

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

OFFICE USE ONLY

Date Received

Date Hand-delivered for Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

FILED FOR RECORD
 24 JAN -8 AM 11:07
 PAM HARRISON
 COUNTY CLERK, COOKE CO. TX

BY DEPUTY

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MR

Casey

W

NICKNAME

LAST

SUFFIX

Fain

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1122 County Rd 131, Gainesville, TX 76240

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

210-0422

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MR

Richard

L

NICKNAME

LAST

SUFFIX

Womack

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

476 Triangle Rd., Valley View, TX 76272

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

372-3547

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

7

/

11

/

23

THROUGH

Month

Day

Year

12

/

31

/

23

11 ELECTION

ELECTION DATE

Month

Day

Year

3

/

5

/

24

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Cooke County Commissioner, PCT 1

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer 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	\$

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

Casey Fain

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Casey Fain this the 8 day of January, 2024, to certify which, witness my hand and seal of office.

Bailey Carter
Signature of officer administering oath

Bailey Carter
Printed name of officer administering oath

Deputy Clerk
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Casey W. Fain	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,403.50
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,197.46
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
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 CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Casey Wayne Fain		3 Filer ID (Ethics Commission Filers)
4 Date 07/14/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Womack Revocable Trust	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code [REDACTED] Valley View, TX 76272		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 07/19/2023	Full name of contributor out-of-state PAC (ID#: _____) D & C Renovations	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code [REDACTED] Gainesville, TX 76240		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 08/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Casey and Elizabeth Voss	Amount of contribution (\$) 600.00
Contributor address; City; State; Zip Code [REDACTED] Valley View, TX 76272		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 08/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Chris and Shannon Hiegel	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] Gainesville, TX 76240		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

--	--	--

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Casey Wayne Fain		3 Filer ID (Ethics Commission Filers)
4 Date 08/08/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Curt and Prudy Bayer	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code [REDACTED] Muenster, TX 76252		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 08/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Darrell and Melanie Reinke	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] Valley View, TX 76272		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 08/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Diane Slater	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] Gainesville, TX 76240		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 08/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Greg and Laurett Laster	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code [REDACTED] Gainesville, TX 76240		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

--	--	--

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Casey Wayne Fain		3 Filer ID (Ethics Commission Filers)
4 Date 08/08/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Larry and Kathy Sears	7 Amount of contribution (\$) 2,000.00
6 Contributor address; City; State; Zip Code [REDACTED] Gainesville, TX 76240		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 08/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Robert and Susan Gleaton	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code [REDACTED] Gainesville, TX 76240		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 08/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Steve and Kathy Martinez	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] Valley View, TX 7627		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 08/21/2023	Full name of contributor out-of-state PAC (ID#: _____) Joel and Andrea Brown	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code [REDACTED] Lake Kiowa, TX 76240		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

--	--	--

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Casey Wayne Fain		3 Filer ID (Ethics Commission Filers)
4 Date 09/05/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Calvin and Tiffany Tillman	7 Amount of contribution (\$) 350.00
	6 Contributor address; City; State; Zip Code [REDACTED] Valley View, TX 76272	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 10/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Bob Smith	Amount of contribution (\$) 89.50
	Contributor address; City; State; Zip Code [REDACTED] Gaineville, TX 76240	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Womack Revocable Trust	Amount of contribution (\$) 155.00
	Contributor address; City; State; Zip Code [REDACTED] Valley View, TX 76272	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/31/2023	Full name of contributor out-of-state PAC (ID#: _____) Calvin and Tiffany Tillman	Amount of contribution (\$) 130.00
	Contributor address; City; State; Zip Code [REDACTED] Valley View, TX 7	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Casey Wayne Fain		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Michael Bonn	7 Amount of contribution (\$) 89.50
	6 Contributor address; City; State; Zip Code [REDACTED] Gainesville, TX 76249	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Kimzie Moss	Amount of contribution (\$) 89.50
	Contributor address; City; State; Zip Code [REDACTED] Gainesville, TX 76240	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/20/2023	Full name of contributor out-of-state PAC (ID#: _____) James and Allison Lewis	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code [REDACTED] Gainesville, TX 76240	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>
--

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Casey Wayne Fain	3 Filer ID (Ethics Commission Filers)
4 Date 07/25/2023	5 Payee name Muenster State Bank	
6 Amount (\$) 58.96	7 Payee address; City; State; Zip Code 201 North Main Street, Muenster, TX 76252	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Checks
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/09/2023	Payee name Michael Burnett (CK 1001)	
Amount (\$) 425.00	Payee address; City; State; Zip Code 100 CR 160, Whitesboro. TX 76273	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Catering - Support Dinner
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/15/2023	Payee name Muenster State Bank	
Amount (\$) 58.04	Payee address; City; State; Zip Code 201 North Main Street, Muenster, TX 76252	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Checkbook
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Casey Wayne Fain	3 Filer ID (Ethics Commission Filers)
4 Date 08/25/2023	5 Payee name Richard Womack (CK 1002)	
6 Amount (\$) 1,131.21	7 Payee address; City; State; Zip Code 476 Triangle Rd., Valley View, TX 76272	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expenses	(b) Description Reimbursement for Yard Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/02/2023	Payee name Michael Burnett (CK 1003)	
Amount (\$) 800.00	Payee address; City; State; Zip Code 100 CR 160, Whitesboro. TX 76273	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses	Description Catering - Announcement Event
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/22/2023	Payee name North Texas Vinyl	
Amount (\$) 974.25	Payee address; City; State; Zip Code 1900 West Highway 82, Gainesville, TX 76240	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Banners
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Casey Wayne Fain	3 Filer ID (Ethics Commission Filers)
--	---	--

4 Date 11/17/2023	5 Payee name Cooke County Republican Party (CK 1005)
-----------------------------	--

6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 701 E. California St. Unit 304, Gainesville, TX 76240
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Casey Wayne Fain	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1,017.98
5 Date 10/27/2023	6 Payee name Home Depot	
7 Amount (\$) 58.26	8 Payee address; City; State; Zip Code 804 E Highway 82, Gainesville, TX 76240	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sign Hardware
	(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 / Officeholder name	Office sought Office held
Date 10/28/2023	Payee name Ticket Leap	
Amount (\$) 616.00	Payee address; City; State; Zip Code Online purchase	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description DC3 Friendsgiving - Table for 8
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Casey Wayne Fain	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1,017.98
5 Date 11/27/2023	6 Payee name Vista Print	
7 Amount (\$) 343.72	8 Payee address; City; State; Zip Code Online	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Push Cards
	(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 / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED