### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH	
<b>COVER SHEET PG 1</b>	

The C/OH Instructio	n Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commission 00066243	on Filers)	2 Total pages	filed: 69				
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY				
OFFICEHOLDER NAME	The Honorable	Walter T.								
NAME					Date Received					
					ELECTRONIC	ALLY FILED				
	NICKNAME	LAST		SUFFIX	07/10/2023					
	Four	Price		IV						
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CI	TY;	ZIP CODE	Date Hand-delivered	l or Date Postmarked				
OFFICEHOLDER	2606 S. Lipscomb St.									
MAILING ADDRESS					Receipt #	Amount				
Change of Address										
	Amarillo, TX 79109				Date Processed					
					Date Imaged					
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI						
NAME	Mr.	T. Kevin								
	NICKNAME	LAST		SUFFIX						
		Nelson								
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	APT /	SUITE #; CITY;	S	TATE; ZIP CODE				
TREASURER	301 S. Polk, LB 37	,,								
ADDRESS										
(Residence or Business	) Amorillo, TX 70101									
	Amarillo, TX 79101									
7 CAMPAIGN	AREA CODE PI	HONE NUMBER	EXTENSION							
TREASURER	(806) 342-4700									
PHONE										
8 REPORT										
TYPE	January 15	30th day befor	re election R	unoff		campaign treasurer				
						fficeholder only)				
	X July 15	8th day before		ceeded modified	Final Report (A	ttach C/OH-FR)				
9 PERIOD COVERED	Month Day Ye			Month Day	Year					
COVERED	01/01/2023	I	HROUGH	06/30/2023	3					
10 ELECTION	ELECTION DATE			ELECTION TYPE						
	Month Day Ye 03/05/2024	ar X	Primary	Runoff	Other					
	03/05/2024		General	Special						
11 OFFICE	OFFICE HELD (if any)	I	1	12 OFFICE SOUGHT	(if known)					
	State Representative I	District 87		State Representa		,				
	GO TO PAGE 2									
Forms provided by	Texas Ethics Commission	www.e	thics.state.tx.us		Vers	sion V3.5.1.a18ea2ca				

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of	69
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13 C / OH NAME	Price IV, Walter T. (T	he Honorable)		14 Filer ID 00066243	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures m	ccepted or political expenditu ay have been made without t ired to report this information	the candidate's or offic	ceholder's ki	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
		COMMITTEE ADDRE	SS			
	SPECIFIC					
		COMMITTEE CAMPA				
		COMMITTEE CAMPA	MGN TREASURER ADDRES	5S		
16 CONTRIBUTION TOTALS		IZED POLITICAL CON ES OF LOANS, OR CO	, \$	0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OF	R GUARANTEES OF LOANS	6)	\$	1,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPI	\$	0.00		
	4. TOTAL POLITIC	AL EXPENDITURES			\$	174,886.96
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE L	AST DAY OF THE	\$	572,421.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		tru	wear, or affirm, under penalty e and correct and includes al der Title 15, Election Code.			
			The Honor	able Walter T. Price	e IV	
			Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
	cribed before me, by the s , 20, to ce		/ hand and seal of office.	, this the		day
	, , , , , , , , , , , , , , , , ,	, . ,				
Signature of offi	cer administering	Printed name of	officer administering	Title of office	er administe	ring oath
<b></b>	vac Ethios Commission		nine stata ty us			2 E 1 01900200

SUBTOTALS - C/OH	C	FORM C/OH OVER SHEET PG 3 3 of 69
18 FILER NAME Price IV, Walter T. (The Honorable)	<b>19</b> Filer ID 00066243	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 1,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 171,395.32
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 1,745.82
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 1,745.82
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/69 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Price IV, Walter T. (The Honorable) 00066243 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 06/22/2023 \$1,000.00 Texas Impact, a CRH PAC 6 Contributor address; City; State; Zip Code Austin, TX 78726 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

			EXF	ENDITURE CA	TEGORIE	ES FOR I	3OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	e Gift/Awar Legal Se	erage Expense ds/Memorials Expens	C P P S	Office Overh Polling Expe Printing Expe Salaries/Wag	ense Jes/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 = 11						3	Filer ID	(Ethics Commission Filers)
	Sch: 1/59 Rpt: 5/69		ce IV, Walter T.	(The Honorab	ole)				00066243	
4	Date 01/09/2023		ee name Aatter of Taste					-		
_				0:4	<u>Otata</u>	750 0 0 0				
6	Amount (\$) \$121.24	423	ree address; 30 Williams Dr \$ orgetown, TX 7		State; 2	Zip Code	3			
_			-							
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Purchase of Flowers for Roland Leal Family</li> </ul> </li> </ul>						expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholde	r name	Offi	ice sough	it		Office he	ld
	Date	Pay	ree name							
	01/30/2023	AT	&T Mobility							
	Amount (\$)	Pay	ee address;	City;	State: 2	Zip Code	9			
	\$86.49		Box 537104 anta, GA 30353	-7104						
	PURPOSE OF EXPENDITURE		egory <sub>(See Catego</sub> ice Overhead/F			ule) (t		n, TX,	de of Texas. Com officeholder living for Campaic	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholde	r name	Offi	ice sough	t		Office he	ld
	Date	Pav	ree name							
	02/27/2023	,	&T Mobility							
	Amount (\$) \$86.23		ree address; Box 537104	City;	State; 2	Zip Code	2			
		Atla	anta, GA 30353	-7104						
	PURPOSE OF EXPENDITURE		egory <sub>(See Catego</sub> ice Overhead/F			ule) (t		n, TX,	de of Texas. Comp officeholder living for Campaig	expense
	Complete ONLY if direct expenditure to benefit C/OF		lidate/Officeholde	r name	Offi	ice sough	ıt		Office he	eld

			EXPENDITURE CATE	GORI	ES FOR I	3OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide expla	( F S	Office Overh Polling Expe Printing Expe Salaries/Wag	ense Jes/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)
	Sch: 2/59 Rpt: 6/69		Price IV, Walter T. (The Honorable	)				00066243
4	Date 03/30/2023		<sup>D</sup> ayee name AT&T Mobility					
6	Amount (\$) \$86.23		Payee address; City; S PO Box 537104 Atlanta, GA 30353-7104	tate;	Zip Code	2		
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Phone Expense for Campaign Office							officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice sough	t		Office held
	Date		Payee name					
	04/29/2023	.	AT&T Mobility					
	Amount (\$) \$85.95		Payee address; City; S PO Box 537104	tate;	Zip Code	3		
	PURPOSE OF EXPENDITURE	(a)	Atlanta, GA 30353-7104 Category <sub>(See Categories listed at the top of th</sub> Office Overhead/Rental Expense	is schedi	lule) (I	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense for Campaign Office
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice sough	it		Office held
	Date		<sup>D</sup> ayee name					
	05/30/2023		AT&T Mobility					
	Amount (\$) \$85.95		Payee address; City; S PO Box 537104	tate;	Zip Code	2		
			Atlanta, GA 30353-7104					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Office Overhead/Rental Expense	is schedi	lule) (I	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense for Campaign Office
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice sough	t		Office held

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 3/59 Rpt: 7/69		Price IV, Walter T. (The Honorable)				00066243
4	Date 06/29/2023		Payee name AT&T Mobility				
6	Amount (\$) \$85.95		Payee address; City; State; PO Box 537104 Atlanta, GA 30353-7104	Zip Coo	le		
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone Expense for Campaign Office							officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ht		Office held
	Date		Payee name				
	01/12/2023		Amarillo Chamber of Commerce				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$125.00		PO Box 9480 Amarillo, TX 79105-9480				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)	Check if Austin	, тх, Fee	de of Texas. Complete Schedule T. officeholder living expense to Attend Panhandle Days at to 2.21.23)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held
	Date		Payee name				
	03/28/2023		Amarillo Chamber of Commerce				
	Amount (\$) \$100.00		Payee address; City; State; PO Box 9480	Zip Co	le		
			Amarillo, TX 79105-9480				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ht		Office held

			EXPEN	DITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services	e Expense emorials Expense	Office Overh Polling Expe Printing Expe Salaries/Way	ense ges/Contract Labor	Travel in District Travel Out of Distri	upment & Related Expense
	Tatal warman Oak adula E4				now to com	piete this form.		(Ethics Oceanication Filers)
1	Total pages Schedule F1: Sch: 4/59 Rpt: 8/69		Price IV, Walter T. (Th	ne Honorable)			3 Filer ID 00066243	(Ethics Commission Filers)
4	Date	5	Payee name				•	
	04/17/2023		Amarillo Hispanic Cha	mber of Comme	rce			
6	Amount (\$)	7	Payee address; City	; State;	Zip Code	9		
	\$125.00		5725 W Amarillo Blvd					
			Amarillo, TX 79106-40	103				
	5055005					•		
8	PURPOSE OF	(a)		sted at the top of this sch	edule) (I	Description	outside of Toylog, Compl	ata Sabadula T
	EXPENDITURE		Fees				outside of Texas. Comple n, TX, officeholder living e	
							Renewal Dues	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder na	ime C	Office sough	nt	Office held	d
-	Date	Γ	Payee name					
	01/03/2023		Amarillo National Ban	k Leasing				
					Zin Cad			
	Amount (\$)		Payee address; City	; State;	Zip Code	9		
	\$775.00		PO Box 1					
			Amarillo, TX 79105-00	001				
	PURPOSE	(a)	Category (See Categories li	sted at the top of this sch	edule) (I	<b>b)</b> Description		
	OF EXPENDITURE		Office Overhead/Rent	al Expense			outside of Texas. Comple	
							n, TX, officeholder living e	
						Campaign O	ffice Rental Expe	ense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder na	ime C	Office sough	nt	Office held	d
	Date		Payee name					
	01/31/2023		Amarillo National Ban	k Leasing				
	Amount (\$)		Payee address; City	: State:	Zip Code	9		
	\$775.00		PO Box 1	,,		-		
	÷							
			Amarillo, TX 79105-00	001				
	PURPOSE	(a)	Category (See Categories li		edule) (I	Description		
	OF EXPENDITURE		Office Overhead/Rent	al Expense			outside of Texas. Comple	
	-						n, TX, officeholder living e	
						Campaign O	ffice Rental Expe	5115C
	0 1 1 0 1 1 1 1							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	ime C	Office sough	nt	Office held	d

			EXPENDITUR	RE CATEGO	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor	Transportatio Travel in Dist Travel Out of	
1	Total pages Schedule F1:	FILER NA	AME				3 Filer ID	(Ethics Commission Filers)
	Sch: 5/59 Rpt: 9/69		Walter T. (The Ho	norable)			0006624	3
4	Date 03/01/2023	Payee na Amarillo	me National Bank Lea	sing				
6	Amount (\$) \$775.00	Payee ad PO Box Amarillo		State	; Zip Cod	e		
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Office Rental Expense							ving expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/	Officeholder name	C	Office soug	ht	Office	held
	Date	Payee na	ime					
	04/05/2023	Amarillo	National Bank Lea	sing				
	Amount (\$)	Payee ad	ldress; City;	State	; Zip Cod	e		
	\$775.00	PO Box Amarillo	1 , TX 79105-0001					
	PURPOSE OF EXPENDITURE		(See Categories listed at t verhead/Rental Ex		edule) (		n, TX, officeholder liv	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	(	Office soug	ht	Office	held
	Date	Payee na	ime					
	05/03/2023	Amarillo	National Bank Lea	sing				
	Amount (\$) \$775.00	Payee ad PO Box		State	; Zip Cod	e		
			, TX 79105-0001		i			
	PURPOSE OF EXPENDITURE		(See Categories listed at ) verhead/Rental Ex		edule)		n, TX, officeholder liv	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/	Officeholder name	(	Office soug	ht	Office	held

			EXPENDITU	RE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria mittee Legal Services The Instruction (	ls Expense	Office Over Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Transportation E Travel in District Travel Out of Dis		
1	Tatal pages Caledula F1			Suide explains		piete this form.		(Ethics Commission Filoro)
1	Total pages Schedule F1: Sch: 6/59 Rpt: 10/69	I	Price IV, Walter T. (The H	onorable)			<b>3</b> Filer ID 00066243	(Ethics Commission Filers)
4	Date	5	Payee name					
-	06/05/2023		Amarillo National Bank Le	asing				
6	Amount (\$) \$775.00		Payee address; City; PO Box 1 Amarillo, TX 79105-0001	State;	; Zip Cod	e		
8	PURPOSE	(a)		t the top of this sch	(aluba	b) Description		
8       PURPOSE         OF         EXPENDITURE    (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Office Rental Expense							g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht	Office h	eld
	Date		Payee name					
	05/17/2023		Amarillo Republican Wom	en				
	Amount (\$)		Payee address; City;	State;	; Zip Cod	e		
	\$20.00		Po Box 3007 Amarillo, TX 79116-3007					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at	t the top of this sch	edule) (	Check if Austin	outside of Texas. Com n, TX, officeholder living Attend Monthly	g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office soug	ht	Office h	eld
	Date		<sup>D</sup> ayee name					
	03/02/2023		Avis - Amarillo					
	Amount (\$) \$150.00		Payee address; City; 10801 Airport Blvd	State;	; Zip Cod	e		
			Amarillo, TX 79111-1211					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Travel In District	t the top of this sch	edule) (	Check if Austin	outside of Texas. Com n, TX, officeholder living posit for Rental	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht	Office h	eld

			EXPENDITURE CAT	EGOF	RIES FOR	вс	DX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide exp		Office Ove Polling Exp Printing Ex Salaries/W	rhead lense pens ages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	5		5141.12				3	Filer ID	(Ethics Commission Filers)
1	Sch: 7/59 Rpt: 11/69	2	Price IV, Walter T. (The Honorabl	e)				3	00066243	
4	Date	5	Payee name							
	01/31/2023		Bolton, Jessie B.							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de				
	\$2,728.03		1207 Virginia Dr							
			Kerrville, TX 78028-4019							
8	PURPOSE	(a)				(h)	Description			
ľ	OF	(")	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	this sch	iedule)	(0)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Sularies/Wages/Contract Eabor						officeholder living	
							Staff Wages			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght			Office he	eld
	Date		Payee name							
	02/28/2023		Bolton, Jessie B.							
	Amount (\$)		Payee address; City;	State:	; Zip Co	de				
	\$2,728.03		1207 Virginia Dr	o tato,	, <u> </u>					
	\$2,120.00									
			Kerrville, TX 78028-4019							
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sch	edule)	(b)	Description			
	EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
							Staff Wages	, 17,	oncenoider living	expense
							Stan Wayes			
	Complete ONLY if direct		Candidate/Officeholder name		Office sou	ht			Office he	
	expenditure to benefit C/OI					Jin			Office field	
_	Data	_								
	Date 03/31/2023		Payee name Bolton, Jessie B.							
	Amount (\$)		, , ,	State;	; Zip Co	de				
	\$2,728.03		1207 Virginia Dr							
			Kerrville, TX 78028-4019							
	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	edule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor						de of Texas. Com	
	LAFENDITORE							, тх,	officeholder living	expense
							Staff Wages			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office he	eld
		1								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense				Travel in District Travel Out of District	oment & Related Expense	
1	Total pages Schedule F1:	2						3	Filer ID (E	Ethics Commission Filers)
1	Sch: 8/59 Rpt: 12/69	2	Price IV, Walter T. (The Honorable)					3	00066243	
4	Date	5	Payee name							
	04/28/2023		Bolton, Jessie B.							
6	Amount (\$)	7	Payee address; City; Sta	ate;	Zip Coo	le				
	\$2,728.03		1207 Virginia Dr							
			Kerrville, TX 78028-4019							
8	PURPOSE	(a)				(h)	Description			
ľ	OF	("	Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	sched	dule)	()		outsi	de of Texas. Complete	e Schedule T.
	EXPENDITURE		Calaries, Wages, Contract Eason				Check if Austin	, тх,	officeholder living exp	pense
							Staff Wages			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Of	ffice soug	jht			Office held	
	Date		Payee name							
	05/31/2023		Bolton, Jessie B.							
_	Amount (\$)		Payee address; City; Sta	ate:	Zip Coo	le				
	\$6,413.66		1207 Virginia Dr	,	P					
	40,120100									
			Kerrville, TX 78028-4019							
	PURPOSE	(a)	Category (See Categories listed at the top of this	schec	dule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor						de of Texas. Complete	
									officeholder living exp	
							Stall wages	VV/t	End of Sessior	Bonus
						.1.4				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	U	ffice soug	JUL			Office held	
		i –								
	Date		Payee name							
	06/30/2023		Bolton, Jessie B.							
	Amount (\$)		<b>,</b> , , , , , , , , , , , , , , , , , ,	ate;	Zip Coo	le				
	\$2,728.03		1207 Virginia Dr							
			Kerrville, TX 78028-4019							
	PURPOSE	(a)	Category (See Categories listed at the top of this	sched	dule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor		ŕ		Check if travel	outsi	de of Texas. Complete	e Schedule T.
	EXPENDITORE							, TX,	officeholder living exp	pense
							Staff Wages			
	Complete ONLY if direct		Candidate/Officeholder name	Of	ffice soug	ht			Office held	
	expenditure to benefit C/OI	1								

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	· · ·	<b>3</b> Filer ID (Ethics Commission Filers)				
1	Sch: 9/59 Rpt: 13/69	Price IV, Walter T. (The Honorable)	00066243				
4	Date 06/12/2023	5 Payee name Borger News Herald					
6	Amount (\$) \$264.00	7 Payee address; City; State; Zip Code PO Box 5130 Borger, TX 79008-5130					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense ubscription Renewal for use in ice				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/26/2023	Bushland Booster Club					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$300.00	PO Box 575 Bushland, TX 79012-0575					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense d in Football Program				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/11/2023	Central Market					
	Amount (\$) \$506.61	Payee address; City; State; Zip Code 4001 N Lamar Blvd					
		Austin, TX 78756-3733					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ense for Capitol Office				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees         O           Food/Beverage Expense         Pr           Gift/Awards/Memorials Expense         Pr           mittee         Legal Services         Sa	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 10/59 Rpt: 14/69		Price IV, Walter T. (The Honorable)				00066243
4	Date 03/31/2023		Payee name Clayton Spangler Photographic Design				
6	Amount (\$) \$1,022.00		Payee address; City; State; Z 235 Point Lick Dr Charleston, WV 25306-6785	Zip Cod	e		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedul Office Overhead/Rental Expense	ıle) <b>(</b> İ	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense n Session Panoramic Framed Photo
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ce sougl	nt		Office held
	Date		Payee name				
	06/26/2023		Coffee Memorial Blood Center				
	Amount (\$)		Payee address; City; State; Z	Zip Cod	9		
	\$2,500.00		7500 Wallace Blvd # 2149				
	PURPOSE		Amarillo, TX 79124-2149 Category (See Categories listed at the top of this schedul	ıle) (I	b) Description		
	OF EXPENDITURE		Advertising Expense		Check if Austin	, тх, <b>Adv</b>	de of Texas. Complete Schedule T. officeholder living expense rertising through the Community sorship
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ce sougl	nt		Office held
	Date		Payee name				
	01/04/2023		Flowers, Etc.				
	Amount (\$)		Payee address; City; State; Z	Zip Cod	9		
	\$170.50		523 S Dumas Ave				
			Dumas, TX 79029-4322				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedul Office Overhead/Rental Expense	ıle) <b>(</b> İ	Check if Austin Purchase of I	, тх, <b>Ме</b> і	de of Texas. Complete Schedule T. officeholder living expense morial Plant and Delivery for Former Iford's Memorial Service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ce sougl	nt	_	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission File	ers)
	Sch: 11/59 Rpt: 15/69		Price IV, Walter T. (The Honora	able)				00066243	,
4	Date	5	Payee name						
	04/17/2023		Gateway to Success Inc.						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le			
	\$1,500.00	:	2322 NW 11th Ave						
			Amarillo, TX 79107-1403						
8	PURPOSE	(a)	Category (See Categories listed at the top	p of this sch	edule)	<b>b</b> Description			
	OF EXPENDITURE	.	Advertising Expense					side of Texas. Complete Schedule T.	
								, officeholder living expense	nt
								vertising through Juneteenth Eve ental Health Awareness Campaig	
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office held	
	Date		Payee name						
	05/12/2023		GoDaddy.com						
	Amount (\$)		Payee address; City;	State	; Zip Coo	le			
	\$55.34		14455 N Hayden Rd Ste 219	Olule,	, 20 000				
	ψ00.04	· ·							
			Scottsdale, AZ 85260-6993						
	PURPOSE	(a)	Category (See Categories listed at the top	p of this sch	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expen	se				ide of Texas. Complete Schedule T.	
								a, officeholder living expense	
						Website Don	nair	n Name Renewal	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office held	
	Date		<sup>D</sup> ayee name						
	06/01/2023		GoDaddy.com						
	Amount (\$)		Payee address; City;	State	; Zip Coo	10			
	\$10.64			State,	, zip cot	ie			
	<b>Φ10.04</b>	·	14455 N Hayden Rd Ste 219						
			Scottsdale, AZ 85260-6993						
	PURPOSE	(a)	Category (See Categories listed at the top	p of this sch	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expen	se				ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						Website Sec	urit	y Subscription Renewal	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held	

			EXPENDITURE C	ATEGORIE	S FOR BO	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe ee Legal Services The Instruction Guide	Of Po ense Pr Sa	ffice Overhea olling Expensi rinting Expensi alaries/Wages	se s/Contract Labor	Travel in District Travel Out of Distr	uipment & Related Expense
_	Tatal wares Oak adula E4				v to compi			
1	Total pages Schedule F1:						3 Filer ID	(Ethics Commission Filers)
	Sch: 12/59 Rpt: 16/69	Pri	ce IV, Walter T. (The Honor	able)			00066243	
4	Date 02/07/2023	· ·	/ee name ogle					
6			-	State; Z	Vin Codo			
6	Amount (\$) \$31.98	16	yee address; City; 20 Amphitheatre Pkwy puntain View, CA 94043-135		ip Code			
•	DUDDOCE				(b)	<b>D</b>		
8	PURPOSE OF EXPENDITURE		egory (See Categories listed at the top ice Overhead/Rental Expen		(D)	Check if Austin,	outside of Texas. Compl TX, officeholder living e Irprice.org emai	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder name	Offic	ce sought		Office hel	d
	Date	Pa	/ee name					
	03/03/2023	Go	ogle					
	Amount (\$)	Pa	vee address; City;	State; Z	ip Code			
	\$31.98		00 Amphitheatre Pkwy ountain View, CA 94043-135	1				
	PURPOSE OF EXPENDITURE		iegory (See Categories listed at the to ice Overhead/Rental Expen		<sub>e)</sub> (b)	Check if Austin,	outside of Texas. Compl TX, officeholder living e I <b>rprice.org emai</b>	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	Offic	ce sought		Office hel	d
	Date	Pa	/ee name					
	04/05/2023		ogle					
	Amount (\$) \$31.98	· ·	vee address; City; 00 Amphitheatre Pkwy	State; Z	Zip Code			
		Мс	untain View, CA 94043-135	1				
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the top ice Overhead/Rental Expen		(b)	Check if Austin,	outside of Texas. Compl TX, officeholder living e Irprice.org emai	expense
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder name	Offic	ce sought		Office hel	d

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		ittee Legal Services	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense		Solicitation/Fundraising E Transportation Equipmen Travel in District Travel Out of District OTHER (enter a category	t & Related Expense	
_				e explains i		ipiete this form.		
1	Total pages Schedule F1:	I		vrabla)				s Commission Filers)
	Sch: 13/59 Rpt: 17/69	ļ	rice IV, Walter T. (The Hond	irable)			00066243	
4	Date 05/03/2023		ayee name Google					
6	Amount (\$)	<b>7</b> P	ayee address; City;	State;	; Zip Coo	e		
	\$31.98		600 Amphitheatre Pkwy Iountain View, CA 94043-13	51				
		<u> </u>			r			
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the office Overhead/Rental Expe		edule)	Check if Austir	outside of Texas. Complete Scl n, TX, officeholder living expens urprice.org email acc	e
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate/Officeholder name	C	Office soug	ht	Office held	
	Date	P	ayee name					
	06/05/2023	G	oogle					
	Amount (\$)	P	ayee address; City;	State;	; Zip Coo	e		
	\$31.98		600 Amphitheatre Pkwy Iountain View, CA 94043-13	51				
	PURPOSE OF EXPENDITURE	<b>(a)</b> C	ategory (See Categories listed at the office Overhead/Rental Expe	top of this sch	edule)	Check if Austir	outside of Texas. Complete Scl n, TX, officeholder living expens urprice.org email acc	e
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office soug	ht	Office held	
-	Date	P	ayee name					
	05/15/2023	1	I-E-B					
-	Amount (\$)	P	ayee address; City;	State:	; Zip Coo	e		
	\$70.94		6900 N Rm 620 Rd Ste 100	,	,p			
			ound Rock, TX 78681-3903					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the ood/Beverage Expense	top of this sch	edule)	Check if Austir Food and Be	outside of Texas. Complete Sci n, TX, officeholder living expensiverages for Constitue Capitol Office	e
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office soug	ht	Office held	

			EXF	ENDITURE CAT	EGORIES FOI	R BOX	8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ttee Legal Se	erage Expense ds/Memorials Expense	Office Ov Polling Ex Printing E Salaries/V	erhead/R kpense xpense Vages/Co	Reimbursement ental Expense ontract Labor <b>this form.</b>	Trar Trav Trav	nsportation E vel in District vel Out of Dis		elated Expense
1	Total pages Schedule F1:	2 FI	LER NAME					3 File	er ID	(Ethics Co	ommission Filers)
	Sch: 14/59 Rpt: 18/69	1	ice IV, Walter T	(The Honorable	e)				066243		
4	Date 04/05/2023	1	iyee name arrington Cancei	and Health Fou	undation						
6	Amount (\$) \$500.00	50	iyee address; 00 S Taylor St St narillo, TX 7910	e 1060 # 223	State; Zip Co	ode					
8	PURPOSE OF EXPENDITURE		ategory <sub>(See Catego</sub> dvertising Expen		his schedule)		escription Check if travel o Check if Austin, Urchase of A	TX, office	eholder living	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ididate/Officeholde	r name	Office sou	ight			Office he	eld	
	Date	Pa	iyee name								
	01/13/2023	IR	S								
	Amount (\$) \$8.99		iyee address; ternal Revenue		State; Zip Co	ode					
			gden, UT 54201			I					
	PURPOSE OF EXPENDITURE		ategory <sub>(See Catego</sub> alaries/Wages/C		his schedule)		escription Check if travel o Check if Austin, ax Deposit F	TX, office	eholder living	expense	
	Complete ONLY if direct expenditure to benefit C/O		didate/Officeholde	r name	Office sou	ıght			Office he	eld	
	Date	Pa	iyee name								
	01/13/2023	IR	-								
	Amount (\$) \$317.46	1	iyee address; ternal Revenue		State; Zip Co	ode					
		0	gden, UT 54201	0042		1					
	PURPOSE OF EXPENDITURE		ategory <sub>(See Catego</sub> alaries/Wages/C		his schedule)		escription Check if travel c Check if Austin, Check if Austin, ax Deposit F	TX, office	eholder living	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ididate/Officeholde	r name	Office sou	ight			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 15/59 Rpt: 19/69	Price IV, Walter T. (The Honorable)	00066243				
4	Date 01/31/2023	5 Payee name IRS					
6	Amount (\$) \$44.27	<ul> <li>Payee address; City; State; Zip Code</li> <li>Internal Revenue Service</li> <li>Ogden, UT 54201-0042</li> </ul>					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Payment for Staff Compensation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/31/2023	IRS					
	Amount (\$) \$4,169.07	Payee address; City; State; Zip Code Internal Revenue Service					
		Ogden, UT 54201-0042					
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Payment for Staff Compensation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/15/2023	IRS					
	Amount (\$) \$8.99	Payee address; City; State; Zip Code Internal Revenue Service					
		Ogden, UT 54201-0042					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Payment for Staff Compensation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)				
-	Sch: 16/59 Rpt: 20/69	Price IV, Walter T. (The Honorable)	00066243				
4	Date 02/15/2023	Payee name IRS					
6	Amount (\$) \$317.44	Payee address;       City;       State;       Zip       Code         Internal Revenue Service       Ogden, UT 54201-0042       Ogden, UT 54201-0042       Ogden, UT 54201-0042					
8	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Payment for Staff Compensation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/28/2023	IRS					
	Amount (\$) \$44.27	Payee address; City; State; Zip Code Internal Revenue Service					
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Payment for Staff Compensation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/28/2023	IRS					
	Amount (\$) \$3,274.53	Payee address; City; State; Zip Code Internal Revenue Service					
		Ogden, UT 54201-0042					
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Payment for Staff Compensation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	· · · · ·	<b>3</b> Filer ID (Ethics Commission Filers)				
-	Sch: 17/59 Rpt: 21/69	Price IV, Walter T. (The Honorable)	00066243				
4	Date 03/31/2023	Payee name IRS					
6	Amount (\$) \$15.60	Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201-0042					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Payment for Staff Compensation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/31/2023	IRS					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3,356.51	Internal Revenue Service Ogden, UT 54201-0042					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Payment for Staff Compensation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/15/2023	IRS					
	Amount (\$) \$6.04	Payee address; City; State; Zip Code Internal Revenue Service					
		Ogden, UT 54201-0042					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Payment for Staff Compensation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	· · · · ·	<b>3</b> Filer ID (Ethics Commission Filers)				
1	Sch: 18/59 Rpt: 22/69	Price IV, Walter T. (The Honorable)	00066243				
4	Date 03/15/2023	Payee name IRS					
6	Amount (\$) \$317.46	Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201-0042					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Payment for Staff Compensation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/14/2023	IRS					
	Amount (\$) \$317.46	Payee address; City; State; Zip Code Internal Revenue Service					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Payment for Staff Compensation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/28/2023	IRS					
	Amount (\$) \$3,356.53	Payee address; City; State; Zip Code Internal Revenue Service					
		Ogden, UT 54201-0042					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Payment for Staff Compensation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 19/59 Rpt: 23/69	Price IV, Walter T. (The Honorable)	00066243				
4	Date 05/15/2023	5 Payee name IRS					
6	Amount (\$) \$317.42	<ul> <li>Payee address; City; State; Zip Code</li> <li>Internal Revenue Service</li> <li>Ogden, UT 54201-0042</li> </ul>					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Payment for Staff Compensation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/31/2023	IRS					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$11,828.54	Internal Revenue Service Ogden, UT 54201-0042					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Payment for Staff Compensation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/15/2023	IRS					
	Amount (\$) \$317.46	Payee address; City; State; Zip Code Internal Revenue Service					
		Ogden, UT 54201-0042					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Payment for Staff Compensation				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials ittee Legal Services The Instruction Gu	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:			• • • • • •	<b>3</b> Filer ID (Ethics Commission Filers)				
-	Sch: 20/59 Rpt: 24/69	rice IV, Walter T. (The Hor	00066243						
4	Date 06/30/2023	ayee name RS							
6	Amount (\$)	ayee address; City;	State; Zip Co	le					
	\$3,356.51	Iternal Revenue Service							
8	PURPOSE	-	ĺ	(b) Description					
0	OF	ategory (See Categories listed at th alaries/Wages/Contract La		Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense Payment for Staff Compensation				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ıht	Office held				
	Date	ayee name							
	01/28/2023	eel Systems LLC							
	Amount (\$)	ayee address; City;	State; Zip Co	le					
	\$416.50	021 Bluebonnet Ln Unit 20 ustin, TX 78704-4048	8						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at th ffice Overhead/Rental Exp		Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense hthly Fee, Hosting, and Support				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	Jht	Office held				
	Date	ayee name							
	02/28/2023	eel Systems LLC							
-	Amount (\$)	ayee address; City;	State; Zip Co	le					
	\$416.50	021 Bluebonnet Ln Unit 20	<i>i</i> 1						
		ustin, TX 78704-4048							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at th ffice Overhead/Rental Exp		Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense hthly Fee, Hosting, and Support				
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ıht	Office held				

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services 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)
_		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 21/59 Rpt: 25/69	2 FILER NAME Price IV, Walter T. (The Honorable)	3     Filer ID     (Ethics Commission Filers)       00066243
4	Date	5 Payee name	
	03/28/2023	Keel Systems LLC	
6	Amount (\$) \$416.50	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>2021 Bluebonnet Ln Unit 208</li> <li>Austin, TX 78704-4048</li> </ul>	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T. h, TX, officeholder living expense hthly Fee, Hosting, and Support
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/28/2023	Keel Systems LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$416.50	2021 Bluebonnet Ln Unit 208 Austin, TX 78704-4048	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense hthly Fee, Hosting, and Support
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/28/2023	Keel Systems LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$416.50	2021 Bluebonnet Ln Unit 208	
		Austin, TX 78704-4048	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense hthly Fee, Hosting, and Support
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Ot           Food/Beverage Expense         Pr           Gift/Awards/Memorials Expense         Pr           mittee         Legal Services         Sa	Fees         Office Overhead/Rental Expense         Transportation Equipment & Related Expense           Food/Beverage Expense         Polling Expense         Travel in District           Gift/Awards/Memorials Expense         Printing Expense         Travel out of District						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 22/59 Rpt: 26/69		Price IV, Walter T. (The Honorable)	00066243						
4	Date 06/28/2023		Payee name Keel Systems LLC							
6	Amount (\$) \$416.50		Payee address; City; State; Z 2021 Bluebonnet Ln Unit 208 Austin, TX 78704-4048	Zip Cod	2					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedul Office Overhead/Rental Expense	<sub>ile)</sub> (I	Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. . officeholder living expense y Fee, Hosting, and Support			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ce sougl	nt		Office held			
	Date		Payee name							
	01/31/2023		Lemert Holder Ohm PLLC							
	Amount (\$)		Payee address; City; State; Z	Zip Cod	9					
	\$113.66		600 S Tyler St Ste 2900 Amarillo, TX 79101-2353							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedul Accounting/Banking	<sub>ile)</sub> (I	Check if Austin	ı, ТХ,	de of Texas. Complete Schedule T. , officeholder living expense ting Services			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ce sougl	nt		Office held			
	Date		Payee name							
	02/23/2023		Lemert Holder Ohm PLLC							
	Amount (\$) \$16.91		Payee address; City; State; Z 600 S Tyler St Ste 2900	Zip Cod	2					
			Amarillo, TX 79101-2353							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedul Accounting/Banking	ıle) <b>(</b> İ		, TX,	de of Texas. Complete Schedule T. officeholder living expense ting Services			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ce sougl	nt		Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense     Loan Repayment/Reimbursement Office Overhead/Reental Expense     Solicitation/Fundraising Expense Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel out of District       Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME <b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 23/59 Rpt: 27/69		Price IV, Walter T. (The Honorable) 00066243					
4	Date 02/20/2023		Payee name Lemert Holder Ohm PLLC					
6	Amount (\$) \$205.00		Payee address; City; State; Zip Code 600 S Tyler St Ste 2900 Amarillo, TX 79101-2353					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Accounting Services					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held					
	Date		Payee name	٦				
	03/20/2023		Lemert Holder Ohm PLLC					
	Amount (\$) \$221.91		Payee address;City;State;Zip Code600 S Tyler St Ste 2900					
		<u> </u>	Amarillo, TX 79101-2353					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Monthly Accounting Services					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held					
	Date		Payee name	╡				
	04/20/2023		Lemert Holder Ohm PLLC					
	Amount (\$) \$221.91		Payee address;City;State; Zip Code600 S Tyler St Ste 2900					
			Amarillo, TX 79101-2353					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Accounting Services					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related E       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel out of District       Minite     Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not listed at						
1	Total pages Schedule F1:	EILER NAME		Filer ID (Ethics Commission Filers)				
-	Sch: 24/59 Rpt: 28/69	Price IV, Walter T. (The Honorable)		00066243				
4	Date 05/20/2023	Payee name Lemert Holder Ohm PLLC						
6	Amount (\$) \$221.91	Payee address; City; State; Zip Co 600 S Tyler St Ste 2900 Amarillo, TX 79101-2353	de					
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		tside of Texas. Complete Schedule T. X, officeholder living expense nting Services				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sou	ght	Office held				
	Date	Payee name						
	06/22/2023	Lemert Holder Ohm PLLC						
	Amount (\$) \$221.91	Payee address; City; State; Zip Co 600 S Tyler St Ste 2900	de					
	PURPOSE	Amarillo, TX 79101-2353	(b) Description					
	OF	Category (See Categories listed at the top of this schedule) Accounting/Banking	Check if travel ou	tside of Texas. Complete Schedule T. X, officeholder living expense nting Services				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sou	ght	Office held				
	Date	Payee name						
	06/26/2023	Lemert Holder Ohm PLLC						
	Amount (\$) \$750.00	Payee address; City; State; Zip Co 600 S Tyler St Ste 2900	de					
		Amarillo, TX 79101-2353						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		tside of Texas. Complete Schedule T. X, officeholder living expense PFS for TEC				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sou	ght	Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · · · · ·	<b>3</b> Filer ID (Ethics Commission Filers)					
-	Sch: 25/59 Rpt: 29/69	Price IV, Walter T. (The Honorable)	00066243					
4	Date 06/05/2023	5 Payee name Microsoft Corporation						
6	Amount (\$) \$107.17	7 Payee address; City; State; Zip Code 1 Microsoft Way Redmond, WA 98052-8300						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ccount for Campaign Office Computer					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/13/2023	Mitchell, Jessica (Mrs.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,295.68	34 Oldham Cir Amarillo, TX 79109-3550						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/31/2023	Mitchell, Jessica (Mrs.)						
	Amount (\$) \$1,295.69	Payee address; City; State; Zip Code 34 Oldham Cir						
		Amarillo, TX 79109-3550						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
1	Sch: 26/59 Rpt: 30/69	Price IV, Walter T. (The Honorable)	00066243						
4	Date 02/15/2023	5 Payee name Mitchell, Jessica (Mrs.)							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
U	\$1,295.69	34 Oldham Cir Amarillo, TX 79109-3550							
_		I							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/28/2023	Mitchell, Jessica (Mrs.)							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,295.68	34 Oldham Cir Amarillo, TX 79109-3550							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/31/2023	Mitchell, Jessica (Mrs.)							
	Amount (\$) \$1,295.69	Payee address; City; State; Zip Code 34 Oldham Cir							
		Amarillo, TX 79109-3550							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
1	Sch: 27/59 Rpt: 31/69	Price IV, Walter T. (The Honorable)	00066243					
4	Date	5 Payee name						
	03/15/2023	Mitchell, Jessica (Mrs.)						
6	Amount (\$) \$1,295.68	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>34 Oldham Cir</li> <li>Amarillo, TX 79109-3550</li> </ul>						
_	BUBBBBB							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/17/2023	Mitchell, Jessica (Mrs.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,295.68	34 Oldham Cir Amarillo, TX 79109-3550						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/28/2023	Mitchell, Jessica (Mrs.)						
	Amount (\$) \$1,295.68	Payee address; City; State; Zip Code 34 Oldham Cir						
		Amarillo, TX 79109-3550						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
1	Sch: 28/59 Rpt: 32/69	Price IV, Walter T. (The Honorable)	00066243					
4	Date	5 Payee name						
	05/15/2023	Mitchell, Jessica (Mrs.)						
6	Amount (\$) \$1,295.70	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>34 Oldham Cir</li> <li>Amarillo, TX 79109-3550</li> </ul>						
_	DUDDOCE							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/31/2023	Mitchell, Jessica (Mrs.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,295.68	34 Oldham Cir Amarillo, TX 79109-3550						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/30/2023	Mitchell, Jessica (Mrs.)						
	Amount (\$) \$1,295.69	Payee address; City; State; Zip Code 34 Oldham Cir						
		Amarillo, TX 79109-3550						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 29/59 Rpt: 33/69	Price IV, Walter T. (The Honorable)	00066243							
4	Date 06/15/2023	5 Payee name Mitchell, Jessica (Mrs.)								
6	Amount (\$) \$1,295.68	7 Payee address; City; State; Zip Code 34 Oldham Cir Amarillo, TX 79109-3550								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/23/2023	Mongers Kitchen								
	Amount (\$) \$363.55	Payee address; City; State; Zip Code 4119 Guadalupe Austin, TX 78751								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description	utside of Texas. Complete Schedule T. TX, officeholder living expense Se for Meeting w/ PPHM							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/03/2023	Nugent, Sylvia (Ms.)								
	Amount (\$) \$12,000.00	Payee address; City; State; Zip Code 11508 Royalshire Dr								
		Dallas, TX 75230-2914								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense nsulting Expense for January - June							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

				EXPE	NDITURE CATI	EGORIES	FOR B	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Servic	ge Expense Memorials Expense es	Offic Polli Print Sala	e Overhea ng Expens ing Expen ries/Wage	se s/Contract Labor		Travel in Distric Travel Out of D	Equipment t strict	pense & Related Expense not listed above)
	-				ction Guide exp	lains how t	o compl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics	Commission Filers)
	Sch: 30/59 Rpt: 34/69		Price IV, W	alter T. (1	he Honorable	e)				00066243		
4	Date	5	Payee name									
	01/17/2023		Optimum									
6	Amount (\$)	7	Payee addre	ss; Cit	y;	State; Zip	Code					
	\$110.63		PO Box 742	2535	-							
			Cincinnati,	<b>ンH 4527</b>	1-2535							
_							1 // 1					
8	PURPOSE OF	(a)			listed at the top of t	his schedule)	(b)	Description	outoi	de ef Teuros Con	anlata Caba	dulo T
	EXPENDITURE		Office Over	nead/Rer	ntal Expense					de of Texas. Con officeholder livin		uule I.
								Wireless Inte				- Campaign
								Office			•	1 0
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder r	name	Office	sought			Office h	eld	
	Date		Payee name									
	02/17/2023		Optimum									
	Amount (\$)	-	Payee addre	ss; Cit		State; Zip	Code					
	\$110.63		PO Box 742		.y, 、	διαιε, Ζιμ	Coue					
	\$110.0S		PU DUX 742	555								
			Cincinnati, (	OH 4527	4-2535							
	PURPOSE OF EXPENDITURE	(a)			listed at the top of t ntal Expense	his schedule)	(b)		ı, TX,	de of Texas. Con officeholder livin t Service E	g expense	
								Onice				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder r	name	Office	sought			Office h	eld	
	Date		Payee name									
	03/17/2023		Optimum									
	Amount (\$)		Payee addre	ss; Cit	V:	State; Zip	Code					
	\$130.77		PO Box 742			, [-						
			Cincinnati, (	OH 4527	4-2535							
	PURPOSE OF	(a)			listed at the top of t	his schedule)	(b)	Description				dula T
	EXPENDITURE		Office Over	head/Rer	ntal Expense				I, TX,	de of Texas. Con officeholder livin t Service E	g expense	
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder r	ame	Office	sought			Office h	eld	
	expenditure to benefit C/OI						- 3- 4					

				EXPENDIT	JRE CATEGOR	RIES FOR	BO	X 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F Onmittee L	event Expense ees ood/Beverage Exp Sift/Awards/Memor egal Services	ials Expense	Office Over Polling Exp Printing Ex Salaries/W	rhead/ ense pense ages/0	Contract Labor		Travel in District Travel Out of Di	Equipme t strict	Expense int & Related Expense ry not listed above)	
	-			The Instruction	Guide explains	how to con	nplet						
1	Total pages Schedule F1:									Filer ID	(Ethi	cs Commission File	ers)
	Sch: 31/59 Rpt: 35/69		Price IV, Wa	lter T. (The H	lonorable)					00066243			
4	Date	5	Payee name										
	04/17/2023		Optimum										
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Coo	de						
	\$130.77		PO Box 742	535									
			Cincinnati, C	H 45274-25	35								
_	DUDDOOF						(1-)						
8	PURPOSE OF				at the top of this sch	edule)	ן (מ) ז	Description	outoir	le of Texas. Con	anloto S		
	EXPENDITURE		Office Overh	ead/Rental E	zpense		ľ			officeholder living			
							۱					e - Campaign	
							(	Office			-		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	eholder name	C	Dffice soug	ght			Office h	eld		
	Date		Payee name										
	05/17/2023		Optimum										
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	he						
	\$130.78		PO Box 742		State,	, zip cot							
	φ130.76		FO DUX 742.	555									
			Cincinnati, C	H 45274-25	35								
	PURPOSE OF EXPENDITURE		Category (See Office Overh		at the top of this sch Expense	edule)	(b)   [			de of Texas. Con			
	-						Ļ			officeholder living		se - Campaign	
								Office	me		vheng	e - Campaign	
	Complete ONLY if direct		andidate/Offic	oboldor namo		Office soug	ht			Office h	old		
	expenditure to benefit C/Oł		anuluale/Onic		(	Jince Sout	JIIL			Onice II	eiu		
		-											
	Date		Payee name										
	06/17/2023		Optimum										
	Amount (\$)		Payee addres	s; City;	State;	; Zip Coo	de						
	\$130.78		PO Box 742	535									
			Cincinnati, C	H 45274-25	35								
	PURPOSE	(a)	Category (so	Catogorios listod	at the top of this sch	uodulo)	(b)	Description					
	OF		Office Overh			ieuuie)	]		outsic	de of Texas. Con	nplete Se	chedule T.	
	EXPENDITURE						Ì	Check if Austin,	, тх,	officeholder livin	g expen	se	
									rnet	t Service Ex	xpens	se - Campaign	
							(	Office					
	Complete ONLY if direct		andidate/Offic	eholder name	(	Office sou	ght			Office h	eld		
	expenditure to benefit C/OI	Н											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/E Gift/Av nmittee Legal S	Expense Beverage Expense vards/Memorials Expens Services <b>nstruction Guide ex</b>	C P e P S	Office Overhe Polling Expen Printing Expe Salaries/Wag	nse es/Contract Labor	T T T	ransportation E ravel in District ravel Out of Dis			
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commiss										sion Filers)		
-	Sch: 32/59 Rpt: 36/69		Walter T. (The Honorable) 0							,		
4	Date 05/03/2023		Payee name Panhandle Hera	ld/White Deer Ne	ews							
6	Amount (\$) \$45.00		Payee address; 319 Main Panhandle, TX 7	City; 9068	State; 2	Zip Code						
8	PURPOSE OF EXPENDITURE		Category <sub>(See Cate</sub> Office Overhead			<sub>ıle)</sub> (b	Description Check if travel Check if Austin Check if Austin Newspaper S Office	n, TX, of	ficeholder living		npaign	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officehol	der name	Offi	ice sough	t		Office he	eld		
	Date		Payee name									
	01/31/2023	Perryton - Ochiltree Chamber of Commerce										
	Amount (\$)		Payee address;	Iress; City; State; Zip Code								
	\$50.00		PO Box 789		,	F						
	PURPOSE OF EXPENDITURE	(a)	Perryton, TX 790 Category <sub>(See Cate</sub> Fees		f this schedu	<sub>ile)</sub> (b	Description Check if travel Check if Austin Membership	n, TX, of	ficeholder living	plete Schedule T. I expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehol	der name	Offi	ice sough	t		Office he	eld		
	Date		Payee name									
	04/05/2023		Perryton - Ochilt	ree Chamber of	Comme	rce						
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$200.00     PO Box 789     FO Box 789     FO Box 789											
	Perryton, TX 79070											
PURPOSE OF EXPENDITURE			(a) Category (See Categories listed at the top of this schere Advertising Expense			<sub>ıle)</sub> (b	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Purchase of Advertisement through Event Support				Support	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officehol	der name	Offi	ice sough	t		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Poling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel out of District       Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 33/59 Rpt: 37/69		Price IV, Walter T. (The Honorable) 00066243						
4	Date 06/12/2023		Payee name Perryton - Ochiltree Chamber of Commerce						
6	Amount (\$) \$200.00		Payee address; City; State; Zip Code PO Box 789 Perryton, TX 79070						
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Purchase of Advertisement through Event Support						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sought Office held						
	Date		Payee name						
	05/04/2023		Phoebe's Diner						
	Amount (\$)		Payee address; City; State; Zip Code						
	\$45.42		408 W 11Th St Fl 100 Austin, TX 78701-2187						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch for Capitol Office Staff						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sought Office held						
	Date		Payee name						
	06/03/2023		Price IV, Walter T. (Mr.)						
	Amount (\$) \$324.62		Payee address; City; State; Zip Code 2606 S Lipscomb St						
		,	Amarillo, TX 79109-2332						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Return Trip Home to Amarillo from Austin; End of Session (495.6 mi @.655 per mile)						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sought Office held						

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Transportation E Travel in District Travel Out of Dis				
1	Total pages Schedule F1:	2 FILE	RNAME				3 Filer ID	(Ethics Commission Filers)			
	Sch: 34/59 Rpt: 38/69		e IV, Walter T. (The Hone	orable)			00066243				
4	Date 06/15/2023		ee name e IV, Walter T. (Mr.)								
6	Amount (\$)		ee address; City;	Stato:	Zip Coo	0					
	\$151.70	-	6 S Lipscomb St	State,							
	\$151.70	200	o S Lipscomu St								
		Amarillo, TX 79109-2332									
8	PURPOSE	(a) Cate	gory (See Categories listed at the	top of this sche	edule)	b) Description					
	OF EXPENDITURE		vel In District				outside of Texas. Com				
	EXIENDITORE						n, TX, officeholder living				
						mi @ .655 pe		saster Assesment (231.6			
						nn @ .000 pe	er mile)				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	С	Office soug	ht	Office he	eld			
	Date	Pay	ee name								
	06/17/2023	Pric	e IV, Walter T. (Mr.)								
	Amount (\$)		ee address; City;	State <sup>.</sup>	Zip Coc	P					
	\$151.70	-	6 S Lipscomb St	Oluic,	210 000						
	φ151.70	200									
		Am	arillo, TX 79109-2332								
	PURPOSE	(a) Cate	egory (See Categories listed at the	top of this sche	edule)	b) Description					
	OF EXPENDITURE	Tra	vel In District				outside of Texas. Com				
							n, TX, officeholder living				
								saster Assesment w/ 9 .655 per mile)			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		idate/Officeholder name	C	Office soug	ht	Office he	eld			
_	Data	Devi									
	Date 06/30/2023		ee name e IV, Walter T. (Mr.)								
	Amount (\$)		ee address; City;	State;	Zip Coc	е					
	\$162.87	260	6 S Lipscomb St								
		Am	arillo, TX 79109-2332								
	PURPOSE OF		gory (See Categories listed at the		edule)	b) Description					
	EXPENDITURE	Loa	n Repayment/Reimburse	ment			outside of Texas. Com I, TX, officeholder living				
								Expenditure Made from			
							ids on 5.18.23				
		<u> </u>		-	D.45 -	-		-14			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		idate/Officeholder name	C	Office soug	nt	Office h	eia			
		-									

			EXPENDITU	JRE CATEGO	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	als Expense	Office Over Polling Exp Printing Exp Salaries/Wa			Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 35/59 Rpt: 39/69		Price IV, Walter T. (The H	lonorable)				00066243	
4	Date 06/30/2023	5	Payee name Price IV, Walter T. (Mr.)						
6	Amount (\$) \$144.99	7	Payee address; City; 2606 S Lipscomb St Amarillo, TX 79109-2332	State;	; Zip Cod	e			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed a Loan Repayment/Reimbu		nedule)	Check if Austin	n, ⊤X, nent		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office hel	ld
	Date		Payee name						
	06/30/2023		Price IV, Walter T. (Mr.)						
	Amount (\$)		Payee address; City;	State	; Zip Cod	е			
	\$179.11		2606 S Lipscomb St Amarillo, TX 79109-2332						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed a Loan Repayment/Reimbu		nedule)	Check if Austin	n, ⊤x, nent		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office hel	ld
	Date		Payee name						
	06/30/2023		Price IV, Walter T. (Mr.)						
	Amount (\$) \$257.54		Payee address; City; 2606 S Lipscomb St	State;	; Zip Cod	e			
			Amarillo, TX 79109-2332						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed a Loan Repayment/Reimbu		nedule) (	Check if Austin	n, ⊤x, nent		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office hel	ld

			EXPENDITURE CATEO	GORIES FO	DR BO	OX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explai	Office C Polling Printing Salaries	overhea Expens Expens Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2									
L.	Sch: 36/59 Rpt: 40/69		Price IV, Walter T. (The Honorable)					00066243	(Ethics Commission Filers)		
4	Date	5	Payee name								
	06/30/2023		Price IV, Walter T. (Mr.)								
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip C	Code						
	\$345.35		2606 S Lipscomb St								
			Amarillo, TX 79109-2332								
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Loan Repayment/Reimbursement					de of Texas. Comple			
								officeholder living e			
						Reimbursem Personal Fun			xpenditure Made from		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	bught			Office held	ł		
	Date		Payee name								
	06/30/2023		Price IV, Walter T. (Mr.)								
				ato: Zin (	<b>Sodo</b>						
	Amount (\$)			ate; Zip C	Joue						
	\$655.96		2606 S Lipscomb St								
			Amarillo, TX 79109-2332								
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Loan Repayment/Reimbursement					de of Texas. Comple			
								X, officeholder living expense			
						Reimburseme Personal Fun			xpenditure Made from		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	bught			Office held	t		
	Date		Payee name								
	01/30/2023		QI Austin								
	Amount (\$)		Payee address; City; Sta	ate; Zip C	Code						
	\$260.34		835 W 6th St Unit 114								
			Austin, TX 78703-5403								
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description					
	EXPENDITURE	Food/Beverage Expense						de of Texas. Comple			
								officeholder living e	xpense		
						Staff Lunch N	nee	ung			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ought			Office held	1		

			EXPENDITURE CATEGO	ORIES FO	R B(	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	erhea kpens Expens Nages	se s/Contract Labor	/Rental Expense       Transportation Equipment & Related Expense         Travel in District       Travel Out of District         Contract Labor       OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers	s)	
1	Sch: 37/59 Rpt: 41/69		Price IV, Walter T. (The Honorable)					00066243	-)	
4	Date	5	Payee name							
	01/11/2023		Raconteur Media Company							
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode					
	\$1,600.00		Po Box 26511							
	. ,									
			Austin, TX 78755-0511							
8	PURPOSE	(a)	Category (See Categories listed at the top of this se	chedule)	(b)	Description				
	OF EXPENDITURE		Consulting Expense	,		Check if travel	outsi	de of Texas. Complete Schedule T.		
	LAFENDITORE							officeholder living expense		
						Monthly Host	ing	and Services Retainer		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	02/07/2023		Raconteur Media Company							
	Amount (\$)			e; Zip Co	nde					
	\$1,600.00		Po Box 26511	.о, др от	540					
	φ1,000.00		F0 D0X 20311							
			Austin, TX 78755-0511							
	PURPOSE	(a)	Category (See Categories listed at the top of this se	chedule)	(b)	Description				
	OF EXPENDITURE		Consulting Expense					de of Texas. Complete Schedule T.		
								officeholder living expense		
						Monthly Host	ing	and Services Retainer		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name						_	
	03/03/2023		Raconteur Media Company							
	Amount (\$)			e; Zip Co	odo					
	\$1,600.00		Po Box 26511	.е, ∠ір Сі	Jue					
	\$1,000.00		P0 B0x 20511							
			Austin, TX 78755-0511							
	PURPOSE	(a)	Category (See Categories listed at the top of this se	chedule)	(b)	Description				
			Consulting Expense			Check if travel	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		-		1			officeholder living expense		
					1	Monthly Host	ing	and Services Retainer		
L										
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Inmittee Legal Services The Instruction Guide e		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens (ages	se s/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense			
1	Total pages Schedule F1:	2	· · · · · · · · · · · · · · · · · · ·									
1	Sch: 38/59 Rpt: 42/69	2	Price IV, Walter T. (The Honora	ble)					00066243			
4	Date	5	Payee name									
	04/05/2023		Raconteur Media Company									
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de						
	\$1,600.00		Po Box 26511									
			Austin, TX 78755-0511									
8	DUDDOSE	(0)				(h)	Description					
ð	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sch	iedule)	(u)	Description	outsi	de of Texas. Comp	lete Schedule T		
	EXPENDITURE		Consulting Expense						officeholder living			
							Monthly Host	ing	and Service	s Retainer		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	ght			Office hel	ld		
	Date		Payee name									
	05/03/2023		Raconteur Media Company									
	Amount (\$)		Payee address; City;	State	; Zip Co	db						
	\$1,600.00		Po Box 26511	State,	, zip co	ue						
	φ1,000.00		F0 B0X 20311									
			Austin, TX 78755-0511									
	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Consulting Expense						de of Texas. Comp			
	-							Check if Austin, TX, officeholder living expense onthly Hosting and Services Retainer				
							Monthly Host	ing	and Services	s Relainer		
			Sandidata (Office halden name						Office hel			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Ĺ	Office sou	gnt			Office hel	la		
	Date		Payee name									
	06/05/2023		Raconteur Media Company									
	Amount (\$)		Payee address; City;	State:	; Zip Co	de						
	\$1,631.23		Po Box 26511		· •							
			Austin, TX 78755-0511									
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b)	Description					
	EXPENDITURE		Consulting Expense						de of Texas. Comp			
									officeholder living	s Retainer and Domain		
							Renewal	ing	and Service	S Relainer and Domain		
	0			-	2.4%				0111			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ght			Office hel	IC		
		-										

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 39/59 Rpt: 43/69	Price IV, Walter T. (The Honorable)	00066243
4	Date 01/18/2023	5 Payee name Ready Refresh	
6	Amount (\$) \$117.00	7 Payee address;     City;     State; Zip Code       6661 Dixie Hwy Ste 4	
		Louisville, KY 40258-3950	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Equipment Rental for Capitol Office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/22/2023	Ready Refresh	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$142.45	6661 Dixie Hwy Ste 4	
		Louisville, KY 40258-3950	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Equipment Rental for Capitol Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/20/2023	Ready Refresh	
	Amount (\$) \$165.43	Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4	
		Louisville, KY 40258-3950	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Equipment Rental for Capitol Office
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 40/59 Rpt: 44/69	Price IV, Walter T. (The Honorable)	00066243
4	Date 04/19/2023	5 Payee name Ready Refresh	
6	Amount (\$) \$133.46	7 Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4	
		Louisville, KY 40258-3950	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense e Equipment Rental for Capitol Office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/19/2023	Ready Refresh	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$179.42	6661 Dixie Hwy Ste 4	
		Louisville, KY 40258-3950	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense e Equipment Rental for Capitol Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/21/2023	Ready Refresh	
	Amount (\$) \$16.55	Payee address; City; State; Zip Code 6661 Dixie Hwy Ste 4	
		Louisville, KY 40258-3950	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense e Equipment Rental for Capitol Office
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel out of District       Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	· · · · ·	$\neg$
1	Sch: 41/59 Rpt: 45/69		Price IV, Walter T. (The Honorable) 00066243	
4	Date 03/28/2023		Payee name Roaring Fork	
6			-	_
0	Amount (\$) \$92.00		Payee address; City; State; Zip Code 701 Congress Ave Austin, TX 78701-3216	
8	PURPOSE	(a)	(b) Description	$\neg$
0	OF		Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Lunch for Capitol Office Staff	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held	
	Date		Payee name	
	02/13/2023		Rudy's Country Store and Bar-B-Q	
	Amount (\$)		Payee address; City; State; Zip Code	-
	\$113.82		3914 N Lamar Blvd	
			Austin, TX 78756-4017	
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch for Capitol Office Staff	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held	
	Date		Payee name	=
	02/22/2023		Rudy's Country Store and Bar-B-Q	
	Amount (\$)		Payee address; City; State; Zip Code	$\neg$
	\$49.19		3914 N Lamar Blvd	
			Austin, TX 78756-4017	
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Breakfast for Capitol Office Staff	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Imittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Exp Salaries/Wa	ense ages/Contract La	lbor	Transportation Travel in Distric Travel Out of D				
1	Total pages Schedule F1:	2									
1	Sch: 42/59 Rpt: 46/69	2	Price IV, Walter T. (The Honorable) 00066243								
4	Date	5	Payee name								
	03/20/2023		Saltgrass Steakhouse								
6	Amount (\$) \$78.00	7	Payee address; City; 2300 lh 35 N Round Rock, TX 78681-2012	State;	; Zip Coo	le					
8	PURPOSE	(a)					ion				
0	OF	(d)	Category (See Categories listed at the top o Food/Beverage Expense	f this sch	edule)	Check	if travel of if Austin,	utside of Texas. Con TX, officeholder livir Ditol Office Sta	ng expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Office soug	ht		Office h	held		
	Date		Payee name								
	04/30/2023		Saltgrass Steakhouse								
	Amount (\$)		Payee address; City;	State;	Zip Coo	le					
	\$76.24		2300 lh 35 N Round Rock, TX 78681-2012								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o Food/Beverage Expense	f this sch	edule)	Check i	if travel of if Austin,	utside of Texas. Con TX, officeholder livir Ditol Office Sta	ng expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office soug	ht		Office h	held		
	Date		Payee name								
	02/18/2023		Sam's Club Round Rock								
	Amount (\$) \$322.51		Payee address; City; 130 Sundance Pkwy Ste 300	State;	; Zip Coo	le					
			Round Rock, TX 78681-7935								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o Office Overhead/Rental Expense		edule)	Check i	if travel of if Austin,	utside of Texas. Con TX, officeholder livir Goods, and			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	ht		Office h	eld		

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 43/59 Rpt: 47/69	Price IV, Walter T. (The Honorable)	00066243
4	Date 04/29/2023	Payee name Sam's Club Round Rock	
6	Amount (\$) \$254.40	7 Payee address; City; State; Zip Code 130 Sundance Pkwy Ste 300 Round Rock, TX 78681-7935	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense r Goods, and Snacks for Capitol Office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/12/2023	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$486.96	PO Box 36647 Dallas, TX 75235-1647	
	PURPOSE OF EXPENDITURE	Check if Austin, RT Travel to A	outside of Texas. Complete Schedule T. TX, officeholder living expense Austin for District Coordinator to Attend ays/ Mtgs. (2.20.23 - 2.21.23)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/16/2023	Southwest Airlines	
	Amount (\$) \$142.00	Payee address; City; State; Zip Code PO Box 36647	
		Dallas, TX 75235-1647	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Ticket Cost when Schedule Change D.C. to be in Austin for Mtgs./Trng
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Solicitation/Fundraisin Transportation Equipt Travel in District Travel Out of District OTHER (enter a cate	ment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethics Commission F							
Ĺ	Sch: 44/59 Rpt: 48/69		Price IV, Walter T. (The Honorable) 00066243							
4	Date	5	Payee name							
	02/17/2023		Southwest Airlines							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de				
	\$56.00		PO Box 36647							
			Dallas, TX 75235-1647							
8	PURPOSE	<u> </u>				(h)	Description			
ľ	OF	(4)	Category (See Categories listed at the t Travel Out of District	op of this sch	iedule)	(5)	Description	outsi	de of Texas. Complete	Schedule T.
	EXPENDITURE		Travel Out of District						officeholder living expe	
										Schedule Change
										n for Mtgs./Trng
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	ght			Office held	
	Date		Payee name							
	05/09/2023		Southwest Airlines							
_		┣─		Ctata	7:0 00	al a				
	Amount (\$)		Payee address; City;	State;	; Zip Co	ae				
	\$627.95		2702 Love Field Drive,							
			Dallas, TX 75235							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the t Travel Out of District	op of this sch	iedule)	(b)	Check if Austin,	, тх, Sar		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ght			Office held	
⊨	Data	_	D							
	Date		Payee name	natel L'-	al					
	02/21/2023		Stephen F. Austin Intercontine							
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$789.89		701 Congress Ave							
			Austin, TX 78701-3216							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the t Travel Out of District	op of this sch	edule)	(b)	Check if Austin,	, тх, xpr		
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght			Office held	
	expenditure to benefit C/OI	Н			·					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Re Fees Office Overhead/Rer Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Con The Instruction Guide explains how to complete t	ntal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District tract Labor OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)									
	Sch: 45/59 Rpt: 49/69	Price IV, Walter T. (The Honorable)	00066243									
4	Date 04/05/2023	Payee name Sunray ISD - District Showcase										
6	Amount (\$)	Payee address; City; State; Zip Code										
U	\$100.00	PO Box 240										
		Sunray, TX 79086-0240										
8	PURPOSE OF EXPENDITURE	Advertising Expense	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Irchase of Advertising through Event Support									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	01/31/2023	ralton, Helmut F. (Mr.)										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$2,079.58	2008 Red Oak Cir										
		Round Rock, TX 78681-2202										
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense aff Wages									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	02/28/2023	Falton, Helmut F. (Mr.)										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$2,079.58	2008 Red Oak Cir										
		Round Rock, TX 78681-2202										
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense aff Wages									
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards nmittee Legal Serv	rage Expense 5/Memorials Expense ices	Office Ov Polling Ex Printing E Salaries/V	erhead kpense Expens Wages	se s/Contract Labor		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.											
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Com	mission Filers)		
	Sch: 46/59 Rpt: 50/69		Price IV, Walter T. (	The Honorable)					00066243				
4	Date	5	Payee name										
	03/31/2023		Talton, Helmut F. (N	Ar.)									
6	Amount (\$)	7	Payee address; C	ity; Sta	te; Zip Co	ode							
	\$2,079.58		2008 Red Oak Cir										
			Round Rock, TX 78	681-2202									
8	PURPOSE	(a)	Category (See Categorie	as listed at the top of this s	chedule)	(b)	Description						
			Salaries/Wages/Co		schedule)			outsio	de of Texas. Com	plete Schedule T			
	EXPENDITURE		-					, TX,	officeholder living	expense			
							Staff Wages						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name	Office sou	ught			Office he	eld			
	Date		Payee name										
	04/28/2023		Talton, Helmut F. (M	Ar.)									
	Amount (\$)		Payee address; C	City; Sta	te; Zip Co	ode							
	\$2,079.58		2008 Red Oak Cir										
			Round Rock, TX 78	681-2202									
	PURPOSE	(a)	Category (See Categorie	es listed at the top of this s	schedule)	(b)	Description						
	OF EXPENDITURE		Salaries/Wages/Co		,			outsid	de of Texas. Com	plete Schedule T			
	EXPENDITORE							, TX,	officeholder living	expense			
							Staff Wages						
	Operation ONITY if all a st		and interaction		0.45				0.00	.1.1			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name	Office sou	ignt			Office he	90			
_	_	_											
	Date		Payee name	A.r. )									
	05/31/2023		Talton, Helmut F. (N										
	Amount (\$)		-	City; Sta	te; Zip Co	ode							
	\$9,198.75		2008 Red Oak Cir										
			Round Rock, TX 78	681-2202		_							
	PURPOSE OF	(a)	Category (See Categorie		schedule)	(b)	Description	_					
	EXPENDITURE		Salaries/Wages/Co	ntract Labor					de of Texas. Com officeholder living				
							Staff Wages						
-	Complete ONLY if direct	L(	andidate/Officeholder	name	Office sou	l Jght			Office he	eld			
	expenditure to benefit C/OI					-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services 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)									
		The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)									
	Sch: 47/59 Rpt: 51/69	Price IV, Walter T. (The Honorable)	00066243									
4	Date 06/30/2023	5 Payee name Talton, Helmut F. (Mr.)										
6	Amount (\$)	7 Payee address; City; State; Zip Code										
-	\$2,079.58	2008 Red Oak Cir										
		Round Rock, TX 78681-2202										
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	01/31/2023	Talton, Sandra										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$4,818.54	2008 Red Oak Cir										
		Round Rock, TX 78681-2202										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense									
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held									
F	Date	Payee name										
	02/28/2023	Talton, Sandra										
-	Amount (\$)	Payee address; City; State; Zip Code										
	\$2,483.60	2008 Red Oak Cir										
		Round Rock, TX 78681-2202										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense									
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)														
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Service	je Expense Iemorials Exper s		Office Ove Polling Ex Printing Ex Salaries/M	erhea pense xpens Vages	se s/Contract Labor		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.													
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID		Ethics Commission File	ers)	
	Sch: 48/59 Rpt: 52/69		Price IV, W	alter T. (T	he Honora	ıble)					00066243	8			
4	Date	5	Payee name												
	03/31/2023		Talton, San	dra											
6	Amount (\$)	7	Payee addre	ss; City	/;	State;	; Zip Co	ode							
	\$2,401.60		2008 Red 0	Dak Cir											
			Round Roc	k, TX 786	81-2202										
8	PURPOSE	(a)	Category (S	oo Catogorios	listed at the ten	of this sch	odulo)	(b)	Description						
	OF	Ľ	Salaries/Wa				euule)			outsi	de of Texas. Co	mplet	te Schedule T.		
	EXPENDITURE			0						, TX,	officeholder livi	ng ex	pense		
									Staff Wages						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ceholder n	ame	C	Office sou	ight			Office I	held			
	Date		Payee name												
	04/28/2023		Talton, San	dra											
	Amount (\$)		Payee addre	ss; City	/;	State;	; Zip Co	de							
	\$2,401.60		2008 Red 0	Dak Cir											
			Round Roc	k, TX 786	81-2202										
	PURPOSE OF	(a)	Category (S	ee Categories	listed at the top	of this sch	edule)	(b)	Description						
	EXPENDITURE		Salaries/Wa	ages/Cont	ract Labor						de of Texas. Co officeholder livi				
									Staff Wages	, 17,		ng cx	pense		
	Complete ONLY if direct		Candidate/Off	ceholder n	ame	0	Office sou	l aht			Office I	held			
	expenditure to benefit C/OI	Н						0							
-	Date	<u> </u>	Payee name												
	05/31/2023		Talton, San	dra											
	Amount (\$)		Payee addre		<i>.</i>	Stato	; Zip Co	do							
	\$10,037.29		2008 Red C	-	/,	Sidle,	, zip cu	ue							
	ψ10,037.29		2000 Neu C												
			Round Roc	k, TX 786	81-2202										
	PURPOSE	(a)	Category (S	ee Categories	listed at the top	of this sch	edule)	(b)	Description						
	OF EXPENDITURE		Salaries/Wa	ages/Cont	ract Labor						de of Texas. Co				
											officeholder livi				
									Staff Wages	vv/ I	End of Ses	5101	I DUHUS		
	Operation Operation		De malt 1 - 1 - 10 - 11				D#: -								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ceholder n	ame	C	Office sou	ight			Office I	neld			
	,														

			E	XPENDITURE C	CATEGOR	RIES FOF	вох	8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food Gift/A nmittee Lega	t Expense /Beverage Expense wards/Memorials Exp I Services Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	rhead/Re pense pense ages/Co	eimbursement ental Expense intract Labor	Ti Ti Ti	ravel in Distric ravel Out of Di	Equipment a t strict	pense & Related Expense not listed above)	
	Tatal warman Oak adula Etc.			Instruction Guide	explains		ipiete						_
1	Total pages Schedule F1: Sch: 49/59 Rpt: 53/69		Price IV, Walter	T. (The Honor	able)					iler ID 0066243	(Ethics	Commission Filers)	
4	Date	5	Payee name										_
	06/30/2023		Talton, Sandra										
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Co	de						
	\$2,401.60		2008 Red Oak	Cir									
			Round Rock, T	X 78681-2202									
8	PURPOSE	(a)	Category (See Ca	tegories listed at the to	op of this sch	edule)	(b) D	escription					
	OF EXPENDITURE		Salaries/Wages			,		Check if travel of				dule T.	
								Check if Austin,	, TX, off	ficeholder livin	g expense		
							S	taff Wages					
_													_
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeho	older name	C	Office sou	ght			Office h	eld		
	Date		Payee name										
	05/17/2023		Tascosa High S	School Football	Booster	Club							
	Amount (\$)	╞	Payee address;	City;	State;	; Zip Co	de						
	\$500.00		2800 Julian Blv	d									
			Amarillo, TX 79	102-1104									
	PURPOSE OF	(a)	Category (See Ca	tegories listed at the to	op of this sch	edule)	(b) D	escription					
	EXPENDITURE		Advertising Exp	ense			Ļ	Check if travel of Check if Austin,				dule T.	
							P	urchase of A				h	
										1 Ootbail I	rogran		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeho	older name	C	Dffice sou	ght			Office h	eld		
	Date		Payee name										=
	02/10/2023		Texans Caring	for Texans									
	Amount (\$)		Payee address;	City;	State	; Zip Co	de						_
	\$750.00		1400 Wallace E	-	State,	, zip co	uc						
	\$150.00			ivu -									
			Amarillo, TX 79	106-1708									
	PURPOSE	(a)	Category (See Ca		op of this sch	edule)	(b) D	escription					
	OF EXPENDITURE		Advertising Exp	ense			Ē	Check if travel of Check if Austin				dule T.	
								Check if Austin, Urchase of A				Fvent	
								nderwriting		ascineit	anouyn		
	Complete ONLY if direct	Ļ	Candidate/Officeho	lder name	-	Office sou				Office h	old		$\dashv$
	expenditure to benefit C/OI				Ċ	SUCE SUC	ynt			Unice h	ciu		
													-

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment											
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 50/59 Rpt: 54/69		Price IV, Walter T. (The Honorable)			-	00066243					
4	Date 03/27/2023	5	Payee name Texas House Republican Caucus									
6	Amount (\$)	7	Payee address; City; State; Zip	Code								
Ū	\$1,000.00	ľ	PO Box 13305	Couc								
			Austin, TX 78711-3305									
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description							
	OF EXPENDITURE		Fees				de of Texas. Complete Schedule T.					
							officeholder living expense					
					Membership [	Due	25					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	sought			Office held					
	Date		Payee name									
	03/21/2023		Texas House of Representatives									
_	Amount (\$)		Payee address; City; State; Zip	Code								
	\$487.13		PO Box 2910	0000								
	ψ407.13		FO B0X 2910									
			Austin, TX 78768-2910									
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description							
	OF EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.					
							officeholder living expense					
					Purchase of F Office	-laç	s Flown at Capitol for use in District					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office	sought			Office held					
	Date		Payee name									
	01/31/2023		Texas Insider									
	Amount (\$)		Payee address; City; State; Zip	Code								
	\$2,799.00		807 Brazos Street - Suite 504									
			Austin, TX 78701									
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	(b)	Description							
	EXPENDITURE		Advertising Expense				de of Texas. Complete Schedule T.					
							officeholder living expense					
					nomepage Q	uaľ	terly Banner Advertisement					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	sought			Office held					
⊢												

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	P EILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)									
-	Sch: 51/59 Rpt: 55/69	Price IV, Walter T. (The Honorable)	00066243									
4	Date 03/28/2023	5 Payee name Texas Insider										
6	Amount (\$)	Payee address; City; State; Zip Code										
	\$2,799.00	807 Brazos Street - Suite 504 Austin, TX 78701										
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)       (b) Description										
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense uarterly Banner Advertisement									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
	Date	Payee name										
	06/05/2023	Texas Insider										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$2,799.00	807 Brazos Street - Suite 504 Austin, TX 78701										
	PURPOSE											
	OF		outside of Texas. Complete Schedule T. TX, officeholder living expense uarterly Banner Advertisement									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									
-	Date	Payee name										
	01/31/2023	Texas Workforce Commission										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$22.63	PO Box 149037										
		Austin, TX 78714-9037										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ent to TWC									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Pollir Printi Salar	e Overh ng Exper ng Expe ries/Wag	ense jes/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	-				3	Filer ID (Ethics Commission Filers)				
-	Sch: 52/59 Rpt: 56/69		Price IV, Walter T. (The Honorable)					00066243				
4	Date	5	Payee name									
	04/28/2023		Texas Workforce Commission									
6	Amount (\$)	7	Payee address; City; Sta	te; Zip	Code	9						
	\$79.33		PO Box 149037									
			Austin, TX 78714-9037									
8	PURPOSE	<u> </u>			0	Description						
ľ	OF		Category (See Categories listed at the top of this Salaries/Wages/Contract Labor	schedule)	(,	Description Check if travel	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Salaries, Wages, Contract Labor					, officeholder living expense				
						UI Tax Paym	ent	to TWC				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	sough	it		Office held				
	Date		Payee name									
	03/21/2023		The Flower Box									
	Amount (\$)	-	Payee address; City; Sta	te; Zip	Code	2						
	\$194.85			ιιε, Ζιρ	Coue	-						
	Φ194.05		2760 State Highway 66									
			Rockwall, TX 75087-6803									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Gift/Awards/Memorials Expense	schedule)	(k	Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense rs for Mother of House Colleague				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office	sough	nt		Office held				
	Date		Payee name									
	03/28/2023		Tri-County Publications									
	Amount (\$)		-	te; Zip	Code	2						
	\$37.50		PO Box 460	шо, <i>2</i> тр	Cout							
	ψ57.50											
			Groom, TX 79039-0460									
	PURPOSE		Category (See Categories listed at the top of this	schedule)	(t	) Description						
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense scription Renwal				
-	Complete ONLY if direct	<u>ر</u>	andidate/Officeholder name	Office	souar	nt		Office held				
	expenditure to benefit C/OI			Cinco	Joagi							
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services	Fees     Office Overhead/Rental Expense       Food//Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor   The Instruction Guide explains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3 Filer	ID	(Ethics Commission Filers)			
	Sch: 53/59 Rpt: 57/69		Price IV, Walter T. (The Honor	able)			000	66243				
4	Date 03/01/2023	5	Payee name USPS - Downtown Amarillo									
6	Amount (\$) \$354.00	7	Payee address; City; 505 E 9th Ave Amarillo, TX 79105-3583	State	; Zip Coo	le						
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Office Overhead/Rental Exper		nedule)	b) Description	ı, TX, officeh	nolder living				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office souç	ht		Office he	eld			
	Date		Payee name									
	01/09/2023		Uber									
	Amount (\$) \$52.38		Payee address; City; 182 Howard St # 8		; Zip Coo	le						
	PURPOSE OF EXPENDITURE	(a)	San Francisco, CA 94105-161 Category (See Categories listed at the to Travel Out of District		nedule)	Check if Austin	i, TX, officer pense t	older living	plete Schedule T. g expense d House LLC New			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ht		Office he	eld			
	Date		Payee name									
	02/22/2023		Uber									
	Amount (\$) \$61.37		Payee address; City; 182 Howard St # 8	State	; Zip Coo	le						
			San Francisco, CA 94105-161	1								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Travel Out of District	p of this sch	nedule)	Check if Austin	n, TX, officer In from I	nolder living Hotel to	Airport for District			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	(	Office sou	ht		Office he	eld			
					-							

			I	EXPENDITURE	CATEGOR	RIES FOF	R BO	< 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food Gift/ nmittee Lega	l/Beverage Expense Awards/Memorials Ex I Services		Office Ove Polling Exp Printing Ex Salaries/W	rhead/F bense pense /ages/C	Reimbursement Rental Expense Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	-			Instruction Guid	e explains	mplete	e this form.						
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics	Commission Filers)	
	Sch: 54/59 Rpt: 58/69		Price IV, Walte	T. (The Hono	orable)					00066243			
4	Date	5	Payee name										
	02/20/2023		Uber										
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Co	de						
	\$52.65		182 Howard St	# 8									
			San Francisco,	CA 9/105-16	11								
_	BUBBAAF						<u> </u>						
8	PURPOSE OF	(a)	Category (See Ca		top of this sch	nedule)	ם (מ) ד	Description	outeir	de of Texas. Com	nloto Scho	odulo T	
	EXPENDITURE		Travel Out of D	ISTRICT			F			officeholder living			
							1					rict Coordinator	
							v	vhile in Austi	n fo	or Mtgs. & T	raining		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeh	older name	C	Dffice sou	ght			Office he	eld		
	Date		Payee name										-
	01/24/2023		Uber										
_	Amount (\$)	-	Payee address;	City;	State	; Zip Co	do						_
	\$59.12		182 Howard St	-	State,	, zip co	ue						
	\$J9.12		102 HOWAIN SI	# 0									
			San Francisco,	CA 94105-16	11								
	PURPOSE OF EXPENDITURE	(a)	Category (See Ca Travel Out of D		top of this sch	nedule)			, тх,	de of Texas. Com officeholder living on to TAHP	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeh	older name	C	Dffice sou	ght			Office he	eld		
	Date		Payee name										-
	01/26/2023		Uber										
	Amount (\$)		Payee address;	City;	State	; Zip Co	de						
	\$10.90		182 Howard St	-	State,	, zip co	uc						
	φ10.50		102 110/0410 51	<i>"</i> 0									
			San Francisco,	CA 94105-163	11								
	PURPOSE OF EXPENDITURE	(a)	Category (See Ca Travel Out of D		top of this sch	nedule)	(b) [ [			de of Texas. Com officeholder living		edule T.	
												o Grande Valley	,
	Complete ONLY if direct	. (	Candidate/Officeh	older name	C	Office sou	ght			Office he	eld		
	expenditure to benefit C/OI						-						
-													—

				EXPENDITU	RE CATEGO	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction C	ls Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labo	se r	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
4	Tatal names Cabadula E1.					1000 10 001			Filer ID	(Ethics Commission Filors)		
1	Total pages Schedule F1:	2						3		(Ethics Commission Filers)		
	Sch: 55/59 Rpt: 59/69			alter T. (The H	unorable)				00066243			
4	Date	5	Payee name									
	02/06/2023		Uber									
6	Amount (\$) \$34.28	7	Payee addre	-	State	; Zip Coo	le					
	ψ04.20		102 1100041	u St # 0								
			San Franci	sco, CA 94105-	1611							
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b) Description	ı				
	OF EXPENDITURE		Travel Out	of District					side of Texas. Com			
									(, officeholder living	House Colleague		
							Member I	•		Tiouse colleague		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	(	ן Dffice souנָ	ht		Office he	eld		
	Date		Payee name									
	02/15/2023		Uber									
_	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	le					
	\$60.64		182 Howard		Oluie	, 20 000						
	φ00.04		102 1100041									
			San Franci	sco, CA 94105-	-1611							
	PURPOSE OF EXPENDITURE	(a)	Category (S Travel Out	ee Categories listed at of District	the top of this sch	nedule)	Check if A	ravel outs Austin, TX	side of Texas. Com (, officeholder living			
							Event	portati	ion to Speak			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	(	Office sou	ht		Office he	eld		
	Date		Payee name									
	02/16/2023		Uber									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	le					
	\$56.01		182 Howard	-								
			San Franci	sco, CA 94105-	-1611							
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	nedule)	(b) Description					
	EXPENDITURE		Travel Out	of District					side of Texas. Com			
								portati		v/ Stakeholders for		
	Complete ONLY if direct	<u> </u>	Candidate/Off	iceholder name	(	Office sou	Iht		Office he	eld		
	expenditure to benefit C/OI											
-												

			EXPENDITUR	RE CATEGO	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials mittee Legal Services The Instruction G	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraising Exp Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category no	Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3 Filer ID (Ethics )	Commission Filers)
	Sch: 56/59 Rpt: 60/69		Price IV, Walter T. (The Ho	norable)			00066243	
4	Date 03/16/2023		Payee name Uber					
6	Amount (\$) \$82.05		Payee address; City; 182 Howard St # 8 San Francisco, CA 94105-1		; Zip Cod	e		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at t Travel Out of District	he top of this sch	nedule) (	Check if Austin	outside of Texas. Complete Scher h, TX, officeholder living expense ense to Austin Airport f t	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht	Office held	
	Date		Payee name					
	02/21/2023		Uber					
	Amount (\$) \$53.95		Payee address; City; 182 Howard St # 8 San Francisco, CA 94105-1		; Zip Cod	e		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at t Travel Out of District		nedule) (	Check if Austin	outside of Texas. Complete Scheo n, TX, officeholder living expense to Attend Medical Spec	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office soug	ht	Office held	
	Date		Payee name					
	02/22/2023		Uber					
	Amount (\$) \$70.88		Payee address; City; 182 Howard St # 8	State	; Zip Cod	е		
			San Francisco, CA 94105-1	1611				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at t Travel Out of District	he top of this sch	nedule)	Check if Austin	outside of Texas. Complete Scher h, TX, officeholder living expense Expense to TX Cultural	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	(	Office soug	ht	Office held	

				EXPENDITURE	E CATEGOR	RIES FOF	BO	)X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fe Fo G nmittee Le	vent Expense ves vod/Beverage Expense ft/Awards/Memorials E gal Services	Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e /Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense
				he Instruction Gui	ide explains	how to co	nple	te this form.				
1	Total pages Schedule F1:	2								Filer ID	(Ethics	Commission Filers)
	Sch: 57/59 Rpt: 61/69		Price IV, Walt	er T. (The Hon	iorable)					00066243		
4	Date 02/27/2023	5	Payee name Uber									
6	Amount (\$)	7	Payee address	; City;	State	; Zip Co	do					
U	\$27.75	1	182 Howard S	-		, <i>ב</i> וף כט	ue					
_	DUDDOOF	(-)					(1-)					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Travel Out of	Categories listed at the District	e top of this sch	iedule)	(b)		, тх, ens		expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Office	holder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	03/08/2023		Uber									
	Amount (\$)		Payee address	; City;	State;	; Zip Co	de					
	\$82.16		182 Howard San Francisc	St # 8 o, CA 94105-16	611							
	PURPOSE	(a)					(h)	Description				
	OF	(u)	Travel Out of	Categories listed at the District	e top of this sch	iedule)		Check if travel	, TX,	de of Texas. Com officeholder living ense for Dir	expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	holder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	03/19/2023		Uber									
	Amount (\$)		Payee address	; City;	State:	; Zip Co	de					
	\$75.34		182 Howard S									
			San Francisc	o, CA 94105-16	611	i						
	PURPOSE OF EXPENDITURE	(a)	Category (See Travel Out of	Categories listed at the District	e top of this sch	iedule)			, тх,	de of Texas. Com officeholder living r <b>port upon F</b>	expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	holder name	C	Office sou	ght			Office he	eld	

				EXPENDITUR	RE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials Legal Services	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related	
_		-		The Instruction G	uide explains	now to cor	npiete this form.	1.			
1	Total pages Schedule F1:	2							Filer ID	(Ethics Commis	sion Filers)
	Sch: 58/59 Rpt: 62/69		Price IV, W	alter T. (The Ho	onorable)				00066243		
4	Date	5	Payee name								
	03/21/2023		Uber								
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	le				
	\$74.25		182 Howard	d St # 8							
			San Francis	sco, CA 94105-	1611						
_											
8	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	edule)	(b) Description			data Cabadula T	
	EXPENDITURE		Travel Out	of District					le of Texas. Comp officeholder living		
										Dinner and M	eetinas
											ooungo
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Dffice sou	ht		Office he	ld	
	Date		Payee name								
	06/18/2023		Uber								
				Cit ::	Ctata		10				
	Amount (\$)		Payee addre		State;	; Zip Co	le				
	\$71.19		182 Howard	a St # 8							
			San Francis	sco, CA 94105-	1611						
	PURPOSE OF	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b) Description				
	EXPENDITURE		Travel Out	of District					le of Texas. Comp officeholder living		
									-	o Hotel while	attending
							AGC Conference			o noter write	atteriaing
	Complete ONILV if direct		Candidata/Off	iceholder name		Office sou	ubt		Office he	Id	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		anuluale/OII		L L	JIIICE SOUĮ	Int		Once ne	au	
		-									
	Date		Payee name								
	06/23/2023		Uber								
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	le				
	\$71.88		182 Howard	d St # 8							
			San Francis	sco, CA 94105-	1611						
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Travel Out	of District					le of Texas. Comp		
									officeholder living		attanding
							AGC Conference			Airport while	allenuing
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	lht		Office he	ld	
		1									

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Loan Rep Office Ove Polling Ex e Printing E Salaries/W	yment/Reimbursement rhead/Rental Expense pense pense lages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2 FILER NAM	E			3	Filer ID	(Ethics Commission Filers)
	Sch: 59/59 Rpt: 63/69		/alter T. (The Honorab	ole)			00066243	
	Date	5 Payee name		,				
4	03/18/2023	Wal-Mart C						
6	Amount (\$) \$154.26		ess; City; hitestone Blvd k, TX 78613-1200	State; Zip Co	de			
8	PURPOSE OF EXPENDITURE		See Categories listed at the top o rhead/Rental Expense		Check if Austin	а, тх, <b>Но</b>		expense Pot Descale Solution,
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Office sou	ght		Office hel	d

EXPENDITUR	ES MADE BY CREDIT	T CARD		SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense / - Gift/Awards/Memorials Exp al Committee Legal Services	Office Ove Polling Exp pense Printing Ex	ayment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F4: Sch: 1/3 Rpt: 64/69	2 FILER NAME Price IV, Walter T. (The Hono	rable)		3 Filer ID (Ethics Commission Filers) 00066243
<sup>4</sup> TOTAL OF UNITEMI	ZED EXPENDITURES CHARC	GED TO A CRE	DIT CARD	\$
5 Date 04/16/2023	6 Payee name Avis - Amarillo			
7 Amount (\$) \$144.99	<ul> <li>8 Payee address; City;</li> <li>10801 Airport Blvd</li> <li>Amarillo, TX 79111-1211</li> </ul>	State; Zip Co	de	
9 TYPE OF EXPENDITURE	X Political	Non-Polit	ical	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Travel In District	top of this schedule)	Check if Austir	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Expense while in District during Session
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office held
Date 04/01/2023	Payee name Avis - Amarillo			
Amount (\$) \$179.11	Payee address; City; 10801 Airport Blvd	State; Zip Co	de	
TYPE OF	Amarillo, TX 79111-1211	Non-Polit		
EXPENDITURE PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Travel In District		(b) Description	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Expense while in District during Session
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	jht	Office held

EXPENDITURE	ES MADE BY CREDI	T CARD		SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Ex al Committee Legal Services	Office Over Polling Exp opense Printing Exp	yment/Reimbursement rhead/Rental Expense ense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F4: Sch: 2/3 Rpt: 65/69	2 FILER NAME Price IV, Walter T. (The Hono	orable)		3 Filer ID (Ethics Commission Filers) 00066243
<sup>4</sup> TOTAL OF UNITEMI	ZED EXPENDITURES CHAR	GED TO A CREI	DIT CARD	\$
5 Date 03/19/2023	6 Payee name Avis - Amarillo			
7 Amount (\$) \$257.54	8 Payee address; City; 10801 Airport Blvd Amarillo, TX 79111-1211	State; Zip Co	de	
9 TYPE OF EXPENDITURE	X Political	Non-Polit	ical	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Travel In District	top of this schedule)	Check if Austir	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Expense while in District during Session
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office held
Date 02/12/2023	Payee name Avis - Amarillo			
Amount (\$) \$345.35	Payee address; City; 10801 Airport Blvd	State; Zip Co	de	
TYPE OF	Amarillo, TX 79111-1211	Non-Polit	ical	
EXPENDITURE PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t Travel In District	<u>.</u>	(b) Description Check if travel Check if Austir	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Expense while in District during Session
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office held

EXPENDITURI	ES MADE BY CREDI	T CARD	
			SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Ex al Committee Legal Services	CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor le explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F4: Sch: 3/3 Rpt: 66/69	2 FILER NAME Price IV, Walter T. (The Hond	prable)	3         Filer ID         (Ethics Commission Filers)           00066243
<sup>4</sup> TOTAL OF UNITEMI	ZED EXPENDITURES CHAR	GED TO A CREDIT CARD	\$
5 Date 05/07/2023	6 Payee name Avis - Amarillo		
7 Amount (\$) \$162.87	8 Payee address; City; 10801 Airport Blvd	State; Zip Code	
9 TYPE OF EXPENDITURE	Amarillo, TX 79111-1211	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Travel In District	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Expense while in District during Session
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date 01/25/2023	Payee name Southwest Airlines		
Amount (\$) \$655.96	Payee address; City; PO Box 36647	State; Zip Code	
TYPE OF	Dallas, TX 75235-1647		
EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Travel Out of District	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense om Austin to Harlingen for Rio Grand slative Tour (126.23 to 1.29.23)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held

POLITICAL EX	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule G: Sch: 1/2 Rpt: 67/69	2 FILER NAME Price IV, Walter T. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00066243				
4 Date 05/18/2023	5 Payee name Chase Bank Visa						
6 Amount (\$) \$162.87 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4014						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental Car Expense while in District				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				
Date	Payee name						
04/24/2023	Chase Bank Visa						
Amount (\$) \$144.99 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4014						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description CC Payment for during Session	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental Car Expense while in District				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				
Date 04/15/2023	Payee name Chase Bank Visa						
Amount (\$) \$179.11	Payee address; City; State; Zip C PO Box 94014	code					
X Reimbursement from political contributions intended	Palatine, IL 60094-4014						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental Car Expense while in District				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				

POLITICAL EX	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule G: Sch: 2/2 Rpt: 68/69	2 FILER NAME Price IV, Walter T. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00066243				
4 Date 02/03/2023	5 Payee name Chase Bank Visa						
6 Amount (\$) \$655.96 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4014						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental Car Expense while in District				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				
Date	Payee name						
03/03/2023	Chase Bank Visa						
Amount (\$) \$345.35 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 35 PO Box 94014 Palatine, IL 60094-4014						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental Car Expense while in District				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				
Date 03/31/2023	Payee name Chase Bank Visa						
Amount (\$) \$257.54	Payee address; City; State; Zip C PO Box 94014	code					
X Reimbursement from political contributions intended	Palatine, IL 60094-4014						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental Car Expense while in District				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				

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

SCHEDULE T

The Inst	ruction C	Guide explains	how to complete	this form.	1	Total pages Schedule T: Sch: 1/1 Rpt: 69/69
2 FILER NAME				3	Filer ID (Ethics Commission Filers)	
Price IV, Walter	T. (The H	onorable)				00066243
4 Name of Contribut	or / Corpor	ation or Labor Orga	nization / Pledgor /Paye	e		
Southwest Airlin	es					
5 Contribution / Expe	enditure rep	ported on:				
Schedule A2		Schedule B	Schedule B(J)	Schedule C2		Schedule D X Schedule F1
Schedule F2		Schedule F4	Schedule G	Schedule H		Schedule COH-UC
6 Dates of Travel						
b Dates of Traver		of person(s) travelin Walter (Rep.)	iy			
0.0/4.0/00.00		ure city or name of	departure location			
06/18/2023	Amari					
			f destination location			
06/18/2023	San D	viego				
10 Means of transpor			el (including name of co		r oth	ier event)
Commercial Airp	olane	Attend and S	peak at a Legislative	Conference		
1						