# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00069218		2 Total pages	filed: 133
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	LICE ONLY
OFFICEHOLDER NAME	The Honorable	Briscoe R.			Date Received	USE ONLY
						CALLY FILED
						CALLI FILLD
	NICKNAME	LAST		SUFFIX	07/15/2025	
		Cain				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	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 TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mrs.	Tanya				
	NICKNAME	LAST		SUFFIX		
		Robertson				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	; S	TATE; ZIP CODE
ADDRESS	459 Pinegrove Rd					
(Residence or Business)						
	Corrigan, TX 75939					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER PHONE	(832) 687-4192					
PHONE	,					
8 REPORT				_		
TYPE	January 15	30th day before	election	Runoff	15th day after of appointment (o	campaign treasurer fficeholder only)
	X July 15	8th day before	election	Exceeded modified	_	.ttach C/OH-FR)
		_		reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	HROUGH	06/30/20	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 03/03/2026		rimary	Runoff	Other	
	03/03/2020		Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	State Representative Dist	trict 128 Harris		State Represer	tative District 12	18
					<u> </u>	
		GO 1	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 133

13 C / OH NAME	Ethics Commission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exp These expenditures may have been made w I officeholders are required to report this infor	ithout the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NA	AME					
		COMMITTEE CAMPAIGN TREASURER AD	DDRESS					
16 CONTRIBUTION TOTALS	R THAN PLEDGES, LOANS, E ELECTRONICALLY)	\$ 0.00						
	OANS)	\$ 41,868.61						
EXPENDITURE TOTALS		\$ 0.00						
		\$ 97,106.80						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 80,821.03				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	NS AS OF THE LAST DAY	\$ 0.00				
<b>17</b> AFFIDAVIT			penalty of perjury, that the accudes all information required to Code.					
		The	Honorable Briscoe R. Cai	n				
		Signat	ture of Candidate or Officehold	der				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
		aid		day				
of	, 20, to co	ertify which, witness my hand and seal of offic	ce.					
Signature of offi	Signature of officer administering Printed name of officer administering Title of officer administering oath							

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

				3 of 133
18 FILER NAM Cain, Bris	ME coe R. (The Honorable)	<b>19</b> Filer ID 00069218	(Ethics Comm	ission Filers)
20 SCHEDULI NAME OF :	E SUBTOTALS SCHEDULE		SUBTOT	AL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	41,868.61
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	97,106.80
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	\$	

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	o complete this for	n.	1	Total pages Schedule A1: Sch: 1/12 Rpt: 4/133	
2	FILER NAME Cain, Briscoe	e R. (The Honorable)			3	Filer ID (Ethics Commission 00069218	n Filers)
4	Date 06/23/2025	<ul><li>5 Full name of contributor Bechtel, Michel</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: e; Zip Code	)	7	Amount of Contribution (\$)	\$500.00
8	Principal occur	Morgans Point, TX 77571 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>.</u>		
	Geologist Ge			Bechtel Exploration Co.	,		
	Date 06/30/2025	Full name of contributor Briscoe, Richard Contributor address; City; State				Amount of Contribution (\$)	\$260.25
		San Antonio, TX 78248					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor  Briscoe, Richard  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$104.10
		San Antonio, TX 78248					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 06/28/2025	Full name of contributor  Burkhead, James  Contributor address; City; State  Manvel, TX 77578	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$114.51
	Principal occurretired	pation / Job title (See Instructions)		Employer (See Instructions retired	<u> </u>		
	Date 06/23/2025	Full name of contributor Carmona, Chris Contributor address; City; State Houston, TX 77248	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$260.25
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comple	ete this forn	m.	1	Total pages Schedule A1: Sch: 2/12 Rpt: 5/133	
2	FILER NAME Cain, Briscoe	e R. (The Honorable)			3	Filer ID (Ethics Commission 00069218	on Filers)
4	Date 06/27/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$1,000.00
8	Dringinal occur	Austin, TX 78701 pation / Job title (See Instructions)	l <sub>o</sub>	Employer (See Instructions			
0	GR Consulta		3	Longbow Partners	')		
	Date 06/30/2025	Cook, Robby				Amount of Contribution (\$)	\$260.25
		Eagle Lake, TX 77434					
	Principal occur Consultant	pation / Job title (See Instructions)		Employer (See Instructions Riceland Consulting	<b>;</b> )		
	Date 06/24/2025	Full name of contributor out-of-state Cooper, Martin Contributor address; City; State; Zip Code	e PAC (ID#:	)		Amount of Contribution (\$)	\$52.05
		Baytown, TX 77523					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 06/30/2025	Davis, Denise				Amount of Contribution (\$)	\$520.51
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Davis Kaufman PLLC	<u>(</u>		
	Date 06/25/2025	Davis, Gerald	e PAC (ID#:	)		Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 3/12 Rpt: 6/133	
2	FILER NAME Cain, Briscoe	e R. (The Honorable)		3	Filer ID (Ethics Commission 00069218	n Filers)
4	Date 06/27/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Owner	Pearland, TX 77581 pation / Job title (See Instructions)  9	Employer (See Instructions DeVine Promotions	j 5)		
	Date 06/28/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Deer Park, TX 77536 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Drury, Bailey  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$31.23
	Principal occu	League City, TX 77573 pation / Job title (See Instructions)	Employer (See Instructions	j 5)		
	Date 06/30/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu Lobbyist	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions Cornerstone	<u> </u> 5)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$31.23
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		<u>,                                      </u>				

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	S		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/12 Rpt: 7/133	
2	FILER NAME Cain, Briscoe	e R. (The Honorable)				3	Filer ID (Ethics Commission 00069218	on Filers)
4	Date 06/28/2025	<ul><li>5 Full name of contributor Guidry, Chad</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Deer Park, TX 77536 pation / Job title (See Instruction	s)	9	Employer (See Instructions	<u> </u> 5)		
	Manager  Date 06/28/2025	Full name of contributor Hamby, Gary Contributor address; City; S			Guidry's Cajun Kitchen		Amount of Contribution (\$)	\$250.00
	Principal occu	Pasadena, TX 77505 pation / Job title (See Instruction	s)		Employer (See Instructions	<u> </u> 5)		
	Date 06/27/2025	Full name of contributor Harrington, Wayne Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$114.51
	5	Deer Park, TX 77536	, 1					
	Principal occuj Driver	pation / Job title (See Instruction	S)		Employer (See Instructions Veolia	5)		
Date 06/30/2025		Full name of contributor Heckford, Ken Contributor address; City; S Deer Park, TX 77536	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$31.23
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	<u> </u> ;)		
	Date 06/30/2025	Full name of contributor Hootman, Joseph Contributor address; City; S Austin, TX 78758	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$26.03
	Principal occup Software Eng	pation / Job title (See Instruction gineer	s)		Employer (See Instructions Self-Employed	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 5/12 Rpt: 8/133	
2	FILER NAME Cain, Briscoe	e R. (The Honorable)			3	Filer ID (Ethics Commission 00069218	on Filers)
4	Date 06/23/2025	Isbell, JJ	out-of-state PAC (ID#: Zip Code	)	7	Amount of Contribution (\$)	\$5,000.00
_	Deinainal accu	Pasadena, TX 77508	lo-	Faralayar (Coo Instructions			
8	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions TTE	)		
	Date 06/25/2025	Full name of contributor	out-of-state PAC (ID#:  Zip Code	)		Amount of Contribution (\$)	\$50.00
	Dringing! aggs	Friendswood, TX 77546		Employer (Coo Instructions			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/30/2025	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Data disal asses	Dripping Springs, TX 78620		Faralas a (Osas Instructions			
	Government	pation / Job title (See Instructions) Affairs		Employer (See Instructions HMWK	)		
	Date 06/29/2025	Full name of contributor Linebaugh, Dan  Contributor address; City; State; 2  Baytown, TX 77521	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$1,041.02
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	)		
	Date 06/23/2025	Full name of contributor Coewy, Adam  Contributor address; City; State; Austin, TX 78731	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
	Principal occu Law	pation / Job title (See Instructions)		Employer (See Instructions Loewy Law Firm	)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/12 Rpt: 9/133	
2	FILER NAME Cain, Briscoe	e R. (The Honorable)		3	Filer ID (Ethics Commission 00069218	on Filers)
4	Date 06/27/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78701		Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: Marquez, Enrique Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Deinainal assu	Austin, TX 78735	Frankrija (Caa kastuustiana			
	Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self -Employed	»)		
	Date 06/24/2025	Full name of contributor			Amount of Contribution (\$)	\$57.00
		Pasadena, TX 77505				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ McNutt, Julie  Contributor address; City; State; Zip Code  Corsicana, TX 75110			Amount of Contribution (\$)	\$250.00
	Principal occu Physical The	pation / Job title (See Instructions) rapist	Employer (See Instructions Self	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Miller, Lindsey  Contributor address; City; State; Zip Code  Austin, TX 78731			Amount of Contribution (\$)	\$1,000.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Align Public Affairs- Lind		y Miller	

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/12 Rpt: 10/133	
2	FILER NAME Cain, Briscoe	e R. (The Honorable)			3	Filer ID (Ethics Commission 00069218	on Filers)
4		5 Full name of contributor Moak Casey PAC	out-of-state PAC (ID#:_	·	7	Amount of Contribution (\$)	\$250.00
_		Austin, TX 78701			<u>L</u>		
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	S)		
	Date 06/24/2025	Full name of contributor  Moore, Daniel  Contributor address; City; S		)	-	Amount of Contribution (\$)	\$31.23
	Dringinal occur	Pasadena, TX 77505 pation / Job title (See Instruction:		Employer (See Instructions	<u>-,</u>		
	Pastor	Pastor Creekmont Baptist Chur					
	Date 06/30/2025	Full name of contributor Nelson H Nease, P.C. Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	s)		
	Date 06/30/2025	Full name of contributor Oberhoff, Donica Contributor address; City; S San Antonio, TX 78258				Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions overnment Relations	5)	Employer (See Instructions Acadian Ambulance Se		ce	
	Date 06/26/2025	Full name of contributor Oquin, Robert Contributor address; City; S Dripping Springs, TX 786	tate; Zip Code		-	Amount of Contribution (\$)	\$1,000.00
	Principal occu Sales	pation / Job title (See Instruction	5)	Employer (See Instructions Sky Marketing	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/12 Rpt: 11/133	
2	FILER NAME Cain, Brisco	e R. (The Honorable)		3	Filer ID (Ethics Commission 00069218	n Filers)
4	Date 06/30/2025	5 Full name of contributor out-of-state PAC (ID#:_ Pennington, Charles  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$104.10
_	Discipal	Highlands, TX 77562	10. 5			
8	Principal occu Programmer	pation / Job title (See Instructions)	9 Employer (See Instructions) Exela Tech	)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Penny, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$57.00
	Principal occu	Highlands, TX 77562  upation / Job title (See Instructions)	Employer (See Instructions	)		
	· 	, ,				
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Rhodes, Fran Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Keller, TX 76244				
	Principal occu President, no	pation / Job title (See Instructions) on profit	Employer (See Instructions) True Texas Project	)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Rivero, Hector  Contributor address; City; State; Zip Code  Austin, TX 78731-2142			Amount of Contribution (\$)	\$500.00
	Principal occu President &	pation / Job title (See Instructions) CEO	Employer (See Instructions Texas Chemical Council			
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_ Russell, R.D.  Contributor address; City; State; Zip Code  La Porte, TX 77571			Amount of Contribution (\$)	\$114.51
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 9/12 Rpt: 12/133	
2	FILER NAME Cain, Briscoe	e R. (The Honorable)			3	Filer ID (Ethics Commission 00069218	n Filers)
4	Date 06/30/2025	Schirmbeck, Byron	tate PAC (ID#: de		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Baytown, TX 77521 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Managing M			Deftec Solutions LLC	,		
	Date 06/25/2025	Schirmbeck, Byron		)		Amount of Contribution (\$)	\$520.51
	5	Baytown, TX 77521		- I (0 I i ii	<u></u>		
	managing m	pation / Job title (See Instructions) ember		Employer (See Instructions Deftec Solutions LLC	5)		
	Date 06/27/2025	Full name of contributor out-of-st Schmidt, Axel Contributor address; City; State; Zip Cod	tate PAC (ID#:	)		Amount of Contribution (\$)	\$110.00
		Crosby, TX 77532					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/28/2025	Senac, Alan				Amount of Contribution (\$)	\$104.10
		pation / Job title (See Instructions) lealthcare, government, economic devel	lopment.	Employer (See Instructions Semi retired self employ			
	Date 06/24/2025	Smith, Ronda		)		Amount of Contribution (\$)	\$104.10
	Principal occur Executive As	pation / Job title (See Instructions)		Employer (See Instructions Rosehill Operating	s)		
	LACCULIVE AS	Sistail		reseriii Operatirig			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 10/12 Rpt: 13/133		
2	FILER NAME Cain, Brisco	e R. (The Honorable)		3	Filer ID (Ethics Commission 00069218	on Filers)
4	Date 06/24/2025	5 Full name of contributor out-of-state PAC (ID#:) Stachmus, Frank 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$520.51
_		Spring, TX 77381	10 5 1 10 11 11			
8	retired	pation / Job title (See Instructions)	9 Employer (See Instructions retired	)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/25/2025 Sullins, Ray  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$31.23
	Principal occu	La Porte, TX 77571  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:  06/29/2025 Swirsky, Alexie  Contributor address; City; State; Zip Code  Houston, TX 77064				Amount of Contribution (\$)	\$114.51
		pation / Job title (See Instructions)	Employer (See Instructions Self	)		
	Occupational therapist  Date Full name of contributor out-of-state PAC (ID#:_ 06/27/2025 Talton, Robert  Contributor address; City; State; Zip Code  Pearland, TX 77581		)		Amount of Contribution (\$)	\$260.25
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions self	)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Targa Resources Corp. Texas PAC Contributor address; City; State; Zip Code	<u>,                                    </u>		Amount of Contribution (\$)	\$1,200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CON	SCHEDULE A1				
	The Instruc	ction Guide explains how to o	complete this forn	1.	1	Total pages Schedule A1: Sch: 11/12 Rpt: 14/133	
2	FILER NAME Cain, Briscoe	e R. (The Honorable)			3	Filer ID (Ethics Commission 00069218	on Filers)
4	Date 06/30/2025			7	Amount of Contribution (\$)	\$250.00	
8	Principal occu Managing Di	Hurst, TX 76054 pation / Job title (See Instructions) rector		Employer (See Instructions CFO Shield, LLC	)		
	Date 06/30/2025		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:)  Texans United for a Conservative Majority  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,000.00
	Principal occu	Victoria, TX 77901 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/24/2025	Webster, Kenneth  Contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$59.34
	Principal occu	Houston, TX 77056 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/23/2025	Full name of contributor of weekley, Richard  Contributor address; City; State; Z	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Homebuilder	pation / Job title (See Instructions)		Employer (See Instructions Weekley Development C		npany	
			1				

	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instruc	ction Guide explains how	m.	1	Total pages Schedule A1: Sch: 12/12 Rpt: 15/133		
2	FILER NAME Cain, Briscoe	e R. (The Honorable)			3	Filer ID (Ethics Commission 00069218	on Filers)
4	Date 06/30/2025			7	Amount of Contribution (\$)	\$2,500.00	
8	Principal occu	Austin, TX 78746 pation / Job title (See Instructions	la la	Employer (See Instructions	.) 		
	CEO	pation 7 305 title (See manuellons)	, , , , , , , , , , , , , , , , , , ,	Public Blueprint	')		
	Date 06/27/2025	Full name of contributor Wholesale Beer Distributo Contributor address; City; Sta		)		Amount of Contribution (\$)	\$1,000.00
	Princinal occu	Austin, TX 78701-0000 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	T Tillelpai occu	pation 7 005 title (See manuellons)		Employer (See Manachoria	')		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$150.00	
	Deinainal assu	Austin, TX 78738		Franks on (Cook bathwetic no	<u></u>		
	Principal occu Principal Par	pation / Job title (See Instructions) tner		Employer (See Instructions The Wilbanks Group	•)		
	Date  O6/23/2025  Full name of contributor  Out-of-state PAC (ID#:  Ybarra, Russell  Contributor address; City; State; Zip Code  Houston, TX 77005				Amount of Contribution (\$)	\$3,123.05	
	Principal occu Food Service	pation / Job title (See Instructions)		Employer (See Instructions Gringos Tex Mex	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/28/2025 Zakes, Tom  Contributor address; City; State; Zip Code  Houston, TX 77002				Amount of Contribution (\$)	\$10.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<b>'</b>				

#### SCHEDULE F1

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

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	al 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: 1/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	03/24/2025	360 Online Print Ltd
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.64	3500 South Dupont Hwy
		Dover, DE 19901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing service for campaign promotional materials
		Trinking service for earnpuight promotional materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	02/18/2025	360 Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.18	107 W 6th St
		Austin, TX 78701
	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  parking for legislative meeting
		parking for legislative meeting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/20/2025	A B Liquors Inc
H	Amount (\$)	Payee address; City; State; Zip Code
	\$132.24	2234 E Ben White Blvd
	<b>4102.2</b> 1	220 / 2 John Willie Bird
		Austin, TX 78741
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		beverages and drinks for staff and member party
$\vdash$	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 -

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: 2/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	03/20/2025	AT&T Hotel and Conference Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.65	1900 University Ave
		Austin, TX 78705
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 parking to attend Republican Women's event
		parking to attend republican women's event
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	•	
	Date	Payee name
	01/15/2025	Access Valet Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	117 W 14th St
		Austin, TX 78701
	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 parking for COH
		event parking for COTT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	02/26/2025	Access Valet Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.00	117 W 14th St
		Austin, TX 78701
	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.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		parking for legislative meeting for COH
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

#### 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/Officenoider/Politic	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4 Date	5 Payee name
03/03/2025	Access Valet Parking
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 117 W 14th St  Austin, TX 78701
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 parking for COH
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
03/18/2025	Access Valet Parking
Amount (\$) \$24.99	Payee address; City; State; Zip Code  117 W 14th St  Austin, TX 78701
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 parking for COH
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
01/02/2025	Adobe
Amount (\$) \$14.06	Payee address; City; State; Zip Code 1221 Peachtree Street NE Ste 150 Atlanta, GA 30361
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 software service for campaign
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Gift/Awards/M Legal Services The Instruc				ages.	e /Contract Labor ete this form.			Out of Dis (enter a	strict category not listed abov	re)
1	Total pages Schedule F1:	2	FILER NAME							3	Filer II		(Ethics Commissio	n Filers)
Ĺ	Sch: 4/116 Rpt:		Cain, Brisco		Honorab	le)					0006			/
4	Date	5	Payee name						<u> </u>					
	02/03/2025		Adobe											
6	Amount (\$) \$14.06	7	Payee addres	•		State;	Zip Co	de						
	<del>+</del> =		Ste 150		- · · <del></del>									
				20261										
<u>_</u>	DUDDOS-		Atlanta, GA				-	<i>(</i> 1-)						
8	PURPOSE OF	(a)	Category (Se				edule)	(D)	Description  Check if travel	Outei	ide of Tov	as Com	plete Schedule T.	
	EXPENDITURE		Office Over	nead/Rent	aı ⊏xpens	se			Check if traver					
									software serv					
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder na	ıme	0	Office sou	ght			0	ffice he	eld	
	Date		Payee name			_					_			
	03/03/2025		Adobe											
	Amount (\$)		Payee addres	ss; City	,	State;	Zip Co	de						
	\$14.06		1221 Peach	tree Stree	t NE									
			Ste 150											
			Atlanta, GA	30361										
	PURPOSE	(a)	Category (Se	ee Categories li	sted at the top	o of this sche	edule)	(b)	Description		_	_		
	OF EXPENDITURE		Office Over	head/Rent	al Expens	se			<b>-</b>				plete Schedule T.	
									Check if Austin					
									SORWARE SELV		, 101 00	πραίζ	y··	
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder na	ıme	0	Office sou	ght			0	ffice he	eld	
	Date		Payee name								_			
	04/01/2025		Adobe											
	Amount (\$)		Payee addres	ss; City		State;	Zip Co	de						
	\$14.06		1221 Peach	tree Stree	t NE									
			Ste 150											
			Atlanta, GA	30361										
	PURPOSE	(a)	Category (Se	e Catenories li	sted at the ton	n of this scho	edule)	(b)	Description					
	OF EXPENDITURE	Ĭ <i>´</i>	Office Over				,	. ,		outsi	ide of Tex	as. Com	plete Schedule T.	
	EXPENDITURE				•				Check if Austin					
									software serv	/ice	for ca	ımpaiç	gn	
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder na	ıme	0	Office sou	aht			0	ffice he	eld	
	expenditure to benefit C/O					J	5000	٠.٠٠			J			

#### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 5/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069218
4	Date 05/01/2025	5 Payee name Adobe	
6	Amount (\$) \$14.06	7 Payee address; City; State; Zip Code 1221 Peachtree Street NE Ste 150 Atlanta, GA 30361	
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense vice for campaign
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/02/2025	Payee name Adobe	
	Amount (\$) \$14.06	Payee address; City; State; Zip Code 1221 Peachtree Street NE Ste 150 Atlanta, GA 30361	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense vice for campaign
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 02/18/2025	Payee name Adobe	
	Amount (\$) \$254.35	Payee address; City; State; Zip Code 1221 Peachtree Street NE Ste 150 Atlanta, GA 30361	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense gn software for campaign
	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 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

	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: 6/116 Rpt:	Cain, Briscoe R. (The Honorable)  00069218
4	Date	5 Payee name
	02/01/2025	Aloft Austin Downtown
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$129.34	109 E 7th Street
		Ste 102
		Austin, TX 78701
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.
	ZA ZHOHORZ	X Check if Austin, TX, officeholder living expense
		Austin lodging for COH
_	0 1. 5	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/05/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.43	410 Terry Ave N
		Seattle, WA 98109
	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
		picture frames for capitol office
		produce transfer of conference and c
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	_	
	Date	Payee name
	01/06/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$280.96	410 Terry Ave N
		Seattle, WA 98109
	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 supplies
		ouripaign office supplies
	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

Candidate/Officenoider/Politic Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed)  The Instruction Guide explains how to complete this form.	ed above)
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Com	mission Filers)
Sch: 7/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218	
4 Date	5 Payee name	
01/09/2025	Amazon	
6 Amount (\$) \$86.59	7 Payee address; City; State; Zip Code 410 Terry Ave N	
φοσ.σσ		
	Seattle, WA 98109	
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	•
	supplies for capitol office	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
Date	Payee name	
02/06/2025	Amazon	
Amount (\$)	Payee address; City; State; Zip Code	
\$126.30	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 travel outside of Texas. Complete Schedule T	<del>.</del>
	coffee maker for capitol office	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
Date	Payee name	
04/04/2025	Amazon	
Amount (\$)	Payee address; City; State; Zip Code	
\$25.48	410 Terry Ave N	
	Seattle, WA 98109	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense	:
	coffee for capitol office	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	OH	

#### 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

	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: 8/116 Rpt:	Cain, Briscoe R. (The Honorable)	00069218
4	Date	5 Payee name	-
	05/21/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$32.05	410 Terry Ave N	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Do	escription
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	i l 🗆	Check if Austin, TX, officeholder living expense
		cc	offee for capitol office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/11/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.97	410 Terry Ave N	
l		Seattle, WA 98109	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense Empaign office supplies
l			ampaign onice supplies
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Cinide Held
-	Date	Davies name	
	06/23/2025	Payee name Amazon	
	Amount (\$) \$22.49	Payee address; City; State; Zip Code 410 Terry Ave N	
	Φ22.49	410 Telly Ave N	
		C WA 00100	
		Seattle, WA 98109	
	PURPOSE OF	, ,	escription T Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
		th	ank you cards for campaign
			-
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
l			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/Opnations 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

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: 9/116 Rpt:	Cain, Briscoe R. (The Honorable)  00069218
4 Date	5 Payee name
06/01/2025	American Energy Institute
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	13501 Ranch Rd 12
	Ste 103
	Austin, TX 78676
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	donation
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/13/2025	Apple Inc
Amount (\$)	Payee address; City; State; Zip Code
\$9.99	1 Apple Park Way
******	
	Cupertino, CA 95014
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 teleprompter software for campaign videos
	teleprompter software for eampaight videos
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/17/2025	Apple Inc
Amount (\$)	Payee address; City; State; Zip Code
\$2.99	1 Apple Park Way
	Cupertino, CA 95014
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 storage for campaign laptop
	Storage for earripaign aprop
Complete CNII V if alia	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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 10/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	02/11/2025	Apple Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
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
		teleprompter software for campaign videos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/18/2025	Apple Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.99	1 Apple Park Way
	Ψ2.55	1 Apple Falk Way
		Cupertino, CA 95014
	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 storage for campaign laptop
		Storage for earripaign raptop
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
-	Date	Davido namo
	03/11/2025	Payee name Apple Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		teleprompter software for campaign videos
	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	orean oara'r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 11/116 Rpt:	Cain, Briscoe R. (The Honorable)	00069218
4	Date	5 Payee name	
	03/17/2025	Apple Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$2.99	1 Apple Park Way	
l			
		Cupertino, CA 95014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE		outside of Texas. Complete Schedule T.
			TX, officeholder living expense Impaign laptop
		Storage for ca	impaign aptop
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		060
F	Date	Payee name	
	04/11/2025	Apple Inc	
H	Amount (\$)	Payee address; City; State; Zip Code	
l	\$9.99	1 Apple Park Way	
		''	
		Cupertino, CA 95014	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		teleprompter	software for campaign videos
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI		Office field
H	Date	Davisa nama	
l	04/17/2025	Payee name Apple Inc	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$2.99	1 Apple Park Way	
l	Ψ2.33	17 ppic i aik way	
		Cupertino, CA 95014	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF		outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		storage for ca	ımpaign laptop
dash	Complete CMI V if direct	Condidate/Officeholder name	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
$\vdash$			

#### 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/Politica 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: 12/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	05/12/2025	Apple Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
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
		teleprompter software for campaign videos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/19/2025	Apple Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.99	1 Apple Park Way
		Cupertino, CA 95014
	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
		storage for campaign laptop
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/11/2025	Apple Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Apple Park Way
		Cupertino, CA 95014
	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
		teleprompter software for campaign videos
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 13/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069218
4	Date 06/17/2025	5 Payee name Apple Inc	
6	Amount (\$) \$2.99	7 Payee address; City; State; Zip Code 1 Apple Park Way	
8	PURPOSE OF EXPENDITURE	Check if Au	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense r campaign laptop
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 01/19/2025	Payee name Apple Inc	
	Amount (\$) \$10.81	Payee address; City; State; Zip Code  1 Apple Park Way  Cuparting CA 05014	
	PURPOSE OF EXPENDITURE	Check if Au	ovel outside of Texas. Complete Schedule T. Sistin, TX, officeholder living expense  ng software for campaign videos
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 01/29/2025	Payee name Apple Inc	
	Amount (\$) \$334.49	Payee address; City; State; Zip Code  1 Apple Park Way	
		Cupertino, CA 95014	
	PURPOSE OF EXPENDITURE	Check if Au	ovel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense tion for campaign
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditary/Officebulder/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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	02/21/2025	Apple Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.81	1 Apple Park Way
		Cupertino, CA 95014
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 photo editing software for campaign videos
		prote calling contract for callipage. Hacco
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>'</del>
	Date	Payee name
	03/19/2025	Apple Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	1 Apple Park Way
		Cupertino, CA 95014
	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 photo editing software for campaign videos
		prioto calling sollware for campaign videos
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/19/2025	Apple Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	1 Apple Park Way
		Cupertino, CA 95014
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense photo editing software for campaign videos
		prioto editing software for campaigh videos
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	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: 15/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218	
4	Date	5 Payee name	_
	05/19/2025	Apple Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.81	1 Apple Park Way	
		Cupertino, CA 95014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		photo editing software for campaign videos	
Ļ	Operation ONE V if discont	On all data (Office helder name	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┕	<u> </u>		_
	Date	Payee name	
	06/19/2025	Apple Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.81	1 Apple Park Way	
		Cupertino, CA 95014	
Г	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	
		photo editing software for campaign videos	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	_
	04/04/2025	Austin Beer Garden	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$57.30	1305 W Oltorf St	
	φ37.30	1303 W Oilon St	
		Austin TV 70704	
		Austin, TX 78704	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)    Conclude the control of this schedule   Check if travel outside of Texas. Complete Schedule   Check if travel outside of Texas.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		meal for meeting with legilators and policy advocate	es
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
$\vdash$			
L			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal S	vards/Memoria Services	·		Wages	se s/Contract Labor ete this form.			avel Out of D HER (enter		t egory not listed abo	ove)
1	Total pages Schedule F1:	12	EII ED NAME			· ·				2		er ID	<b>/F</b>	Ethics Commission	on Filers)
_	Sch: 16/116 Rpt:	۲	Cain, Brisco		(The Hon	orable)				3		0069218	•	Luics Commissi	on i liers)
4	Date	5	Payee name												
	01/09/2025		Avanti Mark												
6	Amount (\$)	7	Payee addre	ss;	City;	Sta	ate; Zip C	ode							
	\$4.21		1217 SW 71	th Str	eet										
			Ste 100												
			Renton, WA	980	57										
8	PURPOSE	(a)	Category (Se	oo Cato	noriae lietad at	t the ton of this	schadula)	(b)	Description						
	OF	<u> </u> `´	Food/Bever			tile top of tills	Scriculic)	`´	Check if travel	outs	ide o	of Texas. Cor	mplet	e Schedule T.	
	EXPENDITURE			3					Check if Austin	ı, TX	, offic	ceholder livir	ng exp	pense	
									coffee for me	etii	ng				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	icehol	der name		Office so	ught				Office h	neld		
	Date		Payee name												
	04/11/2025		Avanti Mark	kets											
	Amount (\$)	H	Payee addre	ss;	City;	Sta	ate; Zip C	ode							
	\$4.37		1217 SW 71	th Str	eet		•								
			Ste 100												
			Renton, WA	\ non	<b>5</b> 7										
		<u> </u>						Ια.							
	PURPOSE OF	(a)	Category (Se			the top of this	schedule)	(b)	Description			4.T 0	1-4	- 0-b	
	EXPENDITURE		Food/Bever	age E	Expense				Check if travel Check if Austin						
									coffee for me			001101001 11111	.g on	501100	
											9				
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	icehol	der name		Office so	<u>I</u> ught				Office h	neld		
	Date		Payee name												
	04/28/2025		Avanti Mark	cets											
	Amount (\$)		Payee addre	SS:	City;	Sta	ate; Zip C	ode							
	\$7.21		1217 SW 71				,,								
	¥		Ste 100	•											
			Renton, WA	4 980	57			,							
	PURPOSE OF	(a)	Category (Se		-	the top of this	schedule)	(b)	Description						
	EXPENDITURE		Food/Bever	age E	Expense				Check if travel Check if Austin						
									coffee for me			centique livii	ig ex	pense	
									201100 101 1110		a				
	Complete ONLY if direct	Ц	Candidate/Offi	icabal	der name		Office so	uaht				Office h	יסוא		
	expenditure to benefit C/O		Januluale/UIII	CELIUII	uei iidiiie		Onice SO	uynı				Office I	ıcıu		
	•														
_	= =							_					_		0 (4 0 10 (10

#### 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

	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: 17/116 Rpt:	Cain, Briscoe R. (The Honorable)	
4	Date	5 Payee name	
	03/17/2025	Avanti Markets	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.89	1217 SW 7th Street	
		Ste 100	
		Renton, WA 98057	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	ZA ZIIDII GILZ	Check if Austin, TX, officeholder living expense	
		coffee for meeting	
_	0 1. 5		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/23/2025	Baytown Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.00	825 Rollingbrook Dr	
		Baytown, TX 77521	
	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	
		event ticket for campaign staff	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
L	•		_
	Date	Payee name	
	01/23/2025	Baytown Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$325.00	825 Rollingbrook Dr	
		Baytown, TX 77521	
	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	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	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 Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 18/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	02/18/2025	Baytown Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	825 Rollingbrook Dr
		Baytown, TX 77521
8	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
		event ticket for campaign staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	02/26/2025	Baytown Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	825 Rollingbrook Dr
		Baytown, TX 77521
	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
		event ticket for campaign staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-i
	Date	Payee name
	05/23/2025	Baytown Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	825 Rollingbrook Dr
		Baytown, TX 77521
	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
		event ticket for earipaign stair
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>o</b>

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 19/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069218
4	Date 06/02/2025	5 Payee name Bees Knees Cleans	
6	Amount (\$) \$243.56	7 Payee address; City; State; Zip Code 17350 State Hwy 249 Ste 220 #26283 Houston, TX 77064	
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense aning service for Austin residence
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/22/2025	Payee name Bougies Donuts & Coffee	
	Amount (\$) \$241.56	Payee address; City; State; Zip Code 5400 Brodie Lane Ste 930 Sunset Valley, TX 78745	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense capitol staffers and legislators
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 05/08/2025	Payee name Cable News Network, Inc.	
	Amount (\$) \$13.14	Payee address; City; State; Zip Code 190 Marietta St NW	
		Atlanta, GA 30303	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense IEWS articleS
	Complete <u>ONLY</u> 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 Commi 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	Il 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: 20/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	01/30/2025	Campaign Advocacy Management Professionals LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	401 NE 46th
		Oklahoma City, OK 73105
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.
		Check if Austin, TX, officeholder living expense design, print, and mail campaign mailers
		design, print, and mail campaign mailers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	01/02/2025	Campaign Monitor
H	Amount (\$)	Payee address; City; State; Zip Code
	\$436.00	11 Lea Ave
	4.00.00	
		Nashville, TN 37210
	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 email software
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/03/2025	Campaign Monitor
H	Amount (\$)	Payee address; City; State; Zip Code
	\$436.00	11 Lea Ave
	Ψ-30.00	11 Lou / We
		Nashville, TN 37210
H	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
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to beliefft G/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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 21/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069218
4	Date 03/03/2025	5 Payee name Campaign Monitor
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) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign email software
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/02/2025	Payee name Campaign Monitor
	Amount (\$) \$436.00	Payee address; City; State; Zip Code  11 Lea Ave
		Nashville, TN 37210
	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 email software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/02/2025	Payee name Campaign Monitor
	Amount (\$) \$436.00	Payee address; City; State; Zip Code  11 Lea Ave
		Nashville, TN 37210
	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 email software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### 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/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: 22/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	06/02/2025	Campaign Monitor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$436.00	11 Lea Ave
		Nashville, TN 37210
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 email software
		campaigh email soliware
_	Operation ONLY if allowed	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	•	
	Date	Payee name
	03/18/2025	Chapa, Alexander
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	8103 South Congress Ave
		Austin, TX 78745
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		campaign staff salary
		Sumpaigh Stail Salary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/16/2025	Chick-fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$755.04	503 W Martin Luther KIng Jr Blvd
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZADITORZ	Candidate/Officeholder/Political Committee
		meal sponsorship for prayer group at capitol
	Commission ONU Wife allows	Condidate/Officeholder name
	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

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: 23/116 Rpt:	Cain, Briscoe R. (The Honorable)  00069218
4 Date	5 Payee name
04/17/2025	Christ Life Matters
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 109 Essex St  San Antonio, TX 78210
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 donation
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/24/2025	Chuy's Tex-Mex
Amount (\$)	Payee address; City; State; Zip Code
\$47.93	1728 Barton Springs Rd
DUD-20-	Austin, TX 78704
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Dinner with legislators
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/30/2025	Chuy's Tex-Mex
Amount (\$) \$117.98	Payee address; City; State; Zip Code 3525 East Sam Houston Pkwy S
	Pasadena, TX 77505
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting with constituents
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 -

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	Committee Legal Services Salaries/Wages/Contract Labo  The Instruction Guide explains how to complete this form		OTHER (enter a	a category not listed above)	
_	Total pages Cabadula F1:			Filer ID	(Ethios Commission Filors)	
1	Total pages Schedule F1: Sch: 24/116 Rpt:	Cain, Briscoe R. (The Honorable)	3	Filer ID 00069218	(Ethics Commission Filers)	)
_	•			00000210		
4	Date	5 Payee name				
	01/10/2025	Cloudways Ltd				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$12.37	Junction Business Center				
		1st Floor Sqaq				
		Saint Julian's STJ3334 Malta				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n			
	OF EXPENDITURE	Office Overhead/Rental Expense		side of Texas. Com		
	EXPENDITURE			X, officeholder living		
		cloud hos	sting fo	or campaign	website	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eld	
	Date	Payee name				
	02/10/2025	Cloudways Ltd				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$12.37	Junction Business Center				
		1st Floor Sqaq				
		Saint Julian's STJ3334 Malta				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n			
	OF			side of Texas. Com	plete Schedule T.	
	EXPENDITURE	Check if		X, officeholder living		
		cloud hos	sting fo	or campaign	website	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eld	
	experioliture to beriefit C/Oi					
	Date	Payee name				
	03/10/2025	Cloudways Ltd				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$12.37	Junction Business Center				
		1st Floor Sqaq				
		Saint Julian's STJ3334 Malta				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n			
	OF			side of Texas. Com	plete Schedule T.	
	EXPENDITURE		Austin, T	X, officeholder living	g expense	
		cloud hos	sting fo	or campaign	website	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld	
	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 C

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 25/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069218
4 Date 04/14/2025	5 Payee name Cloudways Ltd
6 Amount (\$) \$12.37	7 Payee address; City; State; Zip Code Junction Business Center 1st Floor Sqaq Saint Julian's STJ3334 Malta
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  cloud hosting for campaign website
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 05/12/2025	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	(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 cloud hosting for campaign website
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 06/16/2025	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	(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  cloud hosting for campaign website
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 -

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: 26/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	06/02/2025	Coopers Old Time Pit Bar-B-Que
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.56	217 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense  drink for a meeting with legislators
		unitator a meeting with registators
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Dougo nama
	03/13/2025	Payee name Council for National Boliov
		Council for National Policy
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	444 North Capitol St, NW
		Ste 830
		Washington, DC 20001
	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 membership dues
		membership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	01/21/2025	Payee name Crosby Huffman Chamber of Commerce
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	5317 1st St
		Crosby, TX 77532
	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	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card r dyment	The Instruction Guide explains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	3	Filer ID	(Ethics Commission Filers)
	Sch: 27/116 Rpt:	Cain, Briscoe R. (The Honorable)				00069218	
4	Date	5 Payee name		•			
	06/05/2025	Crosby Huffman Chamber of Commerce					
6	Amount (\$)	7 Payee address; City; State; Zip Co	de				
	\$25.00	5317 1st St					
		Crosby, TX 77532					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees		Check if travel out			
				Check if Austin, TX event ticket for			
				event ticket for	C,	ampaign sta	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht			Office he	ld
	expenditure to benefit C/OI		9			000	
	Date	Payee name					
	06/06/2025	Crosby Huffman Chamber of Commerce					
	Amount (\$)	Payee address; City; State; Zip Co	nde				
	\$25.00	5317 1st St	Juc				
	Ψ20.00	0017 131 01					
		Crosby, TX 77532					
	PURPOSE	-	(h)	Description			
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(5)	Description  Check if travel out	tsic	le of Texas. Comp	olete Schedule T.
	EXPENDITURE	1 663		Check if Austin, T			
				event ticket for	C	ampaign sta	Iff and candidate
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght			Office he	ld
	experience to benefit Gree						
	Date	Payee name					
	01/15/2025	Current Revolt					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$55.00	PO Box 560671					
		The Colony, TX 75056					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel out Check if Austin, TX			
				news subscript			
							.9
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ight			Office he	ld
	expenditure to benefit C/OI		<b>J</b>				

### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 28/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069218
4	Date 01/17/2025	5 Payee name Deer Park Chamber of Commerce
6	Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 120 E. 8th Street  Deer Park, TX 77536
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 event ticket for campaign staff
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/11/2025	Payee name  Deer Park Chamber of Commerce
	Amount (\$) \$15.00	Payee address; City; State; Zip Code  120 E. 8th Street  Deer Park, TX 77536
	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/O	Candidate/Officeholder name Office sought Office held
	Date 05/28/2025	Payee name Deer Park Chamber of Commerce
	Amount (\$) \$25.00	Payee address; City; State; Zip Code  120 E. 8th Street
		Deer Park, TX 77536
	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/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 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

	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: 29/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218	
4	Date	5 Payee name	
	06/06/2025	Deer Park Lumber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.64	1600 Center St	
		Deer Park, TX 77536	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Sche	dule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		supplies for campaign event	
Ļ	0 1 0 0 1 1 1 1		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
┡	·		
	Date	Payee name	
L	06/17/2025	Deer Park Printing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$535.84	2602 Center St	
l			
L		Deer Park, TX 77536	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Sche	dule T.
l		print materials for campaign	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
F	Date	Payee name	
l	06/10/2025	Deftec Solutions LLC	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00		
l		Highlands, TX 77562	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	dule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		campaign office rent	
L	0 1: 0:::::::::::::::::::::::::::::::::		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  OH	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 30/116 Rpt:	Cain, Briscoe R. (The Honorable)
4	Date	5 Payee name
	01/02/2025	Delano Strategies LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1415 S Voss Rd
		Ste 110-329
		Houston, TX 77057
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Media consulting for campaign
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/05/2025	Delano Strategies LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.00	1415 S Voss Rd
		Ste 110-329
		Houston, TX 77057
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	ZAI ZHOHORZ	Check if Austin, TX, officeholder living expense
		Media consulting for campaign
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2025	Delta Air Lines Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.48	1030 Delta Boulevard
		Atlanta, GA 30354
	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  Airfare to attend legislative function
		Alliale to attenu legislative fullction
	Computate ONU V if allow	Condidate/Officeholder come
	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 Commit

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

	Candidate/Officenoider/Politica 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: 31/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	05/01/2025	Domino's Pizza
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$128.74	1900 Guadalupe St
		Austin, TX 78705
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
		food sponsorship for prayer event at capitol
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/01/2025	Domino's Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$251.17	1900 Guadalupe St
		Austin, TX 78705
	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
		food sponsorship for prayer event at capitol
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/27/2025	Domino's Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.56	1900 Guadalupe St
		Austin, TX 78705
	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
		food for capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

### 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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Servic			-	jes/	Contract Labor			HER (enter		ategory not listed above)	
_	T. 1 01 11 F4	_			- Cular	- CAPIGITIS TION	10 00111		-	_				(Ethin O Eile )	_
1	Total pages Schedule F1:	2	FILER NAMI							3		er ID		(Ethics Commission Filers)	
	Sch: 32/116 Rpt:		Cain, Brisc	oe R. (Th	e Honoral	ble)					OC	0069218	3		
4	Date	5	Payee name	;											
	03/21/2025		Dong Nai												
6	Amount (\$)	7	Payee addre	ess; Ci	V.	State; Zi	n Code								-
•	\$66.81	ľ	4211 S Lar	•	.,	Otato, 2.	, CO.								
	Ψ00.01			nai Biva											
			Ste E-1												
			Austin, TX	78704											
8	PURPOSE	(a)	Category (S	ee Categories	listed at the to	op of this schedule	<sub>e)</sub> (b	)	Description						
	OF EXPENDITURE		Food/Beve					ļ	Check if travel o						
	LXI LINDITORL								Check if Austin,					xpense	
									lunch for capit	tol	off	ice staff	t		
9	Complete ONLY if direct		Candidate/Off	iceholder r	name	Office	e sough	ıt				Office	held	t	
	expenditure to benefit C/OI	Н													
	Date		Payee name	!											
	01/22/2025		DoubleTree	e by Hiltor	1										
	Amount (\$)	H	Payee addre	-		State; Zi	in Code								-
	\$509.41		303 W 15th	-	.у,	Otato, Zi	p Couc								
	φ509.41		303 W 13ti	ısı											
			Austin, TX	78701											
	PURPOSE	(a)	Category (S	ee Categories	listed at the to	op of this schedule	e) (b	)	Description						
	OF EXPENDITURE		Travel Out					Į	Check if travel o						
	LXI LINDITORL								Check if Austin,				ing e	xpense	
									Austin lodging	g to	or C	COH			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder r	name	Office	e sough	ıt				Office	helo	d	
	experialture to benefit C/Oi														
	Date		Payee name	!											
	06/05/2025		DoubleTree	e by Hiltor	า										
	Amount (\$)		Payee addre	ess; Ci	:V:	State; Zi	p Code	)							_
	\$608.18		303 W 15th		,	,									
	*****														
			Austin TV	70701											
			Austin, TX	78701											
	PURPOSE OF	(a)				op of this schedule	e) (b	)	Description						
	EXPENDITURE		Travel Out	of District				ļ	Check if travel o						
								ı	Check if Austin,		ОПІ	cenolaer livi	ing e	xpense	
									austin lodging	j					
															_
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder r	name	Office	e sough	ıt				Office	nelo	1	
	Superiorder to beliefft 6/01	•													

#### 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 33/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069218
4	Date 03/17/2025	5 Payee name DoubleTree by Hilton
6	Amount (\$) \$413.57	7 Payee address; City; State; Zip Code 303 W 15th St
L		Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Austin lodging for COH
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	02/04/2025	Dropbox
	Amount (\$) \$127.79	Payee address; City; State; Zip Code 1800 Owens St
		San Francisco, CA 94158
	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 data storage
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date 06/02/2025	Payee name East Austin Market
	Amount (\$) \$29.68	Payee address; City; State; Zip Code  2823 E Martin Luther King Jr. Blvd
		Austin, TX 78702
	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  end of session gift for legislator
	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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 34/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069218
4	Date 02/21/2025	5 Payee name Eberly
6	Amount (\$) \$365.94	7 Payee address; City; State; Zip Code 615 South Lamar Blvd
8	PURPOSE OF EXPENDITURE	Austin, TX 78704  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner with and for Republican women group
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/17/2025	Payee name Economic Alliance Houston Port Region
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 203 Ivy Ave  Deer Park, TX 77536
	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/O	Candidate/Officeholder name Office sought Office held
	Date 06/06/2025	Payee name Economic Alliance Houston Port Region
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 203 Ivy Ave
		Deer Park, TX 77536
	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/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 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

	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: 35/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	04/23/2025	Elect Tammie Nielsen Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,250.00	405 Wafer St
		Pasadena, TX 77506
8	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
		uonauon
L		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	'
	Date	Payee name
	01/25/2025	Embassy Suites by Hilton San Antonio Riverwalk Downtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$410.60	125 E. Houston Street
		San Antonio, TX 78205
	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 for attending political event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/07/2025	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.50	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   Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1

### 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 Salarice Magnet/Contract Labor

	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: 36/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	01/28/2025	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$144.00	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign storage
		Campaight storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Davies same
		Payee name
	02/07/2025	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.50	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 Check if travel outside of Texas. Complete Schedule T.
		Compaign storage
		Campaign storage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/28/2025	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.00	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
		Campaign storage
		Campaign 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 -

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	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: 37/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	03/07/2025	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$162.50	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign storage
		Campaign storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/28/2025	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/07/2025	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.50	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 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign storage
		Sampaign storage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 38/116 Rpt:	Cain, Briscoe R. (The Honorable)  00069218
4	Date	5 Payee name
	04/28/2025	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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/07/2025	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.50	4402 Underwood Road
	Ψ102.30	4402 Onderwood Noad
		La Porte, TX 77571
	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 storage
		Campaign storage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 05/28/2025	Payee name  Extra Space Storage
		Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.00	4402 Underwood Road
		La Porte, TX 77571
	BUBBOOF	
	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 storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

### 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/Politica Credit Card Payment	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)
	Sch: 39/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	06/09/2025	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.75	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
		Check if Austin, TX, officeholder living expense
		Campaign storage
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	5.	
	Date	Payee name
	06/30/2025	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.15	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
	Date	Payee name
	01/25/2025	Payee name Fast Eddies
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.71	400 W Nolana Ave
		Ste G
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food and drinks while on legislative trip
		1000 and diffice on legislative trip
	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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1: Sch: 40/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069218
4 Date 05/30/2025	5 Payee name FedEx Office Print & Ship Center
<b>6</b> Amount (\$) \$6.92	7 Payee address; City; State; Zip Code 327 Congress Ave Ste 100 Austin, TX 78702
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Printing Service for campaign print materials
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 05/31/2025	Payee name FedEx Office Print & Ship Center
Amount (\$) \$10.00	Payee address; City; State; Zip Code  327 Congress Ave  Ste 100  Austin, TX 78702
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  mail for campaign print materials
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 02/27/2025	Payee name Firehouse Lounge
Amount (\$) \$99.02	Payee address; City; State; Zip Code 605 Brazos St
	Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  dinner meeting with government affairs consultants
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense Printin Salarie	-	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1: Sch: 41/116 Rpt:	FILER NAME Cain, Briscoe R. (The Honor	rable)			3	Filer ID 00069218	(Ethics Commission Filers)
4	Date	<u> </u>						
4	06/24/2025	Payee name Friends of Richard Vega						
6	Amount (\$)	Payee address; City;	State; Zip	Code				
	\$150.00	7941 Katy Fwy						
		Ste 108						
		Houston, TX 77024						
8	PURPOSE OF	a) Category (See Categories listed at the		(b)	Description			
	EXPENDITURE	Contributions/Donations Mac Candidate/Officeholder/Polit			=		de of Texas. Com officeholder living	plete Schedule T. 1 expense
		Sandidate/OniceHolder/Polit	icai Commillee		donation	,		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office s	ought			Office he	eld
	Date	Payee name						
	01/30/2025	Garcia Law Firm						
	Amount (\$)	Payee address; City;	State; Zip	Code				
	\$4,200.00	15511 Hwy 71 West						
		Ste 110-533						
		Austin, TX 78738						
	PURPOSE	a) Category (See Categories listed at the	e top of this schedule)	(b)	Description			
	OF EXPENDITURE	Legal Services					de of Texas. Com officeholder living	plete Schedule T.
					Legal Service			, - <sub> -</sub>
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office s	ought			Office he	eld
	Date	Payee name						
	02/20/2025	Garcia Law Firm						
	Amount (\$)	Payee address; City;	State; Zip	Code				
	\$1,000.00	15511 Hwy 71 West						
		Ste 110-533						
L		Austin, TX 78738						
	PURPOSE OF	a) Category (See Categories listed at the	e top of this schedule)	(b)	Description			
	EXPENDITURE	Legal Services					de of Texas. Com officeholder living	plete Schedule T.
					Legal Service			,,
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office s	ought			Office he	eld

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 42/116 Rpt:	Cain, Briscoe R. (The Honorable)
4	Date	5 Payee name
	02/03/2025	GoDaddy.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$181.36	14455 N Hayden Rd
		Ste 226
		Scottsdale, AZ 85260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign domain website hosting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	GoDaddy.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.34	14455 N Hayden Rd
	701.0	Ste 226
		Scottsdale, AZ 85260
	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 domains purchase
		campaign domains parchase
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/01/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.88	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	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 email service and data storage
		campaign email service and data storage
_	Complete ONLY if direct	Condidate/Officeholder name
	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 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/Officenoider/Politica Credit Card Payment	cal Committee Legal Services Salaries/wages/Contract Labor OTHER (enter a category not listed above The Instruction Guide explains how to complete this form.	e)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	n Filers)
	Sch: 43/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218	
4	Date	5 Payee name	
	02/01/2025	Google	
6	Amount (\$) \$41.57	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy	
	Ψ41.57	1000 Amphiliteatic F kwy	
		Mountain View, CA 94043	
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 email service and data storage	
9	Complete ONLY if direct	L Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF	OH .	
	Date	Payee name	
	03/01/2025	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.57	1600 Amphitheatre Pkwy	
		Mountain View, CA 94043	
	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 email service and data storage	
	!		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH	)H	
	Date	Payee name	
	04/01/2025	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.57	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	
	l	campaign email service and data 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

	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: 44/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	05/01/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.57	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
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 email service and data storage
		campaigh email service and data storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	06/01/2025	Google
		Payee address; City; State; Zip Code
	Amount (\$) \$41.57	
	<b>Ф41.5</b> 7	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	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 email service and data storage
		bampaigh email service and data storage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	03/06/2025	Greater Houston Council of Federated Republican Women
		·
	Amount (\$)	
	\$60.00	7941 Katy Freeway, #272
		#272
		Houston, TX 77024
	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  event ticket for staff
		event tionet for stain
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 45/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	05/21/2025	Greater Houston Council of Federated Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	7941 Katy Freeway, #272
		#272
		Houston, TX 77024
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 staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/23/2025	Greer, Ashley
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	626 Gou Hole Rd
	·	
		Cove, TX 77523
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		campaign staff salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	05/25/2025	Guerra, Bobby
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.00	10213 N 10th St
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	_/	Check if Austin, TX, officeholder living expense  committee chairman gift
		Committee Chairman giit
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	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: 46/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	02/10/2025	H-E-B
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.81	6900 Brodie Ln
		Austin, TX 78745
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  candy for capitol office
		candy for capitor office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	<u> </u>
	Date	Payee name
	02/13/2025	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$99.59	6900 Brodie Ln
		Austin, TX 78745
	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 soda and snacks for capitol office
		Soua and Shacks for Capitor Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	04/11/2025	Habitat for Humanity ReStore
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.34	500 W Ben White Blvd
		Austin, TX 78704
	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
		lamp for capitol office
_	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/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Exp Salaries/M	erhead pense xpense /ages/	e Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 47/116 Rpt:		Cain, Briscoe R. (The Honorable)					00069218	
4	Date	5	Payee name						
	06/05/2025		Harris County Republican Party						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$1,650.00		8588 Katy Freeway						
			Ste 445						
			Houston, TX 77024						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schee	edule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By	ŕ		<b>=</b>		de of Texas. Compl	
	LXI LINDITORE		Candidate/Officeholder/Political Commit	ttee		<b>—</b>		officeholder living e	
						Campaign sp	ons	sorsnip of eve	ent
_	Complete ONLY if alice at	Ļ	Candidate/Officeholder name Of	ffice said	abt			Office hel	d
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeriolder name Of	ffice sou	gnı			Office nei	u
	Date		Payee name						
	06/25/2025		Harris County Republican Party						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$312.81		8588 Katy Freeway						
			Ste 445						
			Houston, TX 77024						
	PURPOSE	(a)	Category (See Categories listed at the top of this scher	edule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By			브		de of Texas. Compl	
	EXI ENDITORE		Candidate/Officeholder/Political Commit	ttee		<b>—</b>		officeholder living e	expense
						Campaign sp	ons	sorsnip	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Of	ffice sou	aht			Office hel	d
	expenditure to benefit C/O		Sandidate/Officeriolaer Harrie	mee sou	giit			Office field	u
H	Date		Payee name						
	01/03/2025		Hill Country Springs						
	Amount (\$)	$\vdash$		Zip Co	de				
	\$27.65		10019 S Interstate 35	Zip C0	ue				
	φ27.05		10019 3 Illerstate 33						
			Austin, TX 78747						
	PURPOSE	(a)	Category (See Categories listed at the top of this scheen	dule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense			<b>—</b>		de of Texas. Compl	
						ш		officeholder living e	
						drinking wate	ı Se	ervice for cap	itoi onice
	Complete ONLY if direct	Щ	Candidate/Officeholder name Of	ffice sou	aht			Office hel	d
	expenditure to benefit C/Oh		Ol	55 500	g. 11			311100 11011	<del>-</del> -

### 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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 48/116 Rpt:	Cain, Briscoe R. (The Honorable)	00069218
4	Date	5 Payee name	•
	02/04/2025	Hill Country Springs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$58.64	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
			·
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/04/2025	Hill Country Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.15	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
			dimining traces convice for expires emice
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
_	Date	Payee name	
	04/02/2025	Hill Country Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.65	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
			annually water service for expiter office
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	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 Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILED NAME	3 Filer ID (Ethics Commission Filers)
-	Sch: 49/116 Rpt:	Cain, Briscoe R. (The Honorable)	00069218
4	Date	5 Payee name	
	05/02/2025	Hill Country Springs	
6	Amount (\$) \$62.15	7 Payee address; City; State; Zip Code 10019 S Interstate 35	
	<b>40</b> 2.20		
		Austin, TX 78747	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overfiedd// tertail Experise	outside of Texas. Complete Schedule T.
		,	, TX, officeholder living expense
		drinking wate	r service for capitol office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	Data	T _	
	Date	Payee name	
	06/03/2025	Hill Country Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$69.64	10019 S Interstate 35	
		Austin, TX 78747	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overficad/Nertial Experise	outside of Texas. Complete Schedule T.
		,	, TX, officeholder living expense r Service for capitol office
		uniking wate	i service for capitor office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/24/2025	Hoboken Pie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$67.23	718 Red River St	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/Develage Expense	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
		pizza for capi	tol office staff
	Complete ONLY if allowed	Condidate/Officeholder norms	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 50/116 Rpt:		Cain, Brisco	e R. (The Honor	rable)					00069218		
4	Date	5	Payee name						•			Т
	01/03/2025		Hopdoddy E	Burgers								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					_
	\$124.59		1400 South	Congress Ave								
			Ste A190	J								
			Austin, TX 7	78704								
8	PURPOSE	(2)					(h)	Description				_
ľ	OF	(۵)		ee Categories listed at the age Expense	e top of this sche	edule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		roou/bever	age Expense				<b>=</b>		officeholder living		
								lunch for capi	itol	office staff		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	C	Office sou	ight			Office he	eld	
	Date		Payee name									=
	05/05/2025		Hopdoddy E	Burgers								
	Amount (\$)	$\vdash$	Payee addres	ss; City;	State:	Zip Co	ode					_
	\$40.31		•	Congress Ave	-,							
	, 13 <b>,32</b>		Ste A190									
				78704								
_	DUDDOS-	, .	Austin, TX 7				4.					_
	PURPOSE OF	(a)		ee Categories listed at the	e top of this sch	edule)	(a)	Description	outei	de of Teyes, Com	nlete Schedule T	
	EXPENDITURE		Food/Bever	age Expense				<b>=</b>		de of Texas. Com officeholder living		
								ш			I choice supporters	
											• •	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	C	Office sou	ight			Office he	eld	
	Date		Payee name									=
	01/21/2025		Houston Are	ea Pastor Counc	il							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					_
	\$7.00		11902 Jone	s Rd N								
			Houston, T									
	PURPOSE OF	(a)		ee Categories listed at the		edule)	(b)	Description	a	do of T C	plata Cabadid- T	
	EXPENDITURE			ns/Donations Mad Officeholder/Polit		ittoo				de of Texas. Com officeholder living	•	
			Canuluale/C	Zincenoluel/Polit	icai Cullill	ille <del>e</del>		donation	, 17,	oc.ioidei iivilly	,	
								-				
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ıght			Office he	eld	_
	expenditure to benefit C/OI						<b>J</b>					
												-

#### 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	$\neg$
	Sch: 51/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218	
4	Date	5 Payee name	
	02/19/2025	Houston Area Pastor Council	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.00	11902 Jones Rd N	
		Houston, TX 77070	
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	
		donation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/O		
H	Date	Payee name	=
	03/19/2025	Houston Area Pastor Council	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$7.00	11902 Jones Rd N	
	*****		
		Houston, TX 77070	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	
		donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	н	
	Date	Payee name	_
	04/21/2025	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	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		uonauon	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	<b>y</b>	
			_

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		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: 52/116 Rpt:	Cain, Briscoe R. (The Honorable)	00069218
4	Date	5 Payee name	
	05/20/2025	Houston Area Pastor Council	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.00	11902 Jones Rd N	
		Houston, TX 77070	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		utside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	TX, officeholder living expense
		donation	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/20/2025	Houston Area Pastor Council	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.00	11902 Jones Rd N	
		Houston, TX 77070	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made by	utside of Texas. Complete Schedule T. TX, officeholder living expense
		donation	Try concentration and graphics
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	I	
	Date	Payee name	
	01/07/2025	lkea	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$543.65	1 IKEA Way	
		Round Rock, TX 78665	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	utside of Texas. Complete Schedule T.
	LAI LINDITORE	ı <del></del>	TX, officeholder living expense
		turniture for ne	ew capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office assight	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

#### 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/Officeholder/Politica Credit Card Payment	Il 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: 53/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	01/09/2025	Ikea
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$243.55	1 IKEA Way
		Round Rock, TX 78665
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 furniture for new capitol office
		iumiture for new capitor office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	02/24/2025	Industry Logo
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	805 Center Street
		Deer Park, TX 77536
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		embroidery and printing for campaign apparel
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	03/02/2025	Jimmy Changas
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$34.39	5144 Center St
		Deer Park, TX 77505
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		meeting with constituent
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
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#### SCHEDULE F1

Advertising Expense E Accounting/Banking E Consulting Expense E 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

	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: 54/116 Rpt:	Cain, Briscoe R. (The Honorable)  00069218
4	Date	5 Payee name
	03/10/2025	KB Web Branding
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1516 Bedoin Ct
		Round Rock, TX 78664
Ļ	DUDDOOF	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense
		campaign website
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	03/05/2025	Kalahari Resort and Convention Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$187.16	3001 Kalahari Blvd
	Φ107.10	SOUL Raidilali Bivu
		Round Rock, TX 78665
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		dinner meeting with agriculture advocacy group and
		constitutent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	01/21/2025	Kerbey Lane Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.10	3003 S Lamar Blvd
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		breakfast meeting with staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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 Comm

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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Ĺ	Sch: 55/116 Rpt:	Cain, Briscoe R. (The Honorable)	
4	Date	5 Payee name	
	05/07/2025	La Popular Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$104.20	7415 Southwest Parkway	
		Bldg 5	
		Austin, TX 78735	
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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		dinner meeting with agriculture advocacy group	
		members	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/14/2025	La Porte - Bayshore Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.00	Po Box 996	
		La Porte, TX 77572	
	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	
		event ticket for campaign staff	
		event tenet for earnpaight stain	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/30/2025	Larry M Hicks, CPA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$519.00	4145 Gessner Rd	
		Ste B-415	
		Houston, TX 77092	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Accounting and Compliance Services	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		_
	Sch: 56/116 Rpt:	Cain, Briscoe R. (The Honorable)	
4	Date	5 Payee name	
	01/09/2025	Lime	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.93	85 2nd Street	
		Ste 100	
		San Francisco, CA 94105	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Transportation Equipment And Related	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Transportation to meeting	
L			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	06/02/2025	Lime	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.93	85 2nd Street	
		Ste 100	
		San Francisco, CA 94105	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense	
		Expense	
		Transportation in 7 doctin	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
H	Date	Payee name	_
	05/04/2025	Lucky Robot	
_		·	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$210.32	1303 S Congress Ave	
		Austin, TX 78704	
	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  Lunch meeting with legislators	
		Lunch 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)**

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/Officenoider/Politica 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: 57/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	01/21/2025	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.71	675 Ponce de Leon Ave NE
	l	Ste 5000
		Atlanta, GA 30308
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
	l	campaign email software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H .
	Date	Payee name
	02/18/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.71	675 Ponce de Leon Ave NE
	I	Ste 5000
	I	Atlanta, GA 30308
	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
	l	campaign email software
	l	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	03/18/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.71	675 Ponce de Leon Ave NE
	I	Ste 5000
	I	Atlanta, GA 30308
	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 software
		Campaign chiai solware
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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)		
_	Total marca Cabadula F1.	a FUEDNAM					_	Files ID	(Ethica Cammicai	on Filoro)
1	Total pages Schedule F1: Sch: 58/116 Rpt:	l	coe R. (The Honorable)				3	Filer ID 00069218	(Ethics Commissi	on Filers)
_	•									
4	Date	5 Payee name	e							
	04/21/2025	Mailchimp								
6	Amount (\$)	7 Payee addr	ess; City; Sta	ite; Zip Co	de					
	\$140.71	675 Ponce	de Leon Ave NE							
		Ste 5000								
		Atlanta, G	A 30308							
8	PURPOSE	(a) Category	See Categories listed at the top of this	schedule)	(b)	Description				
	OF		rhead/Rental Expense	3cricudic)	`´	_ :	outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		·			Check if Austin	, TX	, officeholder living	expense	
						campaign em	nail	software		
9	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office sou	ght			Office he	eld	
	Date	Payee name	9							
	05/19/2025	Mailchimp								
	Amount (\$)	Payee addr	ess; City; Sta	ite; Zip Co	de					
	\$140.71	675 Ponce	de Leon Ave NE							
		Ste 5000								
		Atlanta, G	A 30308							
	PURPOSE				(h)	Description				
	OF		See Categories listed at the top of this	schedule)	(0)	Description  Check if travel	outsi	ide of Texas. Com	olete Schedule T.	
	EXPENDITURE	Office Ove	rhead/Rental Expense					, officeholder living		
						campaign em	nail	software		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office he	eld	
	Date	Payee name	<del></del>							
	06/20/2025	Mailchimp								
	Amount (\$)	Payee addr	ess; City; Sta	ite; Zip Co	de					
	\$140.71	675 Ponce	de Leon Ave NE							
		Ste 5000								
		Atlanta, G	A 30308							
	PURPOSE				(h)	Description				
	OF		See Categories listed at the top of this rhead/Rental Expense	schedule)	(5)	Description Check if travel	outsi	ide of Texas. Com	olete Schedule T.	
	EXPENDITURE	Office Ove	mead/Nemai Expense			Check if Austin	, TX	, officeholder living	expense	
						campaign em	nail	software		
	Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H								

### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 59/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	05/22/2025	Mean Eyed Cat
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.58	1621 W 5th St
		Austin, TX 78703
8	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
		food and drink for meeting with Austin republican
		liberty caucus
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	Microsoft
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.70	One Microsoft Way
		Richmond, WA 98052
	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
		campaign software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/12/2025	Moon Kat Designs
	Amount (\$)	Payee address; City; State; Zip Code
	\$248.87	9810 Cardinal Street
		La Porte, TX 77571
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		embroidery for campaign apparel
		The state of the s
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 60/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	06/27/2025	Moon Kat Designs
6	Amount (\$) \$54.30	7 Payee address; City; State; Zip Code 9810 Cardinal Street
		La Porte, TX 77571
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.  Check if Austin, TX, officeholder living expense embroidery for campaign apparel
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2025	NADC Burger
	Amount (\$) \$20.20	Payee address; City; State; Zip Code  1007 E 6th Street
		Austin, TX 78702
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense meal with a legislator
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/08/2025	National Conference of State Legislators
	Amount (\$) \$755.00	Payee address; City; State; Zip Code 7700 E 1st Place
		Denver, CO 80230
	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 registration fee to attend legislative conference
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### 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 Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 61/116 Rpt:	Cain, Briscoe R. (The Honorable)	00069218
4	Date	5 Payee name	<u> </u>
	03/10/2025	Nguyen Digital	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$256.32	21014 Brunson Falls Dr	
		Richmond, TX 77407	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			graphic design for campaign materials
Ļ			25.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	'		
l	Date	Payee name	
L	06/11/2025	Nguyen Digital	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$225.00	2104 Brunson Falls Dr	
l			
l		Richmond, TX 77407	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l			graphic design for campaign
			grapino deerg. Her campang.
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
F	Date	Payee name	
	04/23/2025	Nguyen, Sonny	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$1,400.00	21014 Brunson Falls Dr	
l	. ,		
		Richmond, TX 77407	
⊢	PURPOSE		Description
l	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	/ lavertioning Experies	Check if Austin, TX, officeholder living expense
			campain sponsorship of little league baseball team
L			
	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 -

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: 62/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	05/20/2025	Nordstrom Direct
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,314.39	1617 6th Ave
		Seatle, WA 98101
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		personalized end of sessions gifts for staff
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/25/2025	OpenAl
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.29	3180 18th St
		Ste 100
		San Francisco, CA 94110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		ChatGPT service for campaign
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2025	OpenAl
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.28	3180 18th St
		Ste 100
		San Francisco, CA 94110
	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
		ChatGPT subscription for campaign
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	•

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising 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	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: 63/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	03/27/2025	OpenAl
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.28	3180 18th St
		Ste 100
		San Francisco, CA 94110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		ChatGPT subscription for campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
⊨	Date	Payon namo
	04/28/2025	Payee name OpenAI
	Amount (\$) \$21.28	Payee address; City; State; Zip Code 3180 18th St
	Φ21.20	
		Ste 100
		San Francisco, CA 94110
	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
		ChatGPT subscription for campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/27/2025	OpenAl
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.28	3180 18th St
		Ste 100
		San Francisco, CA 94110
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		ChatGPT subscription for campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/ 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: 64/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	06/27/2025	OpenAI
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.28	3180 18th St
		Ste 100
		San Francisco, CA 94110
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  ChatGPT subscription for campaign
		Chator i subscription for campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/13/2025	PDF Guru
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.99	9205 W Russell Rd
		Ste 240
		Las Vegas, NV 89148
	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
		software for campaign
		Contrare for earnpaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/19/2025	PDF Guru
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.99	9205 W Russell Rd
		Ste 240
		Las Vegas, NV 89148
	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
		software for campaign
-	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/Officeholder/Politic 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		nmittee Legal Services	morials Expense		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed	above)
				ion Guide explains	now to cor	mpie	ete this form.				
1	Total pages Schedule F1: Sch: 65/116 Rpt:	2	FILER NAME Cain, Briscoe R. (The	Honorable)				3	Filer ID 00069218	(Ethics Comm	ssion Filers)
4	Date	5	Payee name								
	04/18/2025		PDF Guru								
6	Amount (\$)	7	Payee address; City	State	; Zip Co	de					
	\$49.99		9205 W Russell Rd								
			Ste 240								
			Las Vegas, NV 89148								
8	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rent		ŕ		<b>=</b>		de of Texas. Comp		
							_		officeholder living	expense	
							software for ca	an	ipaigri		
_	Complete ONLY if disent	<u>L</u>	San didata /Offica halden na		Office com	a. la 4			Office he	اما	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder na	me C	Office sou	gnı			Office he	eia	
	Date		Payee name								
	05/19/2025		PDF Guru								
	Amount (\$)		Payee address; City	State	e; Zip Co	de					
	\$49.99		9205 W Russell Rd								
			Ste 240								
			Las Vegas, NV 89148								
	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rent				<b>-</b>		de of Texas. Com		
							ш		officeholder living	expense	
							software for ca	an	ipaigii		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder na	me (	Office sou	ght			Office he	eld	
	Date		Payee name								
	06/17/2025		PDF Guru								
	Amount (\$)	T	Payee address; City	State	; Zip Co	de					
	\$49.99		9205 W Russell Rd								
			Ste 240								
			Las Vegas, NV 89148								
	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rent	•	,		Check if travel o		de of Texas. Comp		
	LAFENDITORE								officeholder living	expense	
							software for ca	am	ıpaıgn		
	Complete ONLY if direct	Ц	Candidate/Officeholder na	me (	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI					<b>J</b>					

### 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 Salaries (Contract Labor

	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:	
	Sch: 66/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	02/07/2025	Party City
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.16	5601 Brodie Ln
		Ste 200
		Sunset Valley, TX 78745
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZABITORZ	Check if Austin, TX, officeholder living expense
		decorations for event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Payee name
	03/24/2025	Phoebes Diner
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.50	533 W Oltorf St
	Ψ-10.00	SSS W CROIT ST
		Austin, TX 78704
	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 meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/27/2025	Phoebes Diner
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.16	533 W Oltorf St
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense breakfast meeting
		Diedkidst incetting
	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 Comm 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 67/116 Rpt:	Cain, Briscoe R. (The Honorable)  00069218
4	Date	5 Payee name
	04/27/2025	Plaza Colombian Coffee
6	Amount (\$) \$17.83	7 Payee address; City; State; Zip Code 3842 S Congress Ave
	DUDDOCE	Austin, TX 78704
8	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  coffee meeting with legislator
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/26/2025	Poco Loco Supermercado
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.01	611 W Ben White Blvd
		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 outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		candy and snacks for capitol office
		carry and snacks for capitor office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- p	
	Date	Payee name
	06/12/2025	Poncho Outdoors
	Amount (\$)	Payee address; City; State; Zip Code
	\$378.66	9200 Waterford Centre Blvd
		Ste 550
		Austin, TX 78758
	DUDDOOF	in the second se
	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	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		shirts to be embroidered for campaign staff
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Committee

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Γotal pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 68/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4 [	Date	5 Payee name
(	01/03/2025	Premium Parking
6 /	Amount (\$) \$24.32	7 Payee address; City; State; Zip Code 1407 Eva St  Austin, TX 78704
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  parking for political meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
[	Oate	Payee name
(	02/06/2025	Qi Austin
,	Amount (\$) \$1,125.68	Payee address; City; State; Zip Code 835 W 6th St Ste 114 Austin, TX 78703
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff dinner
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Oate 06/17/2025	Payee name RDP Strategies
,	Amount (\$) \$669.60	Payee address; City; State; Zip Code 6501 East Greenway Pkwy Ste 103-116 Scottsdale, AZ 85254
	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.  Check if Austin, TX, officeholder living expense text messaging service for campaign
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### 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: 69/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	03/18/2025	Reyna, Zach
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	301 Baffin Bay
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  campaign staff salary
		Campaign stan salary
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	'
	Date	Payee name
	05/27/2025	Reyna, Zach
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	301 Baffin Bay
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		campaign staff salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	05/12/2025	Ritz-Carlton
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,642.60	280 Vanderbilt Beach Rd
		Naples, FL 34108
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		hotel and location for attending council for national
L		policy meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	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

	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: 70/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	01/22/2025	Roaring Fork
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$545.06	701 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff dinner
Ļ	0 1: 0.11.7.7.1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	01/06/2025	Roku Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.39	1173 Coleman Ave
		San Jose, CA 95110
	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
		tv service for capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/04/2025	Roku Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.39	1173 Coleman Ave
		San Jose, CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		tv service for capitol office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Onditale to belief Of Of	

### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1		2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 71/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	03/04/2025	Roku Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.64	1173 Coleman Ave
		0104.05440
		San Jose, CA 95110
8	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
		tv service for capitol office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	04/04/2025	Roku Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	1173 Coleman Ave
		San Jose, CA 95110
	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
		tv service for capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/05/2025	Roku Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	1173 Coleman Ave
		San Jose, CA 95110
	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 tv service for capitol office
		tv service for capitor office
	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 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	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: 72/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	06/04/2025	Roku Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.64	1173 Coleman Ave
		San Jose, CA 95110
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  tv service for capitol office
		tv Service for capitor office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	06/23/2025	Roku Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.32	1173 Coleman Ave
		San Jose, CA 95110
	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  tv service for capitol office
		to service for expiter office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/04/2025	Ryan Data and Research
		,
	Amount (\$) \$200.00	Payee address; City; State; Zip Code PO Box 202675
	Φ200.00	PO BOX 202075
		4 // 70700 0075
		Austin, TX 78720-2675
	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
		data service for campaign
		and our rough
_	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

	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: 73/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	05/01/2025	Scholz Garten
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.98	1607 San Jacinto Blvd
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense food and drinks for meeting with agency board
		members
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/28/2025	Soto
	Amount (\$)	Payee address; City; State; Zip Code
	\$153.81	1100 S Lamar Blvd
		Ste 2115
		Austin, TX 78704
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  FOOD/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		lunch for capitol office staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/08/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,520.71	2702 Love Field Dr
		Dallas, TX 75235
	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
		Airfare for candidate to attend meeting of the Council for National Policy
_	Complete ONLY if direct	
	Complete ONLY if direct expenditure to benefit C/OH	
L		

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Tatal as a second of Education Education	· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1:		5)
	Sch: 74/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218	
4	Date	5 Payee name	
	02/24/2025	Spokeo	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$29.85	199 South Los Robles Ave	
	,		
		Decedera CA 01101	
		Pasadena, CA 91101	
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  data service campaign	
		data service campaign	
Ļ	0 1: 0:::::::::::::::::::::::::::::::::		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L		··	
	Date	Payee name	
	05/22/2025	Spokeo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.85	199 South Los Robles Ave	
		Decedene CA 01101	
		Pasadena, CA 91101	
	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	
		data service campaign	
		data service campaign	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI		
	Date	Payee name	
	01/30/2025	Staufer, Todd	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9,200.00	4001 Crystal Water Cv	
		Austin, TX 78735	
	DUDDOCE		
	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	
		Rent for austin rental house	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	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 C

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: 75/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	03/10/2025	Staufer, Todd
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9,200.00	4001 Crystal Water Cv
		Austin, TX 78735
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 rent for austin rental house
		Tent for austin rental nouse
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	05/11/2025	Summer Moon Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.66	3115 South 1st St
		Unit B
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		breakfast meeting with legislators
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/07/2025	Sweetwaters Coffee & Tea
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.59	316 West 12th Street
L		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		meeting to interview potential staffer
	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/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 76/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218	
4	Date	5 Payee name	
	04/16/2025	Sweetwaters Coffee & Tea	
6	Amount (\$) \$13.49	7 Payee address; City; State; Zip Code 316 West 12th Street  Austin, TX 78701	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/26/2025	Sweetwaters Coffee & Tea	
	Amount (\$) \$25.92	Payee address; City; State; Zip Code 316 West 12th Street	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense meeting	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date 03/27/2025	Payee name TFRW Convention PAC	
	Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 1301 Vista Del Norte	
		San Antonio, TX 78216	
	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.  Check if Austin, TX, officeholder living expense  Sponsorship	
	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 Comn

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: 77/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	03/29/2025	Taco Bell
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.57	303 N Main St
		Highlands, TX 77562
8	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
		lunch meeting with constituents
		idital modulig mai conductante
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	06/11/2025	Taqueria Chalupas
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.30	2020 Center St
		Deer Park, TX 77536
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		lunch meeting with a political candidate
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
_	_	
	Date	Payee name
	02/28/2025	Taqueria de Diez
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.40	206 Trinity St,
		Unit 10
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		lunch meeting with constituents
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Oracide to borionic O/O1	

### 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

	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: 78/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	01/08/2025	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$321.65	5621 N I-35
		Austin, TX 78723
8	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
		supplies for capitol office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	
	Date	Payee name
	04/07/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$135.73	5621 N I-35
		Austin, TX 78723
	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
		supplies for capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/11/2025	Texas Chili Parlor
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.00	1409 Lavaca St
		Austin, TX 78701
	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
		lunch meeting
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

### 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/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: 79/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	05/22/2025	Texas Chili Parlor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	1409 Lavaca St
		Austin, TX 78701
8	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
		lunch meeting
		iditori meeding
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
L		
	Date	Payee name
	06/02/2025	Texas Chili Parlor
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.03	1409 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
		lunch meeting
		iditori meeding
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	<b>D</b> .	
	Date	Payee name
	02/27/2025	Texas Federation of Republican Women PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$614.90	13740 US-183
		J4
		Austin, TX 78750
	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.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Texas Federation of Republican Women event
L		sponsorship and ticket for candidate
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 80/116 Rpt:	Cain, Briscoe R. (The Honorable)  00069218
4	Date	5 Payee name
	06/02/2025	Texas Federation of Republican Women PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.44	13740 US-183
		J4
		Austin, TX 78750
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Texas Federation of Republican Women event
		tickets for candidate
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/29/2025	Texas House Republican Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 13305
	•	
		Austin, TX 78711
	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 legislative caucus membership dues
		legislative caucus membership ades
_	Complete ONLY if direct	Condidate/Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/06/2025	Texas Values
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	900 Congress Ave
		Ste L115
		Austin, TX 78701
	PURPOSE	I
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
	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
		donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 81/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218	
4	Date	5 Payee name	
	02/05/2025	Texas Values	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.00	900 Congress Ave	
		Ste L115	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	EXPENDITORE	Candidate/Officeholder/Political Committee	
		donation	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/05/2025	Texas Values	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	900 Congress Ave	
		Ste L115	
		Austin, TX 78701	
	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 Check if Austin, TX, officeholder living expense donation	
		donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	04/07/2025	Texas Values	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	900 Congress Ave	
		Ste L115	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	LAFENDITORE	Candidate/Officeholder/Political Committee	
		donation	
_	Operation Objects "	Overfild to 100% or helder a company of the company	
	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 Comm

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					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
•	Sch: 82/116 Rpt:	Cain, Briscoe R. (The Honorable)  00069218				
4	Date	5 Payee name				
	05/05/2025	Texas Values				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$25.00	900 Congress Ave				
		Ste L115				
		Austin, TX 78701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense				
		donation				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	06/05/2025	Texas Values				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$25.00	900 Congress Ave				
		Ste L115				
		Austin, TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
		Candidate/Officeholder/Political Committee				
		uonation				
	0 1: 0.11.7.7.1.					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	06/26/2025	The Bridge Over Troubled Waters				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$54.50	8203 John Martin Rd				
		Baytown, TX 77521				
	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 Austin, TX, officeholder living expense donation				
		uonation				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct expenditure to benefit C/OI					
	5.ps.(s.ta.)					

### 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 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

	Credit Card Payment	The Instruction Guide explains how to complete	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 83/116 Rpt:	Cain, Briscoe R. (The Honorable)	00069218
4	Date	5 Payee name	'
	03/20/2025	The Capital Grille	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$46.68	117 W 4th St	
		Austin, TX 78701	
8	PURPOSE		Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			lunch meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experientare to benefit Grot	1	
	Date	Payee name	
l	04/24/2025	The Capital Grille	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.81	117 W 4th St	
l			
l		Austin, TX 78701	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense
			candidate meal at meeting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Office field
⊨	Data		
	Date 05/27/2025	Payee name The Capital Grille	
L		·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.23	117 W 4th St	
		Austin, TX 78701	
	PURPOSE OF	, ,	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		'	lunch meeting
			•
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H			

### 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl		•	iter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fi			
	Sch: 84/116 Rpt:	Cain, Briscoe R. (The Honorable)		000692	18
4	Date	5 Payee name			
	02/18/2025	The Home Depot			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$78.52	3600 S I-35 Frontage Rd			
		-			
		Austin, TX 78704			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Descrip	tion	
	OF EXPENDITURE	Office Overhead/Rental Expense	_	k if travel outside of Texas.	Complete Schedule T.
	EXPENDITORE		_	k if Austin, TX, officeholder	
			decora	tions and shelves	for capitol office
_					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Offic	e held
	Date	Payee name			
	06/23/2025	The Menger Hotel			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$429.93	204 Alamo Plaza			
		San Antonio, TX 78205			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Descrip	tion	
	OF EXPENDITURE	Travel Out of District		k if travel outside of Texas.	
			_	k if Austin, TX, officeholder	
			louging	j anu parking ioi a	ttending political event
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Offic	e held
	expenditure to benefit C/OI			Onic	e neiu
	<u> </u>				
	Date	Payee name			
	06/16/2025	The Texan			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$90.00	1011 San Jacinto Blvd			
		Ste 315			
		Austin, TX 78701			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Descrip		
	OF EXPENDITURE	Office Overhead/Rental Expense		k if travel outside of Texas.	
			_	k if Austin, TX, officeholder  ign news subscrip	
			Jampo	.g., 110445 5005011p	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Offic	e held
	expenditure to benefit C/OI			Onic	o noiu

### 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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 85/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069218
4	Date 05/31/2025	5 Payee name Tiny Boxwoods	
6	Amount (\$) \$135.00	7 Payee address; City; State; Zip Code 1503 W 35th St  Austin, TX 78703	
8	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  meal with constituents
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 01/07/2025	Payee name Toss Pizzaria	
	Amount (\$) \$58.43	Payee address; City; State; Zip Code 2901 S 1st St Ste 102 Austin, TX 78704	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Lunch for capitol office staff
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 05/15/2025	Payee name Travel Guard Group, Inc	
	Amount (\$) \$44.68	Payee address; City; State; Zip Code 3300 Business Park Drive	
		Stevens Point, WI 54482	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel insuranace for flight to Spokane to attend prolife event
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
_	Sch: 86/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	02/06/2025	Tweet Deleter
6	Amount (\$)	7 Payee address; City; State; Zip Code
٠	\$131.75	49 Gaunt St
	Ψ101.10	40 Gaunt Gt
		Lincoln Lincolnshire LN5 7PU United Kingdom
_		
8	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 socialmedia software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	03/15/2025	Twin Liquors
	Amount (\$)	Payee address; City; State; Zip Code
	\$30,29	701 South Capital of Texas Hwy
	Ψ30.23	701 South Suprial of Texas Tiwy
		Austin TV 70746
		Austin, TX 78746
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if the release to the complete Schedule T
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		gift for legislators
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	06/05/2025	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$226.00	200 E San Augustine St
	Ψ220.00	200 2 Start ragiotatio St
		Deer Park, TX 77536
	DUDD005	
	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
		postage for campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 87/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	06/20/2025	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$191.90	200 E San Augustine St
		Deer Park, TX 77536
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
		postage for campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/03/2025	UT Parking Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	1815 Trinity St
		Austin, TX 78713
	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
		event parking
		oron panang
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/24/2025	UT Parking Garage
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.00	1815 Trinity St
	Ψ21.00	1013 Tillity St
		Austin, TX 78713
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		event parking
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	- CAPCHARLATO TO BOTTOM OF CI	•

### 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	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: 88/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218				
4	Date	5 Payee name				
	03/24/2025	UT Parking Garage				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$21.00	1815 Trinity St				
		Austin, TX 78713				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.				
		Expense				
		event parking				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	Complete ONLY if direct expenditure to benefit C/OH					
_	D :					
	Date	Payee name				
	03/27/2025	Uber Eats				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$53.94	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	Food/Beverage Expense				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		uber eats food delivery for staff lunch				
	Operation ONLY if direct	Our didn't lotter had a grant of the country of the				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	01/11/2025	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$33.99	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.				
	LAFENDITORE	Check if Austin, TX, officeholder living expense				
		Transportation in Austin				
	Complete ONLY if alice at	Candidate/Officeholder name Office accept				
	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 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 89/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	01/15/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.70	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	Travel Out of District
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Transportation in Austin
•	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	
	01/16/2025	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.99	1455 Market St
		Ste 400
		San Francisco, CA 94103
	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
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	01/23/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.94	1455 Market St
		Ste 400
		San Francisco, CA 94103
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experionality to benefit C/O	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica 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: 90/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	01/27/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.21	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Adelin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	02/05/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.48	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in August
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	02/10/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.49	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 And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
	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  The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	≣				3	Filer ID	(Ethics Commission Filers)
	Sch: 91/116 Rpt:	Cain, Brisc	oe R. (The Honorab	ole)				00069218	
4	Date	5 Payee name							
	02/11/2025	Uber							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip C	ode				
	\$30.37	1455 Mark	et St						
		Ste 400							
		San Franci	sco, CA 94103						
8	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out	of District					de of Texas. Com officeholder living	
						Transportatio			ехрепзе
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office he	eld
	experientare to benefit Great	-							
	Date	Payee name							
	02/14/2025	Uber							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$12.35	1455 Mark	et St						
		Ste 400							
		San Franci	sco, CA 94103						
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out	of District					de of Texas. Com officeholder living	
						Transportatio			ехрепзе
· —			iceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H 							
	Date	Payee name							
	02/14/2025	Uber							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$23.78	1455 Mark	et St						
		Ste 400							
		San Franci	sco, CA 94103						
	PURPOSE	(a) Category (s	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out	of District					de of Texas. Com	
	-					ш		officeholder living	expense
						Transportatio	,, i il	i /Austill	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O	Н							

### 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 92/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069218
4	Date 02/20/2025	5 Payee name Uber	
	Amount (\$) \$21.83	7 Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103	
8	PURPOSE OF EXPENDITURE	Traver out of District	outside of Texas. Complete Schedule T. TX, officeholder living expense n in Austin
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/21/2025	Payee name Uber	
	Amount (\$) \$13.57	Payee address; City; State; Zip Code  1455 Market St  Ste 400  San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	Traver out of District	outside of Texas. Complete Schedule T. TX, officeholder living expense n in Austin
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/21/2025	Payee name Uber	
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	Traver Out of District	outside of Texas. Complete Schedule T. TX, officeholder living expense n in Austin
	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 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: 93/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	02/21/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.86	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/24/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.19	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/24/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.34	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	Polli pense Print	ng Expens ting Expens			Travel in District Travel Out of Dis	
	Credit Card Payment		The Instruction Guide	e explains how t	to compl	ete this form.			
1	Total pages Schedule F1: Sch: 94/116 Rpt:		IE coe R. (The Honoral	ble)			3	Filer ID 00069218	(Ethics Commission Filers)
4	Date	<b>5</b> Payee nam	e						
	02/24/2025	Uber							
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State; Zip	Code				
	\$35.88	1455 Mark	cet St						
		Ste 400							
		San Franc	isco, CA 94103						
8	PURPOSE	(a) Category	See Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE		t of District						plete Schedule T.
						Transportatio		, officeholder living n Διιςtin	g expense
						rransportatio	,,,,,,,	17.03011	
9	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office	sought			Office h	eld
	experience to benefit Gree	<u> </u>							
	Date	Payee nam	е						
	02/26/2025	Uber							
	Amount (\$)	Payee addr		State; Zip	Code				
	\$15.78	1455 Mark	(et St						
		Ste 400							
			isco, CA 94103						
	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description  Check if travel	outci	do of Toyas Com	plete Schedule T.
	EXPENDITURE	i ravei Oui	t of District					officeholder living	
						Transportatio	n ir	n Austin	
	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office	sought			Office he	eld
	Date	Payee nam	e						
	02/26/2025	Uber							
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$22.54	1455 Mark	cet St						
		Ste 400							
		San Franc	isco, CA 94103						
	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Travel Out	t of District					de of Texas. Com , officeholder living	plete Schedule T. g expense
						Transportatio			• • •
	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office	sought			Office he	eld
	rms provided by Tayas F	thios Commis	nion vanan	v othics state	ty uc				Version V// 1 0 f10d0fd9

## 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/Politica Credit Card Payment		Legal Services  The Instruction Guide 6	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 95/116 Rpt:		coe R. (The Honorabl	e)				00069218		
4	Date	<b>5</b> Payee nam	е							
	02/27/2025	Uber								
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State; Zip Co	ode					
	\$49.09	1455 Mark	et St							
		Ste 400								
		San Franc	isco, CA 94103							
8	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District					ide of Texas. Com		
						Transportatio		, officeholder living n Austin	j expense	
						Παποροπαπο		II Austili		
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office he	eld	
L	experientare to benefit Grot									
	Date	Payee nam	е							
	03/16/2025	Uber								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$11.54	1455 Mark	et St							
		Ste 400								
		San Franc	isco, CA 94103							
	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out						ide of Texas. Com		
						_		, officeholder living	g expense	
						Transportatio		II Austili		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	l ught			Office he	eld	
L	experience to benefit Gree									
	Date	Payee nam	е							
	03/16/2025	Uber								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$16.34	1455 Mark	et St							
		Ste 400								
		San Franc	isco, CA 94103							
	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District					ide of Texas. Com		
	2/11/2/10/12							, officeholder living	g expense	
						Transportatio	111	n Ausuil		
$\vdash$	Complete ONLY if direct	Candidate/O	ficeholder name	Office sou	l Jaht			Office he	eld	
	expenditure to benefit C/OI			J.1100 300				C.Moc He		
$\vdash$										
L										

## 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

	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:	
	Sch: 96/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	03/19/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.95	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/19/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.91	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/20/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.46	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in August
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Cain, Briscoe R. (The Honorable) Sch: 97/116 Rpt: 00069218 4 Date Payee name 03/21/2025 Uber 6 Amount (\$) Payee address; City; State; Zip Code \$17.34 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 Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/01/2025 Uber Amount (\$) Payee address; City; State; Zip Code \$14.93 1455 Market St Ste 400 San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/02/2025 Uber Amount (\$) Payee address: City; State; Zip Code \$8.91 1455 Market St Ste 400 San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## 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 comple	ete this form.
1	Total pages Schedule F1: Sch: 98/116 Rpt:	FILER NAME     Cain, Briscoe R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069218
4	Date 04/03/2025	5 Payee name Uber	•
	Amount (\$) \$15.90	7 Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/03/2025	Payee name Uber	
	Amount (\$) \$25.61	Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation in Austin
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/07/2025	Payee name Uber	
	Amount (\$) \$18.91	Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation in Austin
	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 -

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:	
	Sch: 99/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	04/09/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.93	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in ridean
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/09/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.34	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/10/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.95	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Hansportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 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	d 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: 100/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	04/11/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.91	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		The operation in American
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture to beliefit C/O	
	Date	Payee name
	04/11/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.12	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
F	Date	Payee name
	04/11/2025	Uber
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$25.36	1455 Market St
		Ste 400
		San Francisco, CA 94103
$\vdash$	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Transportation in Austin
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
$\vdash$		

## 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: 101/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	04/12/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.78	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Transportation in Austin
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	04/13/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.93	1455 Market St
		Ste 400
		San Francisco, CA 94103
	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
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/14/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.96	1455 Market St
		Ste 400
		San Francisco, CA 94103
	PURPOSE	I a c
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

## 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	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: 102/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	04/14/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.22	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/14/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.96	1455 Market St
		Ste 400
		San Francisco, CA 94103
	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
		Transportation in Austin
		Transportation in August
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/15/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.05	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation in Austin
	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
Credit Card Payment

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

Printing Expense Salaries/Wages/Contract Labor

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

l	oroun oura'r aymoni		The Instruction Gu	ide explains how to co	mple	ete this form.			
1	Total pages Schedule F1: Sch: 103/116 Rpt:		R NAME , Briscoe R. (The Honor	rahle)			3	Filer ID 00069218	(Ethics Commission Filers)
Ļ	•		•						
4	Date 04/15/2025	5 Paye Ubei							
6	Amount (\$) \$18.98	1455 Ste 4	e address; City; i Market St 100 Francisco, CA 94103	State; Zip Co	de				
8	PURPOSE OF EXPENDITURE		gory (See Categories listed at the el Out of District	e top of this schedule)	(b)	_	TX,	de of Texas. Com officeholder living n Austin	
9	Complete ONLY if direct expenditure to benefit C/Ol		late/Officeholder name	Office sou	ght			Office he	eld
	Date	Paye	e name						
	04/15/2025	Ubei							
	Amount (\$) \$22.92	1455 Ste 4	e address; City; 5 Market St 100 Francisco, CA 94103	State; Zip Co	de				
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the el Out of District	e top of this schedule)	(b)	<b>—</b>	TX,	de of Texas. Com officeholder living 1 Austin	
	Complete ONLY if direct expenditure to benefit C/OI		late/Officeholder name	Office sou	ght			Office he	eld
	Date 04/15/2025	Paye Ubei	e name						
	Amount (\$) \$27.43	1455 Ste 4	e address; City; 5 Market St 100 Francisco, CA 94103	State; Zip Co	de				
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the el Out of District	e top of this schedule)	(b)		TX,	de of Texas. Com officeholder living n Austin	•
	Complete ONLY if direct expenditure to benefit C/OI		late/Officeholder name	Office sou	ght			Office he	eld

## 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/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:				
	Sch: 104/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218			
4	Date	5 Payee name			
	04/16/2025	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$11.94	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Transportation in Austin			
		The sportation in August			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
F	Date	Payee name			
	05/02/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$21.01	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		Transportation in Austin			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	05/05/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$18.32	1455 Market St			
		Ste 400			
		San Francisco, CA 94103			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Transportation in Austin			
L	Commission ONLL V if alignet	Candidate/Officeholder name Office cought Office hold			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	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 Committee

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

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

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

Candidate/Officeholder/Politice Credit Card Payment	Al 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: Sch: 105/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069218
4 Date 05/05/2025 6 Amount (\$) \$30.63	5 Payee name Uber  7 Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 05/05/2025	Payee name Uber
Amount (\$) \$41.80	Payee address; City; State; Zip Code  1455 Market St  Ste 400  San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 05/05/2025	Payee name Uber
Amount (\$) \$47.71	Payee address; City; State; Zip Code  1455 Market St  Ste 400  San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
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 Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 106/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069218
4 Date 05/06/2025	5 Payee name Uber
6 Amount (\$) \$49.13	7 Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 05/08/2025	Payee name Uber
Amount (\$) \$72.84	Payee address; City; State; Zip Code  1455 Market St  Ste 400  San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation from airport to political event
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 05/08/2025	Payee name Uber
Amount (\$) \$18.51	Payee address; City; State; Zip Code  1455 Market St  Ste 400  San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
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 Committee

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

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

Candidate/Officeholder/Politic Credit Card Payment	Al 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: Sch: 107/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069218
4 Date 05/09/2025	5 Payee name Uber
6 Amount (\$) \$10.97	7 Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
9 Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date 05/12/2025	Payee name Uber
Amount (\$) \$51.25	Payee address; City; State; Zip Code  1455 Market St  Ste 400  San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation to airport from political event
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date 05/15/2025	Payee name Uber
Amount (\$) \$5.47	Payee address; City; State; Zip Code 1455 Market St Ste 400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1	Total pages Schedule F1:		)	
	Sch: 108/116 Rpt:	Cain, Briscoe R. (The Honorable)		
4	Date	5 Payee name		
	05/15/2025	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$5.52	1455 Market St		
		Ste 400		
		San Francisco, CA 94103		
8	PURPOSE			
0	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Travel Out of District  Check if Austin, TX, officeholder living expense		
		Transportation in Austin		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
L	expenditure to benefit C/O	H		
	Date	Payee name		
	05/27/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$12.51	1455 Market St		
		Ste 400		
		San Francisco, CA 94103		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Transportation in Austin			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H		
L		<u> </u>		
	Date	Payee name		
	05/27/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$23.93	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense  Transportation in Austin		
		Transportation in Austin		
	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 B

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/Political Committee Credit Card Payment			Gift/Awards/Memorials Expense Legal Services  Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			Travel Out OTHER (e		strict category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID		(Ethics Commission Filers)
	Sch: 109/116 Rpt:		Cain, Brisco		The Honoi	rable)					000692	18	· · · · · · · · · · · · · · · · · · ·
4	Date	5	Payee name										
	05/27/2025		Uber										
6	Amount (\$) \$25.69	7	Payee address 1455 Market Ste 400 San Francis	et St	City;	State	e; Zip Co	de					
8	PURPOSE	(a)	Category (Se	ee Catego	ries listed at th	e top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Travel Out						_				plete Schedule T.
									Check if Austin			r living	gexpense
									Transportatio	וו וזכ	i Austin		
Ļ													
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholde	r name		Office sou	ght			Offic	ce he	eld
	Date		Payee name										
	05/28/2025		Uber										
	Amount (\$)	T	Payee addre	ss;	City;	State	; Zip Co	de					
	\$18.91		1455 Marke	t St									
			Ste 400										
			San Francis	sco, CA	94103								
	PURPOSE OF	(a)	Category (Se			e top of this sch	hedule)	(b)	Description				
	EXPENDITURE		Travel Out	of Distr	ict				Check if travel Check if Austin				plete Schedule T.
									Transportation			i iiviiiy	J CAPCITISE
									. ranoportatio	11	. ,		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholde	r name	(	Office sou	ght			Offic	ce he	eld
	Date		Payee name						-				
	06/02/2025		Uber										
	Amount (\$)		Payee addre	ss;	City;	State	e; Zip Co	de					
	\$24.18		1455 Marke		-		•						
			Ste 400										
			San Francis	sco, CA	94103								
	PURPOSE	(a)	Category (Se			o ton of this - '	hodula)	(h)	Description				
	OF	(")	Travel Out			e lop of this sch	neaule)	(~)		outsi	de of Texas	. Com	plete Schedule T.
	EXPENDITURE		. ravor Out (	J. DIJ(I					Check if Austin				
									Transportation	n ii	n Austin		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholde	r name	(	Office sou	ght			Offic	ce he	eld

### 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/Magne/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1	Total pages Schedule F1:		ilers)	
	Sch: 110/116 Rpt:	Cain, Briscoe R. (The Honorable)		
4	Date	5 Payee name		
	06/02/2025	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$33.79	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.		
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense		
		Transportation in Austin		
<u>_</u>	Commission ONU V if allows	Condidate Office halder name Office as with		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH		
	Date	Payee name		
	06/02/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$34.36	1455 Market St		
		Ste 400		
		San Francisco, CA 94103		
	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		
	Transportation in Austin			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH		
	Date	Payee name		
	06/03/2025	Uber		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$33.23	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	Travel Out of District Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITORE	Check if Austin, TX, officeholder living expense		
		Transportation in Austin		
	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/Officeholder/Politica 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: 111/116 Rpt:	Cain, Briscoe R. (The Honorable) 00069218
4	Date	5 Payee name
	06/10/2025	United Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,081.00	233 S Wacker Dr
		Chicago, IL 60606
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District    X   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense
		Airfare to Boston to attend NCSL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/15/2025	United Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,213.62	233 S Wacker Dr
		Chicago, IL 60606
	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
		Airfare to Spokane to attend pro-life event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/13/2025	Walgreens
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.37	1920 E Riverside Dr
	*****	Bldg B
		Austin, TX 78741
	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
		soda for capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	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

nt 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: 112/116 Rpt:		Filer ID (Ethics Commission Filers) 00069218
4	Date 04/28/2025	5 Payee name Walmart	
6	Amount (\$) \$131.80	7 Payee address; City; State; Zip Code 620 S I-35	
8	PURPOSE OF EXPENDITURE	Check if Austin, TX,	de of Texas. Complete Schedule T. officeholder living expense ies for capitol office
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought OH	Office held
	Date 06/09/2025	Payee name Walmart	
	Amount (\$) \$29.18	Payee address; City; State; Zip Code 620 S I-35  Georgetown, TX 78628	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	de of Texas. Complete Schedule T. officeholder living expense oplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought OH	Office held
	Date 01/08/2025	Payee name Wayfair	
	Amount (\$) \$172.11	Payee address; City; State; Zip Code 4500 S Pleasant Valley Rd Bldg 2 Austin, TX 78744	
	PURPOSE OF EXPENDITURE	Onice Overhead/Nental Expense	de of Texas. Complete Schedule T. officeholder living expense capitol office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
Ļ	Tatalana Oliver			
1	Total pages Schedule F1: Sch: 113/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069218		
4	Date	5 Payee name		
	02/05/2025	Wiggys		
6	Amount (\$) \$308.54	<ul><li>7 Payee address; City; State; Zip Code</li><li>1104 N Lamar Blvd</li></ul>		
		Austin, TX 78703		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		gifts for legislators		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	05/20/2025	Williams Sonoma, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,314.39	3250 Van Ness Ave		
	Ψ2,514.55	3230 Vall Ne33 AVE		
		San Francisco, CA 94109		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officenoider living expense			
		custom end of sessions gifts for staff		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	03/07/2025	Williamson, Justin		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$500.00	9324 Hunter Ln		
	φουυ.00	3024 Hunge Lil		
		Austin, TX 78748		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor		
	ZA LIDITORL	Check if Austin, TX, officeholder living expense		
		campaign staff salary		
L				
	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 -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 (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 cor	nplete this form.				
1 Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)				
Sch: 114/116 Rpt:	Cain, Briscoe R. (The Honorable)	00069218				
4 Date	5 Payee name					
04/17/2025	Williamson, Justin					
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de				
\$1,500.00	9324 Hunter Ln					
	Austin, TX 78748					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.				
EXI ENDITORE		Check if Austin, TX, officeholder living expense				
		campaign staff salary				
O Compulate ONII V if direct	Condidate/Office helder name	Office head				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office souç H	tht Office held				
Date	Payee name					
06/24/2025	WinRed					
Amount (\$)	Payee address; City; State; Zip Coo	de				
\$583.58	1776 Wilson Blvd					
	Ste 530					
	Arlington, VA 22209					
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				
		Campaign fundraising platform service charge				
		campaign and along planelin colored charge				
Complete ONLY if direct	Candidate/Officeholder name Office soug	tht Office held				
expenditure to benefit C/O		•				
Date	Payee name					
06/26/2025	WinRed					
Amount (\$)	Payee address; City; State; Zip Coo	de				
\$61.14	1776 Wilson Blvd					
**=	Ste 530					
	Arlington, VA 22209					
PURPOSE	_	(h) Description				
OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	1 003	Check if Austin, TX, officeholder living expense				
		Campaign fundraising platform service charge				
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held				
expenditure to benefit C/O	п 					

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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:		3 Filer ID (Ethics Commission Filers)
	Sch: 115/116 Rpt:	Cain, Briscoe R. (The Honorable)	00069218
4	Date 06/28/2025	Payee name WinRed	
	Amount (\$) \$136.41	Payee address; City; State; Zip Code 1776 Wilson Blvd Ste 530 Arlington, VA 22209	
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Indraising platform service charge
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/30/2025	Payee name WinRed	
	Amount (\$) \$271.10	Payee address; City; State; Zip Code 1776 Wilson Blvd Ste 530 Arlington, VA 22209	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense undraising platform service charge
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 03/19/2025	Payee name i360 LLC	
	Amount (\$) \$3,720.00	Payee address; City; State; Zip Code 2300 Claredon Blvd Ste 800 Arlington, VA 22201-3382	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense anagement software
	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 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	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: Sch: 116/116 Rpt:	2 FILER NAME Cain, Briscoe R. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069218
	Date 06/20/2025 Amount (\$)	5 Payee name i360 LLC 7 Payee address; City; State; Zip Code
	\$3,720.00	2300 Claredon Blvd Ste 800 Arlington, VA 22201-3382
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 management software
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/21/2025	Payee name newspapers.com
	Amount (\$) \$74.90	Payee address; City; State; Zip Code 355 S 520th W Ste 250 Lindon, UT 84042
	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  news subscription for campaign
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Inst	ruction (	Guide explains	s how to complete	this form.	1 Total pages Schedule T: Sch: 1/2 Rpt: 132/133	1 Total pages Schedule T: Sch: 1/2 Rpt: 132/133			
					1	nmission Filers)			
Cain, Briscoe R.	(The Hor	orable)			00069218				
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee									
Southwest Airlin	es								
5 Contribution / Expe	Contribution / Expenditure reported on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC	_			
6 Dates of Travel	7 Name	of person(s) travel	ing						
	Cain ,	Briscoe (The H	onorable)						
	8 Depart	ure city or name o	f departure location						
05/08/2025	Austin	1							
	9 Destina	ation city or name	of destination location						
05/08/2025	Ft. My	vers							
<b>10</b> Means of transpor	tation	11 Purpose of tra	avel (including name of c	onference, seminar, or	other event)				
Commercial Airp	olane	Attend Meet	ing for Council for Nat	ional Policy					
Name of Contribut	or / Corpor	ation or Labor Org	anization / Pledgor /Paye	ee					
Southwest Airlin	es								
Contribution / Expe	enditure rep	oorted on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2	一百	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel	Name	of person(s) travel	ina						
Battos of Travel		Briscoe (The Ho							
			f departure location						
05/10/2025	Ft. My								
			of destination location						
05/10/2025	Austin		or destination resulting						
Means of transpor			avel (including name of c	onference seminar or	other event)				
Commercial Airp		· ·	Meeting of Council fo		outer eventy				
		<u>l</u>							
United Airlines	or / Corpor	ation or Labor Org	anization / Pledgor /Paye	ee					
Contribution / Expe	ondituro roi	ported on:							
Schedule A2			Cohodulo P(1)	Cabadula C2	Cohodulo D	Sahadula E1			
I <del>'</del>		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2	L	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel		of person(s) travel							
	Cain ,	Briscoe (The H	onorable)						
	Departure city or name of departure location								
06/12/2025	Bosto	n							
	Destina	ation city or name	of destination location						
06/12/2025	06/12/2025 Houston								
Means of transpor	tation	Purpose of tra	avel (including name of c	onference, seminar, or	other event)				
Commercial Airp	Commercial Airplane Travel from Boston to Houston								
I									

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H Dates of Travel Name of person(s) traveling Cain, Briscoe (The Honorable) Departure city or name of departure location 06/15/2025 Houston Destination city or name of destination location 06/15/2025 Spokane 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Commercial Airplane To attend a pro-life event by Live Action Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling Cain, Briscoe (The Honorable) Departure city or name of departure location 06/16/2025 Spokane Destination city or name of destination location 06/16/2025 **Boston** Means of transportation Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Flight from Spokane to Boston to attend NCSL