CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	² Total pages filed: 13
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR	FIRST Casey	MI W	
, , , , , , , , , , , , , , , , , , ,	NICKNAME	LAST Fain	SUFFIX	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	r; APT / SUITE #; C Y Rd 131, Gainesvil	ID FOR REC AN -8 AMI AM HARRISON CLERK, COOK	
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST Richard	мі L	Receipt # Amount \$
	NICKNAME	LAST Womack	SUFFIX	Date Imaged
CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SL Rd., Valley View,		STATE; ZIP CODE
Residence or Business) CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 372-3547	EXTENSION	
REPORT TYPE	January 15	30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
PERIOD COVERED	Month 7	Day Year / 11 / 23	THROUGH Reporting Limit Month	Day Year / 31 / 23
I ELECTION	ELECTION DA Month Day 3 5	Year Primary 24 General	ELECTION TYPE Runoff Other Description Special	
2 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Cooke County Co	ommissioner, PCT 1
NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CANL	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	GENERAL	COMMITTEE ADDRESS		
Additional Pages	1	COMMITTEE CAMPAIGN TREA	ASURER NAME	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Fi	ler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 300.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,403.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,215.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,488.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and o uired to be reported by me under Title 15, Election Code.	correct and includes all information
	Signature of Candidate	e or Officeholder
(1) Affidavit	Please complete either option below:	
2	UNTY, TEL	
NOTARY STAMP/SEA		day of January.
	which, witness my hand and seal of office.	
Baijas	Bailey Carter D	eputy Clerk
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaratio	on and a second s	
My name is	, and my date of birth is	
My address is	انورسیدی ا	
	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on the day of (month)	, 20 (year)
	Signature of Candidate/Off	iceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE Casey	v W. Fain	Filer ID (Ethics Commis	sion Filers)		
	EDULE SUBTOTALS IE OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	SCHEDULE E: LOANS				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$	4,197.46		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COM	NTRIBUTIONS \$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	1,017.98		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IS RETURNED \$			

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Casey Way	/ne Fain	
Date	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)
07/14/2023		^{te; Zip Code} TX 76272 500.00
Principal occu		mployer (See Instructions)
Date	Full name of contributor out-of-state PAC (D#:	Amount of contribution (\$)
07/19/2023		te; Zip Code , TX 76240 2,500.00
Principal occuj	pation / Job title (See Instructions)	mployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/08/2023	Casey and Elizabeth Voss Contributor address; City; Stat Valley View,	e; Zip Code TX 76272 600.00
Principal occu		mployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
	······	^{te; Zip Code} 500.00
08/08/2023	Coincovillo TV	
	Gainesville, TX	

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 5 2 FILER NAME Casey Wayne Fain 3 Filer ID (Ethics Commission Filers) 4 Date 5 Fuil name of contributor Curt and Pruchy Bayer out-of-state PAC (DF		ARY POLITICAL CONTRIBUTIONS sted information is not applicable, DO NOT include this page in the	SCHEDULE A1					
2 FILER NAME Casey Wayne Fain 3 Filer ID (Ethics Commission Filere) 4 Date 5 Full name of contributor Curt and Prudy Bayer out-of-state PAC (ID#	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5					
4 Date 5 Full name of contributor out-of-state PRC (DB 7 Amount of contribution (\$) 08/08/2023 6 Contributor address; City: State: Zip Code 1,0000.000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (DE Amount of contribution (\$) Date Full name of contributor out-of-state PAC (DE Amount of contribution (\$) 08/08/2023 Full name of contributor out-of-state PAC (DE 5000.000 Valley View, TX 76272 State: Zip Code 5000.000 Valley View, TX 76272 State: Zip Code 5000.000 08/08/2023 Full name of contributor out-of-state PAC (DE 5000.000 08/08/2023 Full name of contributor out-of-state PAC (DE 5000.000 08/08/2023 Full name of contributor out-of-state PAC (DE 5000.000 08/08/2023 Full name of contributor out-of-state PAC (DE 5000.000 08/08/2023 Full name of contributor out-of-state PAC (DE 5000.000 08/08/2023 Full name of contributor out-of-state PAC (DE	2 FILER NAME							
08/08/2023 Curt and Prudy Bayer 1,000.00 6 Contributor address; City; State; Zp Code Muenster, TX 76252 1,000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (De	Casey Way	vne Fain						
6 Contributor address: City: State: Zip Code Muenster, TX 76252 Image: Transmission of the state sta	4 Date		7 Amount of contribution (\$)					
Date Full name of contributor out-of-state PAC (ID#	08/08/2023		1,000.00					
Outer Darrell and Melanie Reinke 5000.000 08/08/2023 Contributor address; City: State; Zip Code 5000.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#	8 Principal occu		tions)					
08/08/2023 Contributor address; City; State; Zip Code 500.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#	Date		Amount of contribution (\$)					
Date 08/08/2023 Full name of contributor Diane Slater Contributor address; out-of-state PAC (ID#) Diane Slater Contributor address; Amount of contribution (\$) 5000.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 5000.000 Date 08/08/2023 Full name of contributor Contributor address; out-of-state PAC (ID#) City; Amount of contribution (\$) 5000.000 Date 08/08/2023 Full name of contributor Contributor address; out-of-state PAC (ID#) City; Amount of contribution (\$) 2000.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) 2000.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) 2000.000	08/08/2023	Contributor address; City; State; Zip Code	500.00					
08/08/2023 Diane Slater 500.000 Contributor address; City; State; Zip Code Gainesville, TX 76240 Full name of contributor Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 08/08/2023 Greg and Laurett Laster City; State; Zip Code 08/08/2023 Greg and Laurett Laster City; State; Zip Code 08/08/2023 Greg and Laurett Laster City; State; Zip Code 08/08/2023 Employer (See Instructions) 2000.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) 2000.000	Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)					
08/08/2023 Contributor address; City; State; Zip Code 5000.000 Gainesville, TX 76240 Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 08/08/2023 Greg and Laurett Laster City; State; Zip Code 08/08/2023 Gainesville, TX 76240 2000.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) 2000.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) 2000.000	Date		Amount of contribution (\$)					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) 08/08/2023 Greg and Laurett Laster Amount of contribution (\$) Contributor address; City; State; Zip Code 2000.000 Gainesville, TX 76240 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	08/08/2023	Contributor address; City; State; Zip Code	500.00					
08/08/2023 Greg and Laurett Laster Contributor address; City; State; Zip Code Gainesville, TX 76240 Contributor (See Instructions) Employer (See Instructions) Contributor (See Instructions)	Principal occup		tions)					
08/08/2023 Contributor address; City; State; Zip Code 200.000 Gainesville, TX 76240 Employer (See Instructions) Employer (See Instructions)	Date		Amount of contribution (\$)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)	08/08/2023	Contributor address; City; State; Zip Code	200.00					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Principal occup							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		I						
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		If contributor is out-of-state PAC, please see Instruction guide for additional						

Ine	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Casey Way	yne Fain	
Date	5 Full name of contributor out-of-state PAC (ID#:) Larry and Kathy Sears	7 Amount of contribution (\$)
)8/08/2023	6 Contributor address; City; State; Zip Code Gainesville, TX 76240	2,000.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8/08/2023	Robert and Susan Gleaton	200 00
	Contributor address; City; State; Zip Code Gainesville, TX 76240	200.00
Principal occu	Dation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8/08/2023	Steve and Kathy Martinez	500.00
	Contributor address; City; State; Zip Code /alley View, TX 7627	300.00
Principal occu	Dation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/21/2023	Joel and Andrea Brown	4 000 00
	Contributor address; City; State; Zip Code Lake Kiowa, TX 76240	1,000.00
	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Principal occu		

Forms provided by Texas Ethics Commission

The	Instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A1: 5
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Casey Wag	/ne Fain	
4 Date	5 Full name of contributor out-of-state PAC (ID#	#) 7 Amount of contribution (\$)
09/05/2023	Calvin and Tiffany Tillman	250.00
00,00,2020		State; Zip Code 350.00
	Valley View,	IX /62/2
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	t) Amount of contribution (\$)
10/30/2023	Bob Smith	
		State; Zip Code 89.50
	Gaineville,	IX 76240
Principal occu	vation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	t) Amount of contribution (\$)
10/30/2023	Womack Revocable Trust	455.00
10/00/2020		State; Zip Code 155.00
	Valley View	r, TX 76272
Principal occu	bation / Job title (See Instructions)	Employer (See Instructions)
D-1-	Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$)
Date	Calvin and Tiffany Tillman	
	•••••••••••••••••••••••••••••••••••••••	State; Zip Code 130.00
	•••••••••••••••••••••••••••••••••••••••	130.00
10/31/2023	Contributor address; City; S	

Forms provided by Texas Ethics Commission

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the reques	sted information is not applicable, DO NOT include this	page in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME Casey Way	vne Fain	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Michael Bonn	7 Amount of contribution (\$)
11/03/2023	6 Contributor address; City; State; Z Gainesville, TX	^{tip Code} 89.50
8 Principal occu	pation / Job title (See Instructions) 9 Employe	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Kimzie Moss) Amount of contribution (\$)
11/06/2023	Contributor address; City; State; Z Gainesville, TX	^{Tip Code} 89.50
Principal occup	ation / Job title (See Instructions) Employe	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
11/20/2023	Contributor address; City; State; Z Gainesville, TX	000.00
Principal occur	ation / Job title (See instructions) Employe	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
	Contributor address; City; State; Zi	p Code
Principal occur	eation / Job title (See Instructions) Employe	er (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCH If contributor is out-of-state PAC, please see Instruction guide	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

and the second of the first second		
EXPENDITURE	CATEGORIES	FOR BOX 8(a)
	UNILOUNILO	I OIL DON U(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distric	pment & Related Expense
1 Total pages Schedule F1: 3		аме ayne Fain			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na				1	
07/25/2023	Muenst	er State Bank				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
58.96	201 Nor	th Main Street, Muens	ster, TX	76252		
8	(a) Catego	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees			Checks		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
Date	. Payee na	ime				
08/09/2023	Michael	Burnett (CK 1001)				
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
425.00	100 CR	160, Whitesboro. TX	76273			
	Category	' (See Categories listed at the top of this s	schedule)	Description	1 - 201 - 201 -	
PURPOSE OF EXPENDITURE	Event 6	Expense		Catering - Su	pport Dinner	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
08/15/2023	Muenste	er State Bank				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
58.04	201 Nor	h Main Street, Muens	ter, TX	76252		
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Fees			Checkbook		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE	CATEGORIES	FOR BO	X 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equij Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense		
1 Total pages Schedule F1: 3		аме /ayne Fain			3 Filer ID (Ethic	s Commission Filers)		
4 Date	5 Payee n					anadalahan adam ang ang kalèng ang dikang kalèng		
08/25/2023	Richard	Richard Womack (CK 1002)						
6 Amount (\$)	7 Payee address; City; State; Zip Code							
1,131.21	476 Tria	angle Rd., Valley View	, TX 76	272				
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Printing	j Expenses		Reimburseme	ent for Yard S	igns		
	(c)	Check if travel outside of Texas. Complete S	ichedule T.	Check if Aus	in, TX, officeholder living	g expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held		
Date	Payee na	ame						
09/02/2023	Michael	Burnett (CK 1003)						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
800.00	100 CR	160, Whitesboro. TX	76273					
	Categor	(See Categories listed at the top of this s	chedule)	Description		ann an tha an		
PURPOSE OF EXPENDITURE	Event I	Expenses		Catering - An	nouncement	Event		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder living) expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held		
Date	Payee n	ame						
09/22/2023		exas Vinyl						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
974.25	1900 We	est Highway 82, Gaine	esville, 1	FX 76240				
	Category	(See Categories listed at the top of this s	chedule)	Description				
PURPOSE OF EXPENDITURE	Printing	Expense		Banners				
		Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder living	expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held		
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FO	DR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/R Fees Office Overhead/R Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expense		pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 3	1				3 Filer ID (Ethic	s Commission Filers)	
		ayne Fain	· · · · · · · · · · · · · · · · · · ·				
4 Date 11/17/2023	5 Payee n			1005)			
6 Amount (\$)	+	County Republican Pa	ILY (CK		State;	Zip Code	
750.00	7 Payee a 701 E. (California St. Unit 304	, Gaines	^{City;} sville, TX 76240		Ziþ Göde	
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees			Filing Fee			
	(C) Check if travel outside of Texas. Complete Schedule T.			Check if Austi	in, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor	Y (See Categories listed at the top of this	schedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this top)	schedule)	Description			
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

EXPENDITUR	RES MADE BY	CREDIT	CAR	RD	SCHE	DULE F4
If the requested inform	nation is not applicable, D	O NOT incl	ude this	page in the rep	oort.	
	EXPENDIT	URE CATEG	ORIES FO	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Committee Legal Services		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics (Commission Filers)
2	Casey Wayne Fain					
4 TOTAL OF UNITEM	ZED EXPENDITURES (CHARGED	FOACR	EDIT CARD	\$ 1,017.9	98
5 Date 10/27/2023	6 Payee name Home Depot					
7 Amount (\$)	8 Payee address;			City;	State;	Zip Code
58.26	804 E Highway 82, 0	Gainesville	, TX 76	240		
9 TYPE OF EXPENDITURE	Political		Non-Pol	itical		
10	(a) Category (See Categories liste	d at the top of this so	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expens	e		Sign Hardwa	re	
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehol	der name	Of	fice sought	Office h	eld
Date	Payee name					
10/28/2023	Ticket Leap					
Amount (\$)	Payee address;			City;	State;	Zip Code
616.00	Online purchase					
TYPE OF EXPENDITURE	Political		Non-Pol	litical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Event Expense DC3 Friendsgiving - Table for 8					for 8
	Check if travel outside	of Texas. Complete Se	chedule T.	Check if Au	ustin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehol	der name	Of	fice sought	Office h	eld
	ATTACH ADDITIONAL	L COPIES OF	THIS SC	CHEDULE AS NE	EDED	

0		EXPENDITUR	RE CATEG	ORIES FO	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee				ment/Reimbursement nead/Rental Expense ense ges/Contract Labor	ent Solicitation/Fundraising Expense Ise Transportation Equipment & Related Ex Travel In District Travel Out Of District or Other (enter a category not listed above			
Total pages Schodula E4:	2 FILER	The Instruction G	uide explain	s now to co	implete this form.	3 File	ar ID (Ethics (Commission Filer
1 Total pages Schedule F4: 2	Casey Wa					JFile		
4 TOTAL OF UNITEM			ARGED	TOACR	EDIT CARD	\$	1,017.9	98
5 Date 11/27/2023	6 Payee Vista Pri					1		
7 Amount (\$) 343.72	8 Payee Online	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE	F	Political		Non-Pol	itical			
0 PURPOSE OF EXPENDITURE		(See Categories listed at Expense	t the top of this :	schedule)	(b) Description Push Cards			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						g expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholde	r name	Of	fice sought		Office h	eld
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political] Non-Po	litical			
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed a	t the top of this	schedule)	Description			
		Check if travel outside of Te	exas. Complete	Schedule T.	Check if A	ustin, TX,	officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholde	r name	Of	fice sought		Office h	eld