### 4 12 OFFICE 11 ELECTION 6 œ POLITICAL COMMITTEE(S) (Residence or Business) CAMPAIGN TREASURER PHONE CANDIDATE/ OFFICEHOLDER PHONE CANDIDATE / OFFICEHOLDER MAILING PERIOD COVERED CAMPAIGN TREASURER CAMPAIGN TREASURER CANDIDATE / OFFICEHOLDER NAME The C/OH Instruction Guide explains how to complete this form. REPORT TYPE **ADDRESS** NAME Change of Address ADDRESS CAMPAIGN FINANCE REPORT CANDIDATE / OFFICEHOLDER Additional Pages THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE OFFICE HELD (If any) Mrs. 03 Month AREA CODE 123rd Judicial District District Attorney STREET ADDRESS NICKNAME MS / MRS / MR AREA CODE NICKNAME SPECIFIC GENERAL ADDRESS / PO BOX; MS / MRS / MR Mrs. 936 936 413 ΡO January 15 July 15 **ELECTION DATE** 05 Box 11 Month Shelbyville (NO PO BOX PLEASE); COMMITTEE NAME COMMITTEE COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE ADDRESS 2024 71 598-2981 5 9 PHONE NUMBER Year 98-PHONE NUMBER Day 9 Lisa Cummings Price Karren APT / SUITE #; LAST FIRST LAST 4106 FIRST 8th day before election 30th day before election CAMPAIGN TREASURER ADDRESS 2023 GO X Primary General 48 **TO PAGE 2** APT / SUITE Cente SLIS ST Filer ID (Ethics Commission Filers) THROUGH Special H Runoff ΤX office sought (fiknown) 123rd Judicial District District Attorney EXTENSION STATE; EXTENSION Center Runoff Reporting Limit Exceeded Modified Other Description 7593 ELECTION TYPE Ð S SUFFIX ₹ ZIP CODE SUFFIX 3 11 Month U Date Imaged Date Processed Date Receipt # Date Hand-delivered or Date Postmarked 2 2 COVER × 4 Total pages filed: Received AON 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) STATE; OFFICE USE ONLY TX 202 00 SHEET FORM 3 75935 ZIP CODE Amount S 7173 C/OH F PG 1

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME			6 Filer ID (B	16 Filer ID (Ethics Commission Filers)
Kar	ren	Karren S. Price		
17 CONTRIBUTION TOTALS	<del></del>	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	€9	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	€9	0.00
EXPENDITURE TOTALS	ω	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	€9	0.00
	4.	TOTAL POLITICAL EXPENDITURES	₩	0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS	б.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	THE \$	0.00

**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.

Signature of Candidate or Officeholder

# Please complete either option below:

(1) Affidavit NOTARY STAMP/SEAL KIMBERLY MCCLELLAND

Notary Public, State of Texas

Comm. Expires 07-14-2024

Notary ID 130739361 KIMBERLY MCCLELLAND

Signature of office) administering oath My address is My name is (2) Unsworn Declaration Sworn to and subscribed before me by (or McClellanc to certify which, witness my hand and seal of office. (street) Karren mberly Printed name\_or officer administering oath S Merlellano Price and my date of birth is this the 27th day of November (state) (zip code) Title of officer administering oath , 20 (year) The state of the state of (country)

Executed in

County, State of

on the

day of

(month)

Signature of Candidate/Officeholder (Declarant)

### 14 NOTICE FROM POLITICAL COMMITTEE(S) 12 6 œ (Residence or Business) OFFICE CANDIDATE / OFFICEHOLDER MAILING PERIOD COVERED CAMPAIGN TREASURER CAMPAIGN TREASURER ADDRESS CAMPAIGN TREASURER NAME CANDIDATE/ OFFICEHOLDER PHONE CANDIDATE / OFFICEHOLDER NAME ELECTION The C/OH Instruction Guide explains how to complete this form. Change of Address REPORT TYPE **ADDRESS** Additional Pages **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CAMDIDATE / 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 OFFICE HELD (if any) 3 (936 Mrs. 03 GENERAL SPECIFIC AREA CODE 123rd Judicial District District Attorney NICKNAME MS / MRS / MR STREET ADDRESS AREA CODE NICKNAME MS / MRS / MR ADDRESS / PO BOX; 936 Mrs. 413 PO January 15 July 15 **ELECTION DATE** 05 Box 11 Month She1byville Day (NO PO BOX PLEASE): 1719 COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE ADDRESS 2024 S 2 98-PHONE NUMBER Year 98-4106 PHONE NUMBER Day S Lisa Cummings Karren Price APT / SUITE #; LAST .2981 LAST FIRST FIRST 8th day before election 30th day before election GO X Primary 23 Year General 48 TO PAGE APT / SUITE Center CITY; \_ 3 Filer ID (Ethics Commission Filers) THROUGH 13 Special Runoff N office sought (friknown) 123rd Judicial Di District Attorney XI EXTENSION STATE; EXTENSION Cente CITY; Exceeded Modified Reporting Limit Runoff Other Description ELECTION TYPE 75935 S ∶∀ SUFFIX Ξ ZIP CODE ₹ SUFFIX 12 Month Date imaged Date Processed N Date Hand-delivered or Date Postmarked Date Received Receipt # COVER 31 BY. Day Total pages filed: 15th day after campaign treasurer appointment (Officeholder Only) Distric Final Report (Attach C/OH - FR) STATE; OFFICE USE ONLY TX FORM 23 75935 ~~ ZIP CODE 2024 C/OH PG

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### 7 5 EXPENDITURE TOTALS CONTRIBUTION TOTALS OUTSTANDING LOAN TOTALS CONTRIBUTION C/OH NAME **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT BALANCE rren 6 ω N --S 4 S TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD TOTAL POLITICAL EXPENDITURES TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) Price OF LOANS) 16 Filer ID (Ethics Commission Filers) COVER 8 5 8 4 69 69 0.00 0 0 0 0 0 .00 FORM C/OH SHEET PG 2 00 00 00 00

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

# Please complete either option below:

(1) Affidavit

Executed in My address is My name is (2) Unsworn Declaration Signature of officer administering oath Sworn to and subscribed before me by Keglin 724 NOTARY STAMP/SEAL \_, to certify which, witness, my hand and seal of office. County, State of (street) Karren Printed name of officer administering oath him her S OR Price on the MICHILLAND and my date of birth is (city) day of this the (month) (state) 7 (zip code) Title of officer administering oath , 20 (year) day of January ptarc (country)

Signature of Candidate/Officeholder (Declarant)