CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete t	this form.	Filer ID (Ethics Commission Filers) 00066243		2 Total pages file 47	
3 CANDIDATE /	MS / MRS / MR FIF	RST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable Wa	alter T.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME			CHEEN	01/10/2024	
		ist ice		SUFFIX IV	01/10/2024	
	Four	ice		IV		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	JITE#; CITY;		ZIP CODE	Date Hand-delivered or I	Date Postmarked
OFFICEHOLDER MAILING	2606 S. Lipscomb St.					_
ADDRESS					Receipt #	Amount
Change of Address	Amarillo, TX 79109				Data Darasasad	
					Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR FIR	RST		MI		
TREASURER		Kevin		1411		
NAME	livii.	ICEVIII				
	NICKNAME LAS			SUFFIX		
	ine ine	elson				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BO)	X PLEASE);	APT / SUITE	#; CITY;	STAT	TE; ZIP CODE
ADDRESS	301 S. Polk, LB 37					
(Residence or Business)						
,	Amarillo, TX 79101					
7 CAMPAIGN	AREA CODE PHONE N	UMBED EVE	ENCION			
7 CAMPAIGN TREASURER		IUMBER EXT	ENSION			
PHONE	(806) 342-4700					
8 REPORT						
TYPE	X January 15	30th day before ele	ction Runoff		15th day after cam	naign treasurer
		3011. day 2010.0 0.0		<u> </u>	appointment (office	eholder only)
	July 15	8th day before elect	ion Exceeded reporting	d modified	Final Report (Attac	h C/OH-FR)
			reporting	IIIIIC		
9 PERIOD	Month Day Year		M	onth Day	Year	
COVERED	07/01/2023	THRO	UGH	12/31/2023	3	
10 ELECTION	ELECTION DATE			TION TYPE		
	Month Day Year	X Prima	ry Ru	inoff	Other	
	03/05/2024	Gene	ral Sp	ecial		
11 OFFICE	OFFICE HELD (if any)		12 OF	ICE SOUGHT	(if known)	
	State Representative District 8	87			tive District 87	
	Clare Hop. Goo. Hair o Diomore	.				
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 47

13 C / OH NAME	Price IV, Walter T. (T	ne Honorable)	14 Filer ID (I	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 128,330.37
CONTRIBUTION BALANCE	REPORTING PE			\$ 441,823.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hene	rable Walter T. Price	D./
			Candidate or Officehold	
AFFIX NO	TARY STAMP / SEAL AB	Ç		
Sworn to and subs	cribed before me. bv the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	, · · · · · <u></u>	
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OF

			C	3 of 47
18 FILER NAME Price IV, Walter T. (The Honorable) 19 Filer ID 00066243			(Ethics Commission Filers)	
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 125,926.35
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1,202.01
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1,202.01
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/41 Rpt: 4/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	07/30/2023	AT&T Mobility
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$84.00	PO Box 537104
		Atlanta, GA 30353-7104
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Phone Expense for Campaign Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	08/30/2023	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.00	PO Box 537104
		Atlanta, GA 30353-7104
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Phone Expense for Campaign Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/29/2023	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.00	PO Box 537104
		Atlanta, GA 30353-7104
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Phone Expense for Campaign Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/41 Rpt: 5/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	08/22/2023	Amarillo Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$225.00	PO Box 9480
		Amarillo, TX 79105-9480
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Membership Renewal
_	Operation ONE V # discort	Our did at 10th a hald a manner
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	11/21/2023	Amarillo Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	PO Box 9480
		Amarillo, TX 79105-9480
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee for Government Affairs Council Membership
		Meetings and Meal Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/06/2023	Amarillo National Bank Leasing
	Amount (\$)	Payee address; City; State; Zip Code
	\$775.00	PO Box 1
		Amarillo, TX 79105-0001
	PURPOSE	Tu.
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Office Rental Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiord to borront 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/41 Rpt: 6/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	08/07/2023	Amarillo National Bank Leasing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$775.00	PO Box 1
		Amarillo, TX 79105-0001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Office Rental Expense
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/01/2023	Amarillo National Bank Leasing
	Amount (\$)	Payee address; City; State; Zip Code
	\$775.00	PO Box 1
		Amarillo, TX 79105-0001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Campaign Office Rental Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	10/04/2023	Amarillo National Bank Leasing
	Amount (\$)	Payee address; City; State; Zip Code
	\$775.00	PO Box 1
		Amarillo, TX 79105-0001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Office Rental Expense
		Campaign Office Refital Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 4/41 Rpt: 7/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	11/03/2023	Amarillo National Bank Leasing
6	Amount (\$) \$775.00	7 Payee address; City; State; Zip Code PO Box 1
		Amarillo, TX 79105-0001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Office Rental Expense
		1
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/07/2023	Amarillo National Bank Leasing
	Amount (\$)	Payee address; City; State; Zip Code
	\$775.00	PO Box 1
	\$775.00	PO BOX 1
		Amarillo, TX 79105-0001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Office Rental Expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/22/2023	Amarillo Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	Po Box 3007
	Φ40.00	F0 B0X 3007
		Amarillo, TX 79116-3007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Expense to Attend Monthly Lunch Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 5/41 Rpt: 8/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	11/03/2023	Amarillo Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.00	Po Box 3007
		Amarillo, TX 79116-3007
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Membership Renewal
L		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/11/2023	Avis - Amarillo
	Amount (\$)	Payee address; City; State; Zip Code
	\$266.24	10801 Airport Blvd
		Amarillo, TX 79111-1211
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense Rental Car Expense while in District during Session
		Kental Cal Expense while in District during Session
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Description
	Date 07/14/2023	Payee name Bolton, Jessie B.
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,504.12	1207 Virginia Dr
		V
		Kerrville, TX 78028-4019
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 EILED NAME	3 Filer ID (Ethics Commission Filers)
•	Sch: 6/41 Rpt: 9/47	Price IV, Walter T. (The Honorable)	00066243
4	Date	5 Payee name	
	08/28/2023	Carson County Square House Museum	
6	Amount (\$) \$1,097.37	7 Payee address; City; State; Zip Code 503 Elsie Ave	
	42,001.0.	200 2007.00	
		Panhandle, TX 79068	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	/tavertioning Expense	outside of Texas. Complete Schedule T.
	-		, TX, officeholder living expense
		and Underwr	Advertising through Event Sponsorship iting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/10/2023	Gateway to Success Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	2322 NW 11th Ave	
		Amarillo, TX 79107-1403	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	/ tavertising Expense	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense Advertising through MLK Event Support
		T dichase of A	navertising through were event support
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/01/2023	GoDaddy.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.34	14455 N Hayden Rd Ste 219	
		Scottsdale, AZ 85260-6993	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertial Experise	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
		Website Don	iain Renewai
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/41 Rpt: 10/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	11/20/2023	GoDaddy.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.69	14455 N Hayden Rd Ste 219
		Scottsdale, AZ 85260-6993
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website Domain Renewal
		Website Bernain Keriewai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	07/05/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.98	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Hosting of fourprice.org email accounts
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/05/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.98	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hosting of fourprice.org email accounts
	Computate ONU V & diver	Condidate (Office holder name)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/41 Rpt: 11/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	09/05/2023	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.98	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hosting of fourprice.org email accounts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Davies name
	10/04/2023	Payee name Coogle
		Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.98	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hosting of fourprice.org email accounts
	Commiste ONII V if diseast	Constitute / Office helds no year.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/03/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.98	1600 Amphitheatre Pkwy
		Mountain View, CA 94043-1351
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hosting of fourprice.org email accounts
		Trosting of four price.org email accounts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 9/41 Rpt: 12/47	2 FILER NAME Price IV, Walter T. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00066243
4 Date	5 Payee name
12/05/2023	Google
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$31.98	1600 Amphitheatre Pkwy
	Mountain View, CA 94043-1351
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
LAFLINDITORL	Check if Austin, TX, officeholder living expense
	Hosting of fourprice.org email accounts
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/14/2023	IRS
Amount (\$)	Payee address; City; State; Zip Code
\$2,255.99	Internal Revenue Service
Ψ2,233.33	internal Nevenue Service
	Ogden, UT 54201-0042
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Tax Deposit Payment for Staff Compensation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/31/2023	IRS
Amount (\$)	Payee address; City; State; Zip Code
\$2,639.76	Internal Revenue Service
Φ2,039.70	Internal Revenue Service
	Ogden, UT 54201-0042
DUDDOCE	To a second seco
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Tax Deposit Payment for Staff Compensation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 10/41 Rpt: 13/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	08/15/2023	IRS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$317.44	Internal Revenue Service
		Ogden, UT 54201-0042
8	PURPOSE	
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Tax Deposit Payment for Staff Compensation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/31/2023	IRS
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,639.74	Internal Revenue Service
	\$2,039.74	Internal Revenue Service
		Ogden, UT 54201-0042
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Tax Deposit Payment for Staff Compensation
	Operation ONLY # discort	Out it is to the little of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	09/15/2023	IRS
	Amount (\$)	Payee address; City; State; Zip Code
	\$317.46	Internal Revenue Service
		Ogden, UT 54201-0042
	PURPOSE	
	OF	l e e e e e e e e e e e e e e e e e e e
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Tax Deposit Payment for Staff Compensation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/41 Rpt: 14/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	09/29/2023	IRS
6	Amount (\$) \$2,639.76	7 Payee address; City; State; Zip Code Internal Revenue Service
	42,000.10	internal Novellae est vice
		Ogden, UT 54201-0042
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Tax Deposit Payment for Staff Compensation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/31/2023	IRS
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,639.76	Internal Revenue Service
		Ogden, UT 54201-0042
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Tax Deposit Payment for Staff Compensation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/13/2023	IRS
	Amount (\$)	Payee address; City; State; Zip Code
	\$317.44	Internal Revenue Service
		Ogden, UT 54201-0042
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Tax Deposit Payment for Staff Compensation
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form	ı.
1	Total pages Schedule F1: Sch: 12/41 Rpt: 15/47	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4	Date 11/15/2023	5 Payee name IRS	
6	Amount (\$) \$317.44	7 Payee address; City; State; Zip Code Internal Revenue Service	
8	PURPOSE OF EXPENDITURE	Check if.	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense osit Payment for Staff Compensation
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 12/01/2023	Payee name IRS	
	Amount (\$) \$3,448.00	Payee address; City; State; Zip Code Internal Revenue Service	
		Ogden, UT 54201-0042	
	PURPOSE OF EXPENDITURE	Check if.	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense osit Payment for Staff Compensation -
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 11/30/2023	Payee name IRS	
	Amount (\$) \$2,639.74	Payee address; City; State; Zip Code Internal Revenue Service	
		Ogden, UT 54201-0042	
	PURPOSE OF EXPENDITURE	Check if.	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense osit Payment for Staff Compensation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/41 Rpt: 16/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	12/15/2023	IRS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$317.46	Internal Revenue Service
		Ogden, UT 54201-0042
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Tax Deposit Payment for Staff Compensation
		Tax Deposit Fayment for Stain Compensation
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/29/2023	IRS
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,326.16	Internal Revenue Service
		Ogden, UT 54201-0042
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Tax Deposit Payment for Staff Compensation
		Tax Deposit 1 dyment for Stain Compensation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/28/2023	Keel Systems LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$416.50	2021 Bluebonnet Ln Unit 208
		Austin, TX 78704-4048
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Coextrals Monthly Face Liberting expense
		Camtrak Monthly Fee, Hosting, and Support
	Commission ONE V. C. P.	Constitute (Office helder norms
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			egal Services			es/Contract Labor		OTHER (enter a	a category not listed abo	ove)
	Credit Card Payment			The Instruction Gui	de explains how to c	ompl	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 14/41 Rpt: 17/47		Price IV, Wa	Iter T. (The Hon	orable)				00066243		
4	Date	5	Payee name					_			
	08/28/2023		Keel System	s LLC							
6	Amount (\$)	7	Payee address	s; City;	State; Zip C	ode					
	\$416.50	ı	•	nnet Ln Unit 208							
		١.	Austin, TX 78	8704-4048							
8	PURPOSE	-				(h)	A December				
ľ	OF			e Categories listed at the ead/Rental Expe		(0)	Description Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	'	Office Overri	eau/Neritai Exp	CIISC				officeholder livin		
							Camtrak Mon	nthl	y Fee, Host	ing, and Suppor	rt
9	Complete ONLY if direct		andidate/Offic	eholder name	Office so	ught	:		Office h	eld	
	expenditure to benefit C/OI	Η									
	Date		Payee name								
	10/04/2023		Keel System	s LLC							
	Amount (\$)		Payee addres	s; City;	State; Zip C	ode					
	\$416.50	:	2021 Bluebo	nnet Ln Unit 208	В						
		,	Austin, TX 7	8704-4048							
	PURPOSE	(a)	Category (See	e Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE			ead/Rental Expe			<u> </u>			nplete Schedule T.	
	LAI LINDITORE						ш		officeholder livin		
							Camirak Mon	ַוויזוו	y Fee, Hosi	ing, and Suppor	ι
	Complete ONL V if direct	<u> </u>	andidata/Offic	ahaldar nama	Office on	wabt			Office h	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	enoluer name	Office so	ugni			Office fi	eiu	
_	D :										
	Date	ı	Payee name	011.0							
	10/28/2023	⊢	Keel System								
	Amount (\$)	ı	Payee address		State; Zip C	ode					
	\$416.50	·	2021 Bluebo	nnet Ln Unit 208	8						
		Ľ	Austin, TX 78	8704-4048							
	PURPOSE OF			e Categories listed at the		(b)	Description	outo:	do of Toyon Con	nplete Schedule T.	
	EXPENDITURE	'	Office Overh	ead/Rental Exp	ense		ш		officeholder livin	•	
							_			ing, and Suppoi	rt
	Complete ONLY if direct		andidate/Offic	eholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI	Н									
ı											

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The	Instruction	Guide exp	olains I	now to	complet	te this i	form

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics	Commission Filers)
	Sch: 15/41 Rpt: 18/47	Price IV, Walter T. (The Honorable) 00066243	
4	Date	5 Payee name	
	11/28/2023	Keel Systems LLC	
6	Amount (\$) \$416.50	7 Payee address; City; State; Zip Code 2021 Bluebonnet Ln Unit 208 Austin, TX 78704-4048	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Sch Check if Austin, TX, officeholder living expense Camtrak Monthly Fee, Hosting, an	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	12/28/2023	Keel Systems LLC	
	Amount (\$) \$416.50	Payee address; City; State; Zip Code 2021 Bluebonnet Ln Unit 208	
		Austin, TX 78704-4048	
	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 Sch Check if Austin, TX, officeholder living expense Camtrak Monthly Fee, Hosting, an	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	07/20/2023	Lemert Holder Ohm PLLC	
	Amount (\$) \$221.91	Payee address; City; State; Zip Code 600 S Tyler St Ste 2900	
		Amarillo, TX 79101-2353	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Sch Check if Austin, TX, officeholder living expense Monthly Accounting Services	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 16/41 Rpt: 19/47	Price IV, Walter T. (The Honorable)		00066243
4	Date	5 Payee name		-
	08/20/2023	Lemert Holder Ohm PLLC		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$221.91	600 S Tyler St Ste 2900		
		Amarillo, TX 79101-2353		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Monthly Accounting Services
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
9	expenditure to benefit C/OI		ugni	Office field
	Data			
	Date 09/22/2023	Payee name Lemert Holder Ohm PLLC		
	Amount (\$)	Payee address; City; State; Zip Co	oae	
	\$750.00	600 S Tyler St Ste 2900		
		. "		
		Amarillo, TX 79101-2353		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Tax Return Prep
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	09/20/2023	Lemert Holder Ohm PLLC		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$221.91	600 S Tyler St Ste 2900		
		Amarillo, TX 79101-2353		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking	` `	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Monthly Accounting Services
	Complete ONLY if alias -t	Condidate/Officeholder name	la _{pt}	Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ugnt	Office held
	•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to cor	•	ete this form.
1	Total pages Schedule F1:	•	_	3 Filer ID (Ethics Commission Filers)
	Sch: 17/41 Rpt: 20/47	Price IV, Walter T. (The Honorable)		00066243
4	Date	5 Payee name		•
	10/20/2023	Lemert Holder Ohm PLLC		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$221.91	600 S Tyler St Ste 2900		
		Amarillo, TX 79101-2353		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Monthly Accounting Services
_				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date	Payee name		
	11/20/2023	Lemert Holder Ohm PLLC		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$221.91	600 S Tyler St Ste 2900		
		Amarillo, TX 79101-2353		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Monthly Accounting Services
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI	•	giit	Office field
	<u> </u>			
	Date	Payee name		
	12/21/2023	Lemert Holder Ohm PLLC		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$221.91	600 S Tyler St Ste 2900		
		Amarillo, TX 79101-2353		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Monthly Accounting Services
				monthly / looder tilling Convinces
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI	•	9,11	Office field
_				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/41 Rpt: 21/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	07/14/2023	Mitchell, Jessica (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,295.68	34 Oldham Cir
		Amarillo, TX 79109-3550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Wages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/31/2023	Mitchell, Jessica (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,295.68	34 Oldham Cir
	, ,	
		Amarillo, TX 79109-3550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Wages
	Opening the ONE Wife disease	Outside to Office health and the second to t
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name Mitaball, Jacoica (Mrs.)
	08/15/2023	Mitchell, Jessica (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,295.69	34 Oldham Cir
		A
		Amarillo, TX 79109-3550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Wages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Co

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/41 Rpt: 22/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	08/31/2023	Mitchell, Jessica (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,295.69	34 Oldham Cir
		Amarillo, TX 79109-3550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Wages
		Stan wages
Ļ	Commission ONII V if disposi	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	· 	
	Date	Payee name
	09/15/2023	Mitchell, Jessica (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,295.68	34 Oldham Cir
		Amarillo, TX 79109-3550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Wages
		Stall wages
┡	Operation ONE Wife disease	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	09/29/2023	Mitchell, Jessica (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,295.68	34 Oldham Cir
		Amarillo, TX 79109-3550
1	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
1		Staff Wages
L	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superioritate to benefit 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/41 Rpt: 23/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	10/31/2023	Mitchell, Jessica (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,295.68	34 Oldham Cir
		Amarillo, TX 79109-3550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Wages
		Stan Wages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	10/13/2023	Mitchell, Jessica (Mrs.)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,295.69	34 Oldham Cir
	Ψ1,293.09	54 Oldridin Cii
		Amarilla TV 70100 2550
L		Amarillo, TX 79109-3550
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (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
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/15/2023	Mitchell, Jessica (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,295.69	34 Oldham Cir
		Amarillo, TX 79109-3550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Staff Wages
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/41 Rpt: 24/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	11/30/2023	Mitchell, Jessica (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,295.69	34 Oldham Cir
		Amarillo, TX 79109-3550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Wages
		Stan Wages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	12/01/2023	Mitchell, Jessica (Mrs.)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$4,075.75	34 Oldham Cir
	, ,	
		Amarillo, TX 79109-3550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Staff Wages - End of Year Christmas Bonus
		Stan Wages - End of Teal Chinstinas Bonds
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/15/2023	Mitchell, Jessica (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,295.68	34 Oldham Cir
	. ,	
		Amarillo, TX 79109-3550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Staff Wages
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage I
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Ļ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 22/41 Rpt: 25/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	12/29/2023	Mitchell, Jessica (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,295.68	34 Oldham Cir
		Amarillo, TX 79109-3550
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EVDENDITUDE	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Wages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/07/2023	Moore County Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	PO Box 735
		Dumas, TX 79029-0735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Membership Renewal Dues
_	Operation ONE V. C. F.	Open districts (Office health are now as the control of the contro
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/10/2023	Nugent, Sylvia (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$12,000.00	11508 Royalshire Dr
	Ψ12,000.00	11000 NoyulSillic Di
		Dallas, TX 75230-2914
\vdash	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Expense (July to December)
		Constanting Expense (early to Bessenber)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/41 Rpt: 26/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	09/20/2023	Ohms Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$382.84	619 S Tyler St
		Amarillo, TX 79101-2345
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hosted Associated Republicans of Texas Dinner in
		District District
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/17/2023	Optimum
-	Amount (\$)	Payee address; City; State; Zip Code
	\$141.68	PO Box 742535
		Cincinnati, OH 45274-2535
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Wireless Internet Service Expense - Campaign
		Office Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/17/2023	Optimum
	Amount (\$)	Payee address; City; State; Zip Code
	\$141.68	PO Box 742535
		Cincinnati, OH 45274-2535
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Wireless Internet Service Expense - Campaign
		Office Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ļ		<u> </u>	
1	Total pages Schedule F1:		
L	Sch: 24/41 Rpt: 27/47	Price IV, Walter T. (The Honorable) 00066243	
4	Date	5 Payee name	
	09/17/2023	Optimum	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$141.68	PO Box 742535	
		Cincinnati, OH 45274-2535	
8	PURPOSE		
ð	OF	(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.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Wireless Internet Service Expense - Campaign	
		Office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/17/2023	Optimum	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$141.68	PO Box 742535	
	Ψ141.00	1 0 30X 1 12000	
		Cincipacti Oll 45274 2525	
		Cincinnati, OH 45274-2535	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Wireless Internet Service Expense - Campaign	
		Office	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
\vdash	Date	Davisa nama	
	Date 11/17/2023	Payee name Ontimum	
		Optimum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$141.68	PO Box 742535	
L		Cincinnati, OH 45274-2535	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Wireless Internet Service Expense - Campaign Office	
	Complete ONLY if direct	Candidata/Officeholder name Office country Office hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex mmittee Legal Services The Instruction Guic			ages	es/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 25/41 Rpt: 28/47		Price IV, Walter T. (The Hono	orable)			00066243
4	Date	5	Payee name				
	12/17/2023		Optimum				
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de	
	\$141.68		PO Box 742535				
			Cincinnati, OH 45274-2535				
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sched	lule)	(b)	Description
	OF EXPENDITURE		Office Overhead/Rental Expe				Check if travel outside of Texas. Complete Schedule T.
							Check if Austin, TX, officeholder living expense
							Wireless Internet Service Expense - Campaign Office
9	Complete ONLY if direct		Candidate/Officeholder name	Off	fice sou	ght	Office held
	expenditure to benefit C/OI	Н					
	Date		Payee name				
	10/27/2023		Perry's Steakhouse & Grille				
	Amount (\$)	H	Payee address; City;	State:	Zip Co	de	
	\$640.67		114 W 7th St	,	•		
	40.0.0.						
			Austin, TX 78701-3000				
	PURPOSE	(a)	Category (See Categories listed at the	top of this sched	lule)	(b)	Description
	OF EXPENDITURE		Food/Beverage Expense				Check if travel outside of Texas. Complete Schedule T.
							Check if Austin, TX, officeholder living expense
							Donor Appreciation Dinner
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Off	fice sou	ght	Office held
_	Date	Π	Davida nama				
	12/31/2023		Payee name Price IV, Walter T. (Mr.)				
	Amount (\$)		Payee address; City;	State;	Zip Co	de	
	\$258.90		2606 S Lipscomb St				
		L	Amarillo, TX 79109-2332				
	PURPOSE	(a)	Category (See Categories listed at the	top of this sched	lule)	(b)	Description
	OF EXPENDITURE		Loan Repayment/Reimburse	ment			Check if travel outside of Texas. Complete Schedule T.
	ZA ENDITORE						Check if Austin, TX, officeholder living expense
							Reimbursement for Political Expenditure Made from Personal Funds on 10.2.23
	Complete ONLY if direct	(Candidate/Officeholder name	Off	fice soug	aht	Office held

expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/41 Rpt: 29/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	12/31/2023	Price IV, Walter T. (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$422.15	2606 S Lipscomb St
		Amarillo, TX 79109-2332
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Reimbursement for Political Expenditure Made from Personal Funds on 10.20.23
		Personal Funds on 10.20.23
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	12/31/2023	Price IV, Walter T. (Mr.)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$520.96	2606 S Lipscomb St
		Amarillo, TX 79109-2332
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for Political Expenditure Made from
		Personal Funds on 10.2.23
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/12/2023	Price IV, Walter T. (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.66	2606 S Lipscomb St
		Amarillo, TX 79109-2332
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		RT Travel to Dumas to Attend HHSC Town Hall (94
		miles @ .656 per mile)
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/41 Rpt: 30/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	09/26/2023	Price IV, Walter T. (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.21	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	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense RT Travel to Panhandle to Attend Carson County
		Farm Bureau Conv. (55.2 miles @ .656 per mile)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	09/13/2023	QI Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$152.62	835 W 6th St Unit 114
		Austin, TX 78703-5403
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Lunch Meeting
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/03/2023	Quorum Report
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$519.60	PO Box 8
		Austin, TX 78767-0008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Renewal of Online Subscription for use in Campaigr Office
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/41 Rpt: 31/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	07/06/2023	Raconteur Media Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,600.00	Po Box 26511
		Austin, TX 78755-0511
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly Hosting and Services Retainer
		Worlding Flosting and Services Retainer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
Г	Date	Payee name
	08/07/2023	Raconteur Media Company
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,600.00	Po Box 26511
		Austin, TX 78755-0511
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly Hosting and Services Retainer
		monany riseang and services retained
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/12/2023	Raconteur Media Company
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$1,600.00	Po Box 26511
		Austin, TX 78755-0511
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Monthly Hosting and Services Retainer
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 29/41 Rpt: 32/47	Price IV, Walter T. (The Honorable)		00066243
4	Date	5 Payee name		•
	10/04/2023	Raconteur Media Company		
6	Amount (\$)	7 Payee address; City; State; 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 schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL			Check if Austin, TX, officeholder living expense
				Monthly Hosting and Services Retainer
Ļ	0 1: 0 1: 0	0.51.105.11	<u> </u>	000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
	Date	Payee name		
	11/03/2023	Raconteur Media Company		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$1,829.98	Po Box 26511		
		Austin, TX 78755-0511		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Monthly Hosting and Services Retainer and Domain
				Renewal
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/OI		agi it	Cince Hold
-	Date	Payee name		
	12/07/2023	Raconteur Media Company		
			ada	
	Amount (\$) \$1,600.00	Payee address; City; State; Zip Co Po Box 26511	oue	
	\$1,000.00	F0 B0X 20311		
		Augstin TV 70755 0511		
		Austin, TX 78755-0511		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Toyon Complete Schoolule T
	EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Monthly Hosting and Services Retainer
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Print Legal Services Sala

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/41 Rpt: 33/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	07/20/2023	Ready Refresh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$136.27	6661 Dixie Hwy Ste 4
		Louisville, KY 40258-3950
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Water Service Equipment Rental for Capitol Office
		Water der vide Equipment Nemar for dapter dinde
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payeo namo
	08/21/2023	Payee name Ready Refresh
		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.37	6661 Dixie Hwy Ste 4
		Louisville, KY 40258-3950
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Water Service Equipment Rental for Capitol Office
		Water Service Equipment Rental for Capitor Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/21/2023	Ready Refresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.37	6661 Dixie Hwy Ste 4
		Louisville, KY 40258-3950
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Water Service Equipment Rental for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/41 Rpt: 34/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	10/19/2023	Ready Refresh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.37	6661 Dixie Hwy Ste 4
		Louisville, KY 40258-3950
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water Service Equipment Rental for Capitol Office
		Transfer Service Equipment North 18. Suprier Since
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/21/2023	Ready Refresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.37	6661 Dixie Hwy Ste 4
		Louisville, KY 40258-3950
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water Service Equipment Rental for Capitol Office
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/21/2023	Ready Refresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.37	6661 Dixie Hwy Ste 4
		Louisville, KY 40258-3950
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Water Service Equipment Rental for Capitol Office
		water service Equipment Nental for Supitor Since
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/41 Rpt: 35/47	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	07/31/2023	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$407.96	PO Box 36647
		Dallas, TX 75235-1647
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense RT Travel to Austin for Work at the Capitol and to
		Speak to a UT Law Class on House Procedures
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/22/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$607.81	PO Box 36647
		Dallas, TX 75235-1647
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		RT Travel to AUS for Meetings and Work at the
		Capitol Capitol
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/31/2023	Talton, Helmut F. (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,079.58	2008 Red Oak Cir
	Ψ2,010.00	2000 Flod Gall Gill
		Round Rock, TX 78681-2202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Staff Wages
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 33/41 Rpt: 36/47	Price IV, Walter T. (The Honorable) 00066243					
4	Date	5 Payee name					
	08/31/2023	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	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
	LXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Staff Wages					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	Complete ONLY if direct expenditure to benefit C/Ol						
_							
	Date	Payee name					
	09/29/2023	Talton, Helmut F. (Mr.)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,079.58	2008 Red Oak Cir					
		Round Rock, TX 78681-2202					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Staff Wages					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					
	Date	Payee name					
	10/31/2023	Talton, Helmut F. (Mr.)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,079.58	2008 Red Oak Cir					
	. ,						
		Round Rock, TX 78681-2202					
	PURPOSE						
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Staff Wages					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	experiorate to beliefft C/OI	1					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 34/41 Rpt: 37/47	Price IV, Walter T. (The Honorable)					
4	Date	5 Payee name					
	11/30/2023	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	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Salaries/Wages/Contract Labor					
		Staff Wages					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	Н					
	Date	Payee name					
	12/01/2023	Talton, Helmut F. (Mr.)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3,828.25	2008 Red Oak Cir					
	,	2000 1.000 00.11 2.11					
		Round Rock, TX 78681-2202					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (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 - End of Year Christmas Bonus					
	Stail Wages End of Feat Chilistinas Bonds						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	н					
_	Date	Payee name					
	12/29/2023	Talton, Helmut F. (Mr.)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,677.83	2008 Red Oak Cir					
	42,011.00	2000 1.000 0 0.1.1 0.1.					
		Round Rock, TX 78681-2202					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
		Check if Austin, TX, officeholder living expense Staff Wages					
		Stall Wages					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 35/41 Rpt: 38/47	Price IV, Walter T. (The Honorable) 00066243							
4	Date	5 Payee name							
	07/31/2023	Talton, Sandra							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2,401.60	2008 Red Oak Cir							
		Round Rock, TX 78681-2202							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Staff Wages							
		Stan Wages							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
H	Date								
		Payee name Talton Sandra							
	08/31/2023	Talton, Sandra							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,401.60	2008 Red Oak Cir							
		Round Rock, TX 78681-2202							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (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							
		Can wages							
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH								
H	Date	Payee name							
	09/29/2023	Talton, Sandra							
H	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,401.60	2008 Red Oak Cir							
	Ψ2,401.00	2000 Neu Cak Cii							
		Round Rock, TX 78681-2202							
	PURPOSE								
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Staff Wages							
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	1							
Г									
ı									

SCHEDULE F1

Advertising Expense E Accounting/Banking F Consulting Expense F Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 36/41 Rpt: 39/47	Price IV, Walter T. (The Honorable) 00066243
4 Date	5 Payee name
10/31/2023	Talton, Sandra
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,401.60	2008 Red Oak Cir
	Round Rock, TX 78681-2202
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Staff Wages
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientale to beliefft C/O	
Date	Payee name
11/30/2023	Talton, Sandra
Amount (\$)	Payee address; City; State; Zip Code
\$2,401.60	2008 Red Oak Cir
	Round Rock, TX 78681-2202
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense
	Staff Wages
Operation ONLY if discont	On all data (Office helder many)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/01/2023	Talton, Sandra
Amount (\$)	Payee address; City; State; Zip Code
\$3,180.75	2008 Red Oak Cir
	Round Rock, TX 78681-2202
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense
	Staff Wages - End of Year Christmas Bonus
Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
l	Sch: 37/41 Rpt: 40/47	Price IV, Walter T. (The Honorable)	00066243				
4	Date	5 Payee name	•				
	12/29/2023	Talton, Sandra					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
l	\$1,825.15	2008 Red Oak Cir					
		Round Rock, TX 78681-2202					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.				
	LAFLINDITORL		n, TX, officeholder living expense				
		Staff Wages					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
ľ	Complete ONLY if direct expenditure to benefit C/OI		Office field				
⊨	D-1-						
	Date 11/27/2023	Payee name Toyas Capital Cift Shap					
L		Texas Capitol Gift Shop					
l	Amount (\$)	Payee address; City; State; Zip Code					
	\$179.80	1400 Congress Ave					
		A TV 70704 4000					
L		Austin, TX 78701-1932					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Louteido of Toyac, Complete Schodule T				
l	EXPENDITURE	Onice Overhead/Nertial Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
l		1	Ornaments for use in Office as gifts				
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OH						
	Date	Payee name					
	08/01/2023	Texas Insider					
	Amount (\$)	Payee address; City; State; Zip Code					
l	\$4,757.00	807 Brazos Street - Suite 504					
l							
		Austin, TX 78701					
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
l	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.				
l			n, TX, officeholder living expense Quarterly Banner Advertisement				
		потпераде С	Addition Danies Advertisement				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI						
\vdash							
ı							

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 38/41 Rpt: 41/47	Price IV, Walter T. (The Honorable) 00066243					
4	Date	5 Payee name					
	07/31/2023	Texas Workforce Commission					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$3.47	PO Box 149037					
		Austin, TX 78714-9037					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		UI Tax Payment to TWC					
		or ract aymone to two					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	07/12/2023	The Condolence Shop					
_	Amount (\$)	Payee address; City; State; Zip Code					
	\$137.46	Po Box 7263					
	Ψ137.40	1 0 BOX 7203					
		Berlin, CT 06037-7263					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		Purchase of Flowers in Honor of Omega Chisum					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experience to benefit of or						
	Date	Payee name					
	12/07/2023	The Eagle Press					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$90.00	PO Box 1810					
		Fritch, TX 79036-1810					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Renewal of Newspaper Subscription for use in Campaign Office					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 39/41 Rpt: 42/47	FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4	·	5 Payee name USPS - Downtown Amarillo	00000243
6	Amount (\$) \$66.00	7 Payee address; City; State; Zip Code 505 E 9th Ave	
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense Stamps for use in Campaign Office
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 10/15/2023	Payee name USPS - Downtown Amarillo	
	Amount (\$) \$424.00	Payee address; City; State; Zip Code 505 E 9th Ave Amarillo, TX 79105-3583	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense PO Box for District Office
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 07/28/2023	Payee name Uber	
	Amount (\$) \$56.66	Payee address; City; State; Zip Code 182 Howard St # 8	
		San Francisco, CA 94105-1611	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. TX, officeholder living expense from Airport to Hotel while in Houston TX Pharmacy Ass. Event
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services The Instruction Guide explain		ges/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 40/41 Rpt: 43/47	Price IV, Walter T. (The Honorable)				00066243	
4	Date	Payee name					
	07/29/2023	Uber					
6	Amount (\$)	Payee address; City; Sta	ate; Zip Cod	е			
	\$36.12	182 Howard St # 8					
		San Francisco, CA 94105-1611	į.				
8	PURPOSE	a) Category (See Categories listed at the top of this	schedule) (b) Description			
	OF EXPENDITURE	Travel Out of District		=		de of Texas. Com	
				—		officeholder living	I to Airport for Return
							Pharmacy Ass. Event
_	0 1: 0.11.7.7.1.	0 111 1011 111	0.00				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office soug	nt		Office he	ela
_	Date	Payee name					
	09/15/2023	Uber					
	Amount (\$)	Payee address; City; Sta	ate; Zip Cod				
	\$60.54	182 Howard St # 8	, <u>Lip</u> 000	•			
	Ψ00.34	102 Howard St # 0					
		San Francisco, CA 94105-1611					
	PURPOSE	a) Category (See Categories listed at the top of this	schedule) (b) Description			
	OF EXPENDITURE	Travel Out of District		<u>—</u>		de of Texas. Com	
	EXI ENDITORE			ш		officeholder living	
				Travel to and	tro	m legislative	e events hosted by UT
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office soug	nt		Office he	eld
_							
	Date	Payee name					
	11/06/2023	Uber					
	Amount (\$)	, ,,	ate; Zip Cod	е			
	\$37.07	182 Howard St # 8					
		San Francisco, CA 94105-1611					
	PURPOSE	a) Category (See Categories listed at the top of this	schedule) (b) Description			
	OF EXPENDITURE	Travel Out of District				de of Texas. Com	
	ZA ZHOHOKZ			ш		officeholder living	
							ttend th eTexas ores Dinner Event
					<u> </u>		
	Complete ONLY if direct	Candidate/Officeholder name	Office soug	nt		Office he	eld
L	expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 41/41 Rpt: 44/47	Price IV, Walter T. (The Honorable)		00066243			
4	Date	5 Payee name		·			
l	11/29/2023	Uber					
6	Amount (\$)	7 Payee address; City; State; Zip Co	de				
	\$17.14	182 Howard St # 8					
l							
l		San Francisco, CA 94105-1611					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
l	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.			
l				Check if Austin, TX, officeholder living expense Travel Expense to Capitol to attend multiple			
l				meetings with HHSC			
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held			
ľ	expenditure to benefit C/O		giit	Office Hold			
⊨	Date	Poves name					
l	07/31/2023	Payee name Wesley Community Center					
┝	Amount (\$)	Payee address; City; State; Zip Coo	do				
l	\$1,034.44	1516 S Roberts St	ue				
l	Ψ1,054.44	1310 3 Nobelis St					
l		Amarillo, TX 79102					
┡	DUDDOOF		/I- \				
l	PURPOSE OF	`	(a)	Description Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense			
				Purchase of Advertising through Event Support			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held			
L	expenditure to benefit C/O	-					
l							

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 45/47 Price IV, Walter T. (The Honorable) 00066243 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/14/2023 Avis - Austin Amount (\$) Payee address; City; State; Zip Code \$258.90 3600 Presidential Blvd Austin, TX 78719-2363 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Rental Car Expense while in Austin for Meetings and Work at the Capitol 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/17/2023 Avis - Austin Amount (\$) Payee address; City; State; Zip Code \$422.15 3600 Presidential Blvd Austin, TX 78719-2363 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Rental Car Expense while in Austin for Meetings and Leg. Events Hosted by UT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 46/47 Price IV, Walter T. (The Honorable) 00066243 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/07/2023 Southwest Airlines Amount (\$) Payee address; City; State; Zip Code \$520.96 PO Box 36647 Dallas, TX 75235-1647 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense RT Travel to Austin for Meetings and Work at the Capitol Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		T	Travel in District Travel Out of District OTHER (enter a category not listed above)				
			The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAME				3 F	iler ID	(Ethics Commission Filers)	
	Sch: 1/1 Rpt: 47/47	Price IV, W	alter T. (The Honorable)			c	0006624	3	
4	Date	5 Payee name							_
	10/20/2023	Chase Ban							
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode				
	\$422.15	PO Box 940	014						
	Reimbursement from								
	X political contributions intended	Palatine, IL	60094-4014						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	ck if travel o	utside of Texas. Complete Schedule T	_
	OF	Credit Card	Pavment			Che	ck if Austin,	TX, officeholder living expense	
	EXPENDITURE		.,		CC Payment for	Rent	al Car E	expense while in Austin for	
					Meetings and Ev				
9	Complete ONLY if direct	<u>l</u> Candidate/Office	holder name		Office sought			Office held	-
ľ	expenditure to benefit	candidate/onice	noider name		Office Sought			Office field	
	C/OH								
	Date	Payee name							Ξ
	10/02/2023	Chase Ban							
				7in Ca	- d-				_
	Amount (\$)	Payee address; City; State; Zip Code							
	\$258.90	PO Box 940	J14						
	Reimbursement from political contributions								
	intended	Palatine, IL	60094-4014						
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	Che	ck if travel o	utside of Texas. Complete Schedule T	
	OF EXPENDITURE	Credit Card	l Payment			Che	ck if Austin,	TX, officeholder living expense	
	EXI ENDITORE							xpense while in Austin Fo	r
					Meetings and Wo	ork a	t Capitol		
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
	C/OH								
	Date	Payee name							
	10/02/2023	Chase Ban	k Visa						
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				_
	\$520.96	PO Box 940	•	,					
	Reimbursement from political contributions intended	Palatine, IL	60094-4014						
\vdash	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Che	ck if travel o	utside of Texas. Complete Schedule T	_
	OF	Credit Card	l Payment			Che	ck if Austin,	TX, officeholder living expense	
	EXPENDITURE		.,		CC Payment for	RT T	ravel to	Austin for Meetings and	
					Work at the Capi			-	
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held	\dashv
	expenditure to benefit								ļ
	C/OH								