CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	The C/OH Instruction G	uide explains how	to complete this	form.	Filer ID (Ethio	ics Commission Filers)	2 Total pages fil	ed:
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr	FIRST		В	МІ	OFFICE	USE ONLY
	NAME	NICKNAME Brian	LAST Price			SUFFIX	Date Received	
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; P.O. Box 131	APT / SUIT	TE #; CITY;	STAT	E; ZIP CODE	\^	16 2024 ★
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512) 430	PHONE NUMBER	1	EXTE	NSION	Date H	rked
6	CAMPAIGN TREASURER	MS / MRS / MR Mrs	FIRST Magdalynn		E	МІ	Receipt # Date Processed	Amount \$
	NAME	NICKNAME	LAST			SUFFIX	Date Imaged	
		Maggie	Price				Date imaged	
	CAMPAIGN TREASURER ADDRESS Residence or Business)	STREET ADDRESS (1409 Country Club Drive	NO PO BOX PLEASE); Cameron, T		; C	:ITY;	STATE;	ZIP CODE
	CAMPAIGN	AREA CODE	PHONE NUMBER	<u> </u>	EXTE	NSION		
	TREASURER PHONE	(512) 4	30-0247					
9	REPORT TYPE	January 15	30th d	ay before election		Runoff	15th day af treasurer ap (Officeholde	
		July 15	8th day	y before election		Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10	PERIOD COVERED	Month 11	Day Yea /11 /2023	ar	THROUGH	Month 1	Day Year / 2024	
11	ELECTION	Month Day		Primary [Runoff Special	ELECTION TYPE Other Description		
12	OFFICE	OFFICE HELD (if any)			13 OFFICE District Atto	CE SOUGHT (if known	1)	
14	4 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					DER'S KNOWLEDGE OR		
	COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	E				
Γ	Additional Pages	GENERAL	COMMITTEE ADDR	RESS				
		SPECIFIC	COMMITTEE CAMP	PAIGN TREASUR	ER NAME			
			COMMITTEE CAM	PAIGN TREASUR	RER ADDRESS	S		
	GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 100.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5697.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,055.74				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLD LAST DAY OF THE REPORTING PERIOD	OF THE \$ 11,250.00				
	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 C	andidate or Officeholder				
	Please complete either option belo	w:				
(1) Affidavit						
NOTARY STAMP/SEA	-					
Sworn to and subscribed	before me by this the	e day of,				
20, to certify	which, witness my hand and seal of office.					
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath				
(2) Unavers Declarati	OR					
(2) Unsworn Declaration	on					
My name is	, and my date of birth	s				
My address is		,				
		(state) (zip code) (country)				
Executed in	County, State of , on the day of (mon	th) , 20 (year) .				
	Signature of Cano	lidate/Officeholder (Declarant)				

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Cor		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	✓ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,697.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	✓ SCHEDULE E: LOANS		\$ 11,250.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 7,055.74
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

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 con	nplete this	form.		1 Total pages Schedule A1:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 Date 12/8/23	5 Full name of contributor out	t-of-state PAC)	7 Amount of contribution (\$) 500.00
		ity;	State;	Zip Code	
8 Principal occu	pation / Job title (See Instructions)	!	9 Emplo	oyer (See Instruc	etions)
Date 12/8/23	Full name of contributor out	t-of-state PAC	(ID#:)	Amount of contribution (\$)
		ity;	State;	Zip Code	
Principal occupation / Job title (See Instructions) District Attorney			Emplo	yer (See Instruc	tions)
Date 12/12/23	Full name of contributor out	t-of-state PAC	(ID#:)	Amount of contribution (\$) 360.00
	Contributor address; Ci	ity;	State;	Zip Code	
Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	tions)
Date 12/12/23	Full name of contributor out	t-of-state PAC	(ID#:	_)	Amount of contribution (\$) 237.00
	Contributor address; Ci	ty;	State;	Zip Code	
Principal occupation / Job title (See Instructions)			Emplo	oyer (See Instruc	etions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

			-		
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:	
2 FILER NAMI	E		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRII	BUTIONS	\$		
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	IDICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDI	ULE AS NEEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sched	ule B:
2 FILER NAMI	E		3 Filer ID (Ethics C	commission Filers)
4 TOTAL O	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor ✓ out-of-state PAC (ID#:_		8 Amount of Pledge \$	9 In-kind contribution description
		tate; Zip Code		
			Check if travel outs	I . ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S			
			Check if travel outs	l . ide of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	itate; Zip Code		
			Check if travel outs	i ide of Texas. Complete Schedule T.
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:_)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Stat	e; Zip Code		
		_	Check if travel outs	l ide of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	

LOANS SCHEDULE E

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

				-	
	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:	
	FILER NAME			3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS		\$	
5 10/2	7 Name of lender out-of-state PAC (ID#:) 0/27/23 Brian and Maggie Price			9 Loan Amount (\$) 10,000.00	
6	8 Lender address; City; State; Zip Code 1409 Country Club Drive Cameron, TX 76520			10 Interest rate 0 11 Maturity date	
	Y N				
12 Principal occupation / Job title (See Instructions) 13 Employer (S			13 Employer (See Instructions)		
Assistant District Attorney			Milam County		
14	Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)	
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address; City;	State; Zip Code		
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
11/1	1/23	Brian and Maggie Price	,	1,250.00	
	Is lender a financial Institution?	Lender address; City; 1409 Country Club Drive Cameron, TX 76520	State; Zip Code	Interest rate	
	Y N			Maturity date	
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Ass	istant District Attorney		Milam County		
Description of Collateral none		ateral	Check if personal funds were deposited into political account (See Instructions)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City;	State; Zip Code		
	not applicable		F 1 (0 · · · · · ·		
	Principal Occupation	on (See Instructions)	Employer (See Instructions)		
		ATTACH ADDITIONAL COPI	ES OF THIS 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 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 o	complete this form.	Garer (errier a satisge	
1 Total pages Schedule F1:	2 FILER NAME Brian Price		3 Filer ID (Ethics	Commission Filers)
4 Date 11/22/23	5 Payee name Rapid Printing			
6 Amount (\$) 400.00	7 Payee address; 1708 N Navarro St Victoria, TX 77901	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Complete ONLY if direct Candidate / Officeholder name Office sought Office sought		Office held	
Date 11/22/23	Payee name Chris Nicholson			
Amount (\$) 2,835.00	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 11/27/23	Payee name Rockdale Signs and Photos			
Amount (\$) 458.98	Payee address; 139 W Cameron Ave Rockdale, TX 76567	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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

Polling Expense Travel In Dis Printing Expense Travel Out C Salaries/Wages/Contract Labor Other (enter

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name **7** Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** (b) Description 10 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Name of person from whom investment is purchased			
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code		
	7 Description of investment			
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
	Address of person from whom investment is purchased; City	r; State; Zip Code		
	Description of investment			
	Amount of investment (\$)			
	·			
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 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

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

Candidate/Officeholder/Politica	· · · · · · · · · · · · · · · · · · ·	a category not listed above)
_	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; Sta	ate; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE		
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officehold	lder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought C	Office held
Date	Payee name	
Amount (\$)	Payee address; City; Sta	ate; Zip Code
TYPE OF EXPENDITURE	Political 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, officeho	older living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought C	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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

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

Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category no	ot listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Co	mmission Filers)
	Brian Price			
4 Date	5 Payee name			
10/27/23	Brian Price Campaign			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
10,000.00	P.O. Box 131 Cameron, TX 76520			
Reimbursement from political contributions intended		_		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Loan Repayment / reimbursement	Loan to campaign from perso	nal funds	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living exper	nse
9	Candidate / Officeholder name	Office sought	Off	fice held
Complete ONLY if direct expenditure to benefit C/OH		<u> </u>		
Date	Payee name			
11/11/23	Milam County Republican Party			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,250.00	Cameron, TX			
Reimbursement from political contributions intended				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Fees	filing fee		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living exper	nse
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought	Off	fice held
Date	Payee name			
A (A)	Davis address:			
Amount (\$)	Payee address;	City;	State; 2	Zip Code
Reimbursement from political contributions intended				
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living exper	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Off	fice held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

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

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	C	Office held
Date	Business name			
Amount (\$)	Business 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 exp	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	C	Office held
Date	Business name			
Amount (\$)	Business 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 exp	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics 0	Commission Filers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City	State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding type o	of information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type	of information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type	of information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type	of information	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom amount is received	8 Amount (\$)
6 Address of person from whom amount is received; City; S	State; Zip Code
7 Purpose for which amount is received Check	if political contribution returned to filer
Date Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; S	State; Zip Code
Purpose for which amount is received Check	if political contribution returned to filer
Date Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; S	State; Zip Code
Purpose for which amount is received Check	if political contribution returned to filer
Date Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; S	State; Zip Code
Purpose for which amount is received Check	if political contribution returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	LE AS NEEDED

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

SCHEDULE T

'		·				
The Instruction Gui	de explains how to complete this form.	1 Total pages Schedule T:				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure report	od on:					
		_				
Schedule A2 Schedule A2	hedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2	chedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
6 Dates of travel 7 Name	Dates of travel 7 Name of person(s) traveling					
8 Depar	ture city or name of departure location					
9 Destin	ation city or name of destination location					
10 Means of transportation	11 Purpose of travel (including name of conference, se	eminar, or other event)				
Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee					
Contribution / Expenditure report	ed on:					
Schedule A2 Sc	hedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
	chedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel Name	of person(s) traveling					
Depar	ture city or name of departure location					
Destin	ation situation and destination leastion					
Destil	ation city or name of destination location					
Means of transportation	Purpose of travel (including name of conference, se	eminar, or other event)				
Name of Contributor / Corporation	on or Labor Organization / Pledgor / Payee					
Contribution / Expenditure report	ed on:					
Schedule A2 Sche	dule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
	dule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
	of person(s) traveling					
Depar	ture city or name of departure location					
Destir	ation city or name of destination location					
Means of transportation	Purpose of travel (including name of conference, se	eminar, or other event)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED				

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.						
		•• Complete only if "Report Type" on page 1 is marked "Fina	ii Nepult **					
1	C/OH N	IAME	2 Filer ID (Ethics Commission Filers)					
3	SIGNA	TURE						
	I do not designa	expect any further political contributions or political expenditures in connection with m ting a report as a final report terminates my campaign treasurer appointment. I also ugn contributions or make any campaign expenditures without a campaign treasurer app	nderstand that I may not accept any					
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Chec	k only one:						
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.					
		I have unexpended contributions or unexpended interest or income earned from polit may not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement	me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended					
	B.	ASSETS						
	Chec	k only one:						
		I do not retain assets purchased with political contributions or interest or other incom-	e from political contributions.					
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to					
		S	ignature of Candidate					
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an officeholder who difile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as					
		Sig	gnature of Officeholder					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains ho	w to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME BEAN PORCE			3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Tanner Franklin 6 Contributor address;	□ out-of-state PA City;	C (ID#:) State; Zip Code	7 Amount of cont
8 Principal occupation / Job title (See Instructions	;)	9 Employer (See Instruc	tions)
Date Full name of contributor Hill (ulpepper) Contributor address;	□ out-of-state PA City;	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instruct	tions)
Date Full name of contributor Todith Matula Contributor address;		C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instruct	tions)
Date Full name of contributor Tuan Valdwia Contributor address;		C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instruct	tions)
ATTACH ADDI If contributor is out-of-state PA		OF THIS SCHEDULE AS Note that the second sec	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Price Brian 5 Full name of contributor out-of-state PAC (ID#; 7 Amount of contribution (\$) Gordan 1/11/24 250.00 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Business Man Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:____ Date City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:__ City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor ut-of-state PAC (ID#:_ Contributor address: City; State; Zip Code 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.

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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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) Brian 5 Payee name 12/19/23 6 Amount (\$) 7 Payee address: City: State: Zip Code 443.83 115 Houston TX 76520 (ameron 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Printing Signs + cards OF expense EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Rockdale Amount (\$) City: State: Zip Code 749.86 139 W Cameron Ave RoxEdale TX 76567 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Printing OF Signs & lards EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 1/12/24 Amount (\$) Payee address: City; State: Zip Code 1708 N Navarro 1,740,00 Viltoria TX 77901 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Printing Expense Signs OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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			Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)	
Guar aynon		The Instruction Guide expla	ins how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	Brian Price			3 Filer ID (Ethi	cs Commission Filers)
4 Date 12/1/23	5 Payee na	ame Printing			17	
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
324.75	115 N	Horston Ave		Cameron	TX	76520
8	(a) Categor	y (See Categories listed at the top of th	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Prt	nting expense		signs d	lads	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, afficeholder livin	g expense
9 Complete ONLY if direct		Office sought		Office held		
Date	Payee na	me				
12/5/23	Milan	n County (le	14			,
Amount (\$)	Payee ac			City;	State;	Zip Code
25.00	806	N Crocketf		Cameson	TX	76520
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Fees			Voter list		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	1	Office held
Date	Payee na	me				
12/6/23	Ander	te Lumber				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
78.32	1300 W	/ 41 St		Cameron	TX	76520
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Other			+ Posts		
		Check if travel outside of Texas, Complete S	Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr	FIRST Tony	В	МІ	OFFICE	USEONLY
NAME	NICKNAME Brian	LAST Price	•••••	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	; APT / SUITE #;	1 \^	05 2024 ★		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512) 43	PHONE NUMBER 0-0233	EXT	FENSION	Date H	7:04 rked
6 CAMPAIGN TREASURER	MS / MRS / MR Mrs.	FIRST Magdalynn	E	МІ	Date Processed	Amount \$
NAME	NICKNAME	LAST		SUFFIX		
	Maggie	Price			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS ((NO PO BOX PLEASE); APT /	/ SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXT	ENSION		
TREASURER PHONE	()					
9 REPORT TYPE	January 15	✓ 30th day before	e election	Runoff		fter campaign ppointment er Only)
	July 15	8th day before	election	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 15 / 2024	THROUGH	Month 2	Day Yea / 5 / 2024	
11 ELECTION	ELECTION DA Month Day 3 5	Year Primar 2024 Gener		ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any)	1		FICE SOUGHT (if known	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITUL S AND OFFICEHOLDERS ARE REC	RES MAY HAVE BEEN M	IADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN 1	FREASURER ADDRES	SS		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is truured to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
(1) Affidavit		
NOTARY STAMP/SEAL	-	
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administer	-	Title of officer administering oath
(2) Unsworn Declaration	on or	
My name is	, and my date of birth is	s
	(street) (city)	state) (zip code) (country)
Executed in	County, State of , on the day of (mont	h) 20 (year)
		date/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethic	s Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	✓ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	рн \$
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:
2 FILER NAME Brian Price				3 Filer ID (Ethics Commission Filers)
4 Date 1/23/2024	5 Full name of contributor Gary and Maryellen Mailhiot 6 Contributor address;		State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
retired				
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
	ATTAQUADDITI	ONAL CODIEC		VICEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME	E		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Emplo	yer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contri	butor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fi	rm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emplo	yer (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contri	butor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law fi	rm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEE	DULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	The	Instruction Guide explains how to complete th	is form.	1 Total pages Sched	ule B:
2	FILER NAME		3 Filer ID (Ethics C	commission Filers)	
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor □ out-of-state PAC (ID#:_		8 Amount of Pledge \$	9 In-kind contribution description
		_	state; Zip Code		
				Check if travel outs	I . ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; S	State; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; S	State; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Stat	te; Zip Code		
					ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
					<u>-</u>
		ATTAQUARRITONAL COST	OF THE OCCUPATION	I E AC NEEDED	
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE 49 NEEDED	

LOANS SCHEDULE E

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

	if the requested information is not applicable, DO NOT include this page in the report.						
	The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:			
2	FILER NAME		3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF UN	NITEMIZED LOANS		\$			
5	Date of loan	7 Name of lender out-of-state	9 Loan Amount (\$)				
6	Is lender a financial Institution?	8 Lender address; City;	10 Interest rate 11 Maturity date				
12		on / Job title (See Instructions)	13 Employer (See Instructions)				
14	Description of Coll	ateral	Check if personal funds were deposited into political account (See Instructions)				
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	not applicable	18 Guarantor address; City;	State; Zip Code				
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)				
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate			
	Institution? Y N			Maturity date			
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Collateral			Check if personal fund account (See Instruct	ds were deposited into political ions)			
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	_	Guarantor address; City;	State; Zip Code				
	not applicable						
	Principal Occupati	on (See Instructions)	Employer (See Instructions)				
		ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEE	:DED			

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
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 o	complete this form.	, ,	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
	Brian Price			
4 Date	5 Payee name			
1/16/24	Republican Women of Milam County			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
550.00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising expense	table appropriate		
OF	Advertising expense	table sponsorship		
EXPENDITURE		<u> </u>		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1/16/24	Republican Women of Milam County			
	,			
Amount (\$)	Payee address;	City;	State;	Zip Code
40.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Food	Annual membership renew	اما	
OF EXPENDITURE	Fees	Annual membership renew		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	ı expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF		eee eeug.n		Ces ilea
Date	Payee name			
1/17/24	Cameron Herald			
Amount (\$)	Payee address;	City;	State;	Zip Code
275.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising expense	advertisement		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

EXPENDITURE CATEGORIES FOR BOX 10(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

g Expense Travel In District
ng Expense Travel Out Of District
es/Wages/Contract Labor Other (enter a category r

	Candidate/Officeholder/Politica	l Committee	Legal Services		Salaries/W	ages/Contract La	bor		nter a category	not listed above)
			The Instruction Gui	de explains	how to co	omplete this fo	orm.			
1	Total pages Schedule F2:	2 FILER	NAME					3 Filer I	D (Ethics Co	ommission Filers)
4	TOTAL OF UNITEM	1IZED UN	IPAID INCURREI	D OBLIG	ATIONS	S		\$		
5	Date	6 Payee	name				,			
7	Amount (\$)	8 Payee	address;			City	y;		State;	Zip Code
9	TYPE OF EXPENDITURE		Political		Non-Pol	itical				
10	PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at t	the top of this s	chedule)	(b) Descript	iion			
		(c)	Check if travel outside of Texa	s. Complete Sch	nedule T.	Che	ck if Austir	n, TX, office	eholder living e	expense
11	Complete ONLY if direct expenditure to benefit C/OF		ndidate / Officeholder	name	0	ffice sought			Office he	ld
	Amount (\$)	Payee	address;			City	y;		State;	Zip Code
	TYPE OF EXPENDITURE		Political		Non-Po	litical				
	PURPOSE OF EXPENDITURE	Catego	vry (See Categories listed at I	the top of this s	chedule)	Descrip	otion			
			Check if travel outside of Tex	as. Complete S	chedule T.	Ch	eck if Aust	tin, TX, offi	ceholder living	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate / Officeholder	name	0	ffice sought			Office he	ld
		ATTA	CH ADDITIONAL C	OPIES OF	THIS S	CHEDULE A	AS NEE	DED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	Т	he Instruction Guide explains how to complete this form.	1	Total pa	ages Schedule F3:			
2	FILER NAME		3	Filer ID	(Ethics Commission	n Filers)		
4	Date	5 Name of person from whom investment is purchased						
		6 Address of person from whom investment is purchased; City	y;		State;	Zip Code		
		7 Description of investment						
		8 Amount of investment (\$)						
	Date	Name of person from whom investment is purchased						
		Address of person from whom investment is purchased; City	 ⁄;		State;	Zip Code		
		Description of investment						
		Amount of investment (\$)						
	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 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services		
1 Total pages Schedule F4:	2 FILER NAME	·	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, TX, officeholder living expense
11 Complete ONLY 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	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	his schedule) Description	
	Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, 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 NE	EEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

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

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

ng Expense Travel In District
ting Expense Travel Out Of District
Travel Out Of District
Travel Out of District
Travel Out of District

Candidate/Officeholder/Politic	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(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
Reimbursement from political contributions intended			
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/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended		_	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filer	s)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business 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 ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held	
Date	Business name			
Amount (\$)	Business 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	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)	
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address;	City		State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	ding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	finformation	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	f information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
4 Date 5 Name of person from whom amount is received	8 Amount (\$)					
6 Address of person from whom amount is received; City; S	State; Zip Code					
7 Purpose for which amount is received Check	if political contribution returned to filer					
Date Name of person from whom amount is received	Amount (\$)					
Address of person from whom amount is received; City; S	State; Zip Code					
Purpose for which amount is received Check	if political contribution returned to filer					
Date Name of person from whom amount is received	Amount (\$)					
Address of person from whom amount is received; City; S	State; Zip Code					
Purpose for which amount is received Check	if political contribution returned to filer					
Date Name of person from whom amount is received	Amount (\$)					
Address of person from whom amount is received; City; S	State; Zip Code					
Purpose for which amount is received Check	if political contribution returned to filer					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE T

The Instruction Gu	ide explains how to complete this form.	1 Total pages Schedule T:					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor / Corporati	on or Labor Organization / Pledgor / Payee						
5 Contribution / Expenditure repo	ted on:						
	chedule B Schedule B(J) Schedule C2	Schedule D Schedule F1					
Scriedule F2 S	chedule F4	Schedule COH-UC Schedule B-SS					
6 Dates of travel 7 Nam	Dates of travel 7 Name of person(s) traveling						
8 Depa	rture city or name of departure location						
9 Desti	nation city or name of destination location						
10 Means of transportation	10 Means of transportation						
Name of Contributor / Corporat	on or Labor Organization / Pledgor / Payee						
Contribution / Expenditure repo	rted on:						
Schedule A2	chedule B Schedule B(J) Schedule C2	Schedule D Schedule F1					
Schedule F2	schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS					
Dates of travel Nam	e of person(s) traveling						
Depa	rture city or name of departure location						
Dest	nation city or name of destination location						
Means of transportation	Purpose of travel (including name of conference, s	eminar, or other event)					
Name of Contributor / Corporat	on or Labor Organization / Pledgor / Payee						
Contribution / Expenditure repo	ted on:						
Schedule A2 Sch	edule B Schedule B(J) Schedule C2	Schedule D Schedule F1					
Schedule F2 Sch	edule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS					
Dates of travel Nam	e of person(s) traveling						
Depa	Departure city or name of departure location						
Dest	nation city or name of destination location						
Means of transportation	Purpose of travel (including name of conference, s	eminar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
		Complete only if Report Type on page 1 is marked. Find	in Report					
1	C/OH N	JAME	2 Filer ID (Ethics Commission Filers)					
3	SIGNA	TURE						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder							
		9						
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Chec	k only one:						
		I do not have unexpended contributions or unexpended interest or income earned from	m political contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	B.	ASSETS						
	Chec	k only one:						
		I do not retain assets purchased with political contributions or interest or other income	e from political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.							
			ignature of Candidate					
5		EHOLDER uplete this section <i>only</i> if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an officeholder who d file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political conpolitical contributions or interest or other income from political contributions.	after filing the last required report as					
		Sig	gnature of Officeholder					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ett	hics Commission Filers)	2 Total pages filed:
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr	FIRST Tony	В	МІ	OFFICE USE ONLY
	NAME	NICKNAME Brian	LAST Price		SUFFIX	Date Received
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; PO Box 131 Camero	•	CITY; STA	.TE; ZIP CODE	Feb 26 2024 *
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	ЕХТ	ENSION	Date H rked
6	CAMPAIGN TREASURER	MS / MRS / MR Mrs.	FIRST Magdalynn	E	МІ	Receipt # Amount \$ Date Processed
	NAME	NICKNAME	LAST	• • • • • • • • • • • • • • • • • • • •	SUFFIX	Date 1 locessed
		Maggie	Price			Date Imaged
	CAMPAIGN TREASURER ADDRESS Residence or Business)		NO PO BOX PLEASE); APT / Cameron, TX 76520	SUITE #;	CITY;	STATE; ZIP CODE
	,	AREA CODE	DHONE NIIMPED	EVT	ENCION	
8	CAMPAIGN TREASURER PHONE	()	PHONE NUMBER	EXI	ENSION	
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	Month	Day Year		Month	Day Year
	COVERED	02	06 / 2024	THROUGH	l 02 /	26 / 2024
11	ELECTION	Month Day 03 05	Year Primary 2024 Genera		Other Description	
12	OFFICE	OFFICE HELD (if any)	'		FICE SOUGHT (if known District Attorney))
14	NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITUR	ES MAY HAVE BEEN M	ADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME			
ſ	Additional Pages	GENERAL	COMMITTEE ADDRESS			
		SPECIFIC	COMMITTEE CAMPAIGN TF	REASURER NAME		
			COMMITTEE CAMPAIGN T	REASURER ADDRES	SS	
			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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	\$ 3250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE I	AST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	true and correct and includes all information
	Signature of	Candidate or Officeholder
	Please complete either option belo	ow:
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	ne, day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
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 (mo	nth) , 20
	Signature of Car	ndidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	✓ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3250.00
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	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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:
2 FILER NAME Brian Price					3 Filer ID (Ethics Commission Filers)
4 Date 2/16/2024	5 Full name of contributorDrayton McLane, Jr.6 Contributor address;Temple, TX	out-of-state PAC			7 Amount of contribution (\$) 2500.00
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	etions)
Date 2/17/2024	Full name of contributor James Walker Contributor address; Cameron, TX	□ out-of-state PAC City;			Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions)					
Date 2/16/2024	Full name of contributor Patricia Wimmer Contributor address; Austin, TX	out-of-state PAC	S(ID#: State;		Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	 tions)
Date	Full name of contributor Contributor address;	out-of-state PAC	S(ID#: State;	Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

			-			
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAMI	E		3 Filer ID (Ethics Co	ommission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRII	BUTIONS	\$			
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.		
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	IDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA			
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	IDICIAL)(See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDI	ULE AS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule B:						
2	FILER NAME			3 Filer ID (Ethics C	commission Filers)					
4	TOTAL OF	UNITEMIZED PLEDGES		\$						
5	Date	6 Full name of pledgor □ out-of-state PAC (ID#:_		8 Amount of Pledge \$	9 In-kind contribution description					
		_	state; Zip Code		 					
				Check if travel outs	I . ide of Texas. Complete Schedule T.					
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)						
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description					
		Pledgor address; City; S	State; Zip Code		 					
				Check if travel outs	ide of Texas. Complete Schedule T.					
	Principal occup	ation / Job title (See Instructions)	Instructions)							
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description					
		Pledgor address; City; S	State; Zip Code		 					
				Check if travel outs	ide of Texas. Complete Schedule T.					
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)						
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description					
		Pledgor address; City; Stat	te; Zip Code		 					
					ide of Texas. Complete Schedule T.					
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)						
					<u> </u>					
		ATTAQUARRITONAL COST	OF THE OCCUPATION	I E AC NEEDED						
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE 49 NEEDED						

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

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

	ii the requested	information is not applicable, bo NC	or include this page in the rep	port.
	The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS		\$
5	Date of loan	7 Name of lender out-of-state	9 Loan Amount (\$)	
6	Is lender a financial Institution?	8 Lender address; City;	10 Interest rate 11 Maturity date	
12		on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State; Zip Code	
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution? Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral			Check if personal fund account (See Instruct	ds were deposited into political ions)
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	_	Guarantor address; City;	State; Zip Code	
	not applicable			
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
		ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEE	:DED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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
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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Brian Price		
4 Date	5 Payee name		
2/7/2024	Cameron Chamber of Commerce		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
500.00	Cameron, TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising expense	sponsorship	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought			Office held
Date	Payee name		
2/8/24	Republican Women of Milam County		
Amount (\$)	Payee address;	City;	State; Zip Code
125.00			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contribution		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/12/2024	Cameron Herald		
Amount (\$)	Payee address;	City;	State; Zip Code
221.25	Cameron, TX		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising expense	ad	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

EXPENDITURE CATEGORIES FOR BOX 10(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

g Expense Travel In District
ng Expense Travel Out Of District
es/Wages/Contract Labor Other (enter a category r

	Candidate/Officeholder/Politica	l Committee	Legal Services		Salaries/W	ages/Contract La	bor		nter a category	not listed above)
			The Instruction Gui	de explains	how to co	omplete this fo	orm.			
1	Total pages Schedule F2:	2 FILER	NAME					3 Filer I	D (Ethics Co	ommission Filers)
4	TOTAL OF UNITEM	1IZED UN	IPAID INCURREI	D OBLIG	ATIONS	S		\$		
5	Date	6 Payee	name				,			
7	Amount (\$)	8 Payee	address;			City	y;		State;	Zip Code
9	TYPE OF EXPENDITURE		Political		Non-Pol	itical				
10	PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at t	the top of this s	chedule)	(b) Descript	iion			
		(c)	Check if travel outside of Texa	s. Complete Sch	nedule T.	Che	ck if Austir	n, TX, office	eholder living e	expense
11	Complete ONLY if direct expenditure to benefit C/OF		ndidate / Officeholder	name	0	ffice sought			Office he	ld
	Amount (\$)	Payee	address;			City	y;		State;	Zip Code
	TYPE OF EXPENDITURE		Political		Non-Po	litical				
	PURPOSE OF EXPENDITURE	Catego	vry (See Categories listed at I	the top of this s	chedule)	Descrip	otion			
			Check if travel outside of Tex	as. Complete S	chedule T.	Ch	eck if Aust	tin, TX, offi	ceholder living	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate / Officeholder	name	0	ffice sought			Office he	ld
		ATTA	CH ADDITIONAL C	OPIES OF	THIS S	CHEDULE A	AS NEE	DED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	Т	he Instruction Guide explains how to complete this form.	1	Total pa	ages Schedule F3:		
2	FILER NAME		3	Filer ID	(Ethics Commission	n Filers)	
4	Date	5 Name of person from whom investment is purchased					
		6 Address of person from whom investment is purchased; City	y;		State;	Zip Code	
		7 Description of investment					
		8 Amount of investment (\$)					
	Date	Name of person from whom investment is purchased					
		Address of person from whom investment is purchased; City	· · · · · · ';		State;	Zip Code	
		Description of investment					
		Amount of investment (\$)					
	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 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica	ll Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	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)	
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$			
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	his schedule) (b) Description		
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, TX, officeholder living expense	
11 Complete ONLY 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	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of t	this schedule) Description		
	Check if travel outside of Texas. Compl	ete Schedule T. Check if A	ustin, 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				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

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

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

ng Expense Travel In District
ting Expense Travel Out Of District
Travel Out Of District
Travel Out of District
Travel Out of District

Candidate/Officeholder/Politic	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(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
Reimbursement from political contributions intended			
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/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended		_	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED .

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filer	s)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business 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 ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held	
Date	Business name			
Amount (\$)	Business 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	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	finformation
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Name of person from whom amount is received	8 Amount (\$)			
6 Address of person from whom amount is received; City; S	State; Zip Code			
7 Purpose for which amount is received Check	if political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; S	State; Zip Code			
Purpose for which amount is received Check	if political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; S	State; Zip Code			
Purpose for which amount is received Check	if political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; S	State; Zip Code			
Purpose for which amount is received Check	if political contribution returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE T

	tion to the applicable, 20 fto 1 monato tine page			
The Instruction	Guide explains how to complete this form.	1 Total pages Schedule T:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corpo	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure re	ported on:			
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D. Cabadule Ed		
Schedule F2				
Scriedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS		
6 Dates of travel 7 Na	7 Name of person(s) traveling			
8 De	parture city or name of departure location			
9 De	stination city or name of destination location			
10 Means of transportation	11 Purpose of travel (including name of conference, s	eminar, or other event)		
Name of Contributor / Corpo	ration or Labor Organization / Pledgor / Payee			
Contribution / Expenditure re	ported on:			
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1			
Schedule F2				
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
Do	Destination city or name of destination location			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)		seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A2	chedule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Schedule F2	chedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
Do	Destination city or name of destination location			
Means of transportation Purpose of travel (including name of conference, se		eminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N	JAME	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	TURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder					
		9				
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.					
	A.	CAMPAIGN FUNDS				
	Chec	k only one:				
		I do not have unexpended contributions or unexpended interest or income earned from	m political contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	B.	ASSETS				
	Check only one:					
	I do not retain assets purchased with political contributions or interest or other income from political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.					
			ignature of Candidate			
5 OFFICEHOLDER •• Complete this section <i>only</i> if you are an officeholder ••						
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
		Sig	gnature of Officeholder			