Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.00	11902 Jones Rd N
		Houston, TX 77070
	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 donation
		uonation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Para a sana
	Date 08/20/2024	Payee name Houston Area Pastor Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.00	11902 Jones Rd N
		Houston, TX 77070
	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 donation
		uonalion
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/26 Rpt: 25/35	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	07/26/2024	La Porte - Bayshore Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	Po Box 996
		La Porte, TX 77572
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event ticket for campaign staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/01/2024	Larry M Hicks, CPA
	Amount (\$)	Payee address; City; State; Zip Code
	\$469.00	4145 Gessner Rd
	,	Ste B-415
		Houston, TX 77092
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Accounting and Compliance Services
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/23/2024	Los Pinos Jalisco
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.27	6203 N Capitol of Texas Hwy
		Austin, TX 78731
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		breakfast tacos for meeting with legislators
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 17/26 Rpt: 26/35	FILER NAME Cain, Briscoe R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069218
4	Date 09/20/2024	5 Payee name Lyft Inc	
6	Amount (\$) \$6.83	7 Payee address; City; State; Zip Code 185 Berry St Ste 5000 San Francisco, CA 94107	
8	PURPOSE OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T. , TX, officeholder living expense on in Austin
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/16/2024	Payee name Lyft Inc	
	Amount (\$) \$59.82	Payee address; City; State; Zip Code 185 Berry St Ste 5000 San Francisco, CA 94107	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense on to political event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/13/2024	Payee name Lyft Inc	
	Amount (\$) \$93.88	Payee address; City; State; Zip Code 185 Berry St Ste 5000 San Francisco, CA 94107	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense on to political event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/26 Rpt: 27/35	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	09/19/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.71	675 Ponce de Leon Ave NE
		Ste 5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign email software
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiantare to benefit of or	
	Date	Payee name
	08/05/2024	NationBuilder
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,196.00	448 South Hill St
		Los Angeles, CA 90071
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/09/2024	Nguyen Digital
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	21014 Brunson Falls Dr
		Richmond, TX 77407
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		campaign shirt printing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 19/26 Rpt: 28/35	2 FILER NAME Cain, Briscoe R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069218
4	Date 08/01/2024	5 Payee name Pasadena Chamber of Commerce
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 4334 Fairmont Pkwy Pasadena, TX 77504
8	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 membership for campaign
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/31/2024	Payee name Pasadena Chamber of Commerce
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 4334 Fairmont Pkwy Pasadena, TX 77504
	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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/05/2024	Payee name PrimeWines.com
	Amount (\$) \$143.95	Payee address; City; State; Zip Code 447 Kensington Court
		Naperville, IL 60563
	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 gifts for campaign supporters
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 20/26 Rpt: 29/35	Cain, Briscoe R. (The Honorable) 00069218	
4		5 Payee name	
L	09/19/2024	Small World Goods	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.31	1630 E 6th St	
		Ste 101 Austin, TX 78702	
Ļ	DUDDOCE	1	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		gifts for campaign suporters	
Ļ	Operation ONLY if dispose	On didn't Off a halden game Off a name to	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
⊨	Date	Davisa nama	_
	09/11/2024	Payee name Southwest Airlines	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$389.96	2702 Love Field Dr	
		Dallas, TX 75235	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Flight for Candidate to Campaign Event	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	1	
	Date	Payee name	
	08/22/2024	Spokeo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.85	199 South Los Robles Ave	
		Pasadena, CA 91101	
L	PURPOSE		
	OF	(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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		campaign data service	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
			_

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 21/26 Rpt: 30/35	Cain, Briscoe R. (The Honorable) Cain arise on the Honorable of the Honor
4	Date	5 Payee name
	09/23/2024	Steve Kinard Campaign
6	Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO Box 260464
		Plano, TX 75026
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		campaign contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/20/2024	Sushi Junai 1
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.35	1612 Lavaca St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meal with legislators
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/23/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.21	5757 Fairmont Pkwy
		Pasadena, TX 77505
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		campaign office and block walking supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ı		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (parter a category not listed above)

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/26 Rpt: 31/35	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	09/17/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$128.30	5757 Fairmont Pkwy
		Pasadena, TX 77505
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign office and block walking supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/28/2024	Texans for Medical Freedom
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 175272
		Arlington, TX 76003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event sponorship by campaign
		event spondiship by earripaigh
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	09/10/2024	Texas Federation of Republican Women PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.13	13740 US-183
		J4
		Austin, TX 78750
	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
		Texas Federation of Republican Women event tickets for candidate
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment			rices	Salaries/V		se s/Contract Labor		OTHER (enter a	category not listed a	above)
	Credit Card Payment		The Inst	ruction Guide expla	ins how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 23/26 Rpt: 32/35		Cain, Briscoe R. (T	he Honorable)					00069218		
4	Date	5	Payee name								
	07/05/2024		Texas Federation of	of Republican Wo	men PAC						
6	Amount (\$)	7	Payee address; (City; Sta	ate; Zip Co	ode					
	\$78.13		13740 US-183								
			J4								
			Austin, TX 78750								
8	PURPOSE	(a)	Category (See Categor	as listed at the top of this	cohodulo)	(b)	Description				
	OF	``	Office Overhead/R		scriedule)	()		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			·			_		officeholder living		
							Texas Federa tickets for car			ican Women	event
							lickets for car	iuic	late		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholde	name	Office sou	ıght			Office he	eld	
	experiorare to benefit C/O	<u>''</u>									
	Date		Payee name								
	09/19/2024		Texas Right to Life								
	Amount (\$)		Payee address;	City; Sta	ate; Zip Co	ode					
	\$150.00		4500 Bisonnet St								
			Ste 305								
			Houston, TX 77401	<u> </u>							
	PURPOSE	(a)	Category (See Categor	es listed at the ton of this	schedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Dona	tions Made By			Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		Candidate/Officeho	older/Political Cor	nmittee		—	TX,	officeholder living	expense	
							donation				
	Operation ONLY & Street	Ļ) - - - - - - -		04:				O#: I	.1.1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholde	name	Office sou	ıgnt			Office he	eia	
		_									
	Date		Payee name								
	09/06/2024		Texas Values								
	Amount (\$)		•	City; Sta	ate; Zip Co	ode					
	\$25.00		900 Congress Ave								
			Ste L115								
			Austin, TX 78701								
	PURPOSE	(a)	Category (See Categor	es listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Dona		:					plete Schedule T.	
			Candidate/Officeho	older/Political Cor	nmittee		donation	IX,	officeholder living	expense	
							Jonation				
	Complete ONLY if direct	<u> </u>	Candidate/Officeholde	name	Office sou	l Jaht			Office he	eld	
	expenditure to benefit C/OI				2.1100 000				J00 110		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	Gift/Awards/Memorials E Legal Services The Instruction Gui	Sala		ges/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	FII FR NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 24/26 Rpt: 33/35	Cain, Brisco	e R. (The Honor	able)				00069218		
4	Date	Payee name								
	08/06/2024	Texas Value	es							
6	Amount (\$)	Payee addres	ss; City;	State; Zip	Code	е				
	\$25.00	900 Congres	ss Ave							
		Ste L115								
		Austin, TX 7	8701							
8	PURPOSE	Category (Sa	e Categories listed at the	ton of this schedule)	(1	Description				
	OF		s/Donations Mad		`		outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		Officeholder/Politi			Check if Austin	, TX,	, officeholder living	g expense	
						donation				
9	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Offic	ceholder name	Office	sough	nt		Office he	eld	
H	Date	Payee name								
	07/08/2024	Texas Value	es							
	Amount (\$)	Payee addres	ss; City;	State; Zip	Code	9				
	\$25.00	900 Congres								
		Ste L115								
		Austin, TX 7	8701							
\vdash	PURPOSE				//	1) Description				
	OF		e Categories listed at the S/Donations Mac		'	DescriptionCheck if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		S/Donations Mac Officeholder/Politi			=		, officeholder living		
						donation				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	ceholder name	Office	sough	nt		Office he	eld	
_	Data									=
	Date	Payee name								
	07/18/2024	Uber								
	Amount (\$)	Payee addres		State; Zip	Code	Э				
	\$10.71	1455 Market	t St							
		Ste 400								
L		San Francis	co, CA 94103							
	PURPOSE	Category (Se	e Categories listed at the	e top of this schedule)	(I	Description				
	OF EXPENDITURE	Office Overh	nead/Rental Expe	ense		ш		ide of Texas. Com , officeholder living	•	
						Transportatio		_	g expense	
						ransportatio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ii / Wolli		
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office	soual	nt		Office he	eld	
	expenditure to benefit C/O			230	9'			200 110		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 25/26 Rpt: 34/35	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	08/26/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.07	1455 Market St
		Ste 400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LAFEINDITORE	Check if Austin, TX, officeholder living expense
		Transportation to political event
_	Opening ONE V if direct	Our did at 10th a halden game.
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Data	
	Date	Payee name
	07/19/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.05	1776 Wilson Blvd
		Ste 530
		Arlington, VA 22209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Campaign fundraising platform service charge
		Campaign fundraising platform service charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/26/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.82	1776 Wilson Blvd
	,	Ste 530
		Arlington, VA 22209
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign fundraising platform service charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/26 Rpt: 35/35	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
l	09/20/2024	i360 LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$3,720.00	2300 Claredon Blvd
l		Ste 800
l		Arlington, VA 22201-3382
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
l	09/23/2024	newspapers.com
Н	Amount (\$)	Payee address; City; State; Zip Code
l	\$74.90	355 S 520th W
		Ste 250
L		Lindon, UT 84042
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		news subscription for campaign
l		
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	
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