CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00066243		2 Total pages filed: 39
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Walter T.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	01/08/2025
	Four	Price		IV	01/00/2020
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT /	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING ADDRESS	2606 S. Lipscomb St.				Receipt # Amount
Change of Address	Amarillo, TX 79109				
	,				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Mr.	T. Kevin			
10 1112					
	NICKNAME	LAST	•••••	SUFFIX	
		Nelson			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	; STATE; ZIP CODE
TREASURER ADDRESS	301 S. Polk, LB 37				
(Residence or Business)					
	Amarillo, TX 79101				
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION		
TREASURER PHONE	(806) 342-4700				
FIIONE					
8 REPORT TYPE		7			7
TIPE	X January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15	8th day before 6	election	Exceeded modified	Final Report (Attach C/OH-FR)
		_		reporting limit	
9 PERIOD	Month Day Year			Month Day	Year
COVERED	07/01/2024	TH	IROUGH	12/31/202	24
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year 11/05/2024		rimary	Runoff	Other
	11/05/2024	ХG	eneral	Special	
				_	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	
	State Representative Distri	ict 87		State Represent	tative District 87
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 39

13 C / OH NAME	Price IV, Walter T. (T	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political of These expenditures may have been made I officeholders are required to report this in	without the candidate's or office	eholder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE / ISSNESS			
		COMMITTEE CAMPAIGN TREASURER	NAME		
		COMMITTEE CAMPAIGN TREASURER	ADDRESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTF ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES O	F LOANS)	\$ 0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 162,923.18	
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LC TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT					
			er penalty of perjury, that the acc ncludes all information required to n Code.		
		Th	ne Honorable Walter T. Price	IV.	
			nature of Candidate or Officehole		
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subs	cribed before me, by the s	, this the	day		
		ertify which, witness my hand and seal of o			
Signature of officer administering Printed name of officer administering Title of officer administer					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 (of 39
18 FILER NAM		19 Filer ID	(Ethics Commission File	ers)
Price IV,	Walter T. (The Honorable)	00066243		
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOU	JNT
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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 162,	,210.82
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	356.18
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	356.18
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	4.20

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 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)	
ᆫ	·	The Instruction Guide explains how to complete this form.	_
1	Total pages Schedule F1:		
L	Sch: 1/33 Rpt: 4/39	Price IV, Walter T. (The Honorable) 00066243	
4	Date	5 Payee name	
	12/02/2024	Amarillo Area Foundation - Panhandle Gives	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10,000.00	801 S Fillmore St Ste 700	
		Amarillo, TX 79101-3514	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
ľ	OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Mission Support for Giving Tuesday	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	08/15/2024	Amarillo Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$225.00	PO Box 9480	
		Amarillo, TX 79105-9480	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Membership Renewal	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialitate to beliefit G/OI	'	
	Date	Payee name	
	08/06/2024	Amarillo National Bank Leasing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$775.00	PO Box 1	
		Amarillo, TX 79105-0001	
Г	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	
		Campaign Office Rental Expense	
$ldsymbol{f eta}$			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
$ldsymbol{f eta}$			
L			

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	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/33 Rpt: 5/39	Price IV, Walter T. (The Honorable)	00066243
4 Date	5 Payee name	<u>'</u>
09/04/2024	Amarillo National Bank Leasing	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$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.
EXPENDITORE	·	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 sou	ught Office held
Date	Payee name	
10/01/2024	Amarillo National Bank Leasing	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$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 ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OI		. •
Date	Payee name	
11/06/2024	Amarillo National Bank Leasing	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$775.00	PO Box 1	ouc
41.0.00		
	Amarillo, TX 79105-0001	
DUDDOCE		[(h) p
PURPOSE 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	Onice Overneau/Rental Expense	Check if Austin, TX, officeholder living expense
		Campaign Office Rental Expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught 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 comple	ete this form.
1	Total pages Schedule F1: Sch: 3/33 Rpt: 6/39	FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4	·	Payee name Amarillo National Bank Leasing	00000243
6	Amount (\$) \$775.00	7 Payee address; City; State; Zip Code PO Box 1 Amarillo, TX 79105-0001	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Office Rental Expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/08/2024	Payee name Avis - Austin	
	Amount (\$) \$434.29	Payee address; City; State; Zip Code 3600 Presidential Blvd Austin, TX 78719-2363	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental car expense while in Austin to deliver speech, attend TDHCA hearing and meetings
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/26/2024	Payee name Carson County Square House Museum	
	Amount (\$) \$1,114.83	Payee address; City; State; Zip Code 503 Elsie Ave	
		Panhandle, TX 79068	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Purchase of Advertising through Event Sponsorship and Underwriting
	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 -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	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: 4/33 Rpt: 7/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	12/06/2024	Eddie V's Prime Seafood
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$759.18	301 E 5th St
		Austin, TX 78701-3615
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 End of Year Capitol Staff Dinner/Meeting
		End of Teal Capitol Stall Difficitive entry
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Davis same
	Date	Payee name
	11/21/2024	GoDaddy.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.81	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 Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website Domain Renewal
		Website Domain Kenewai
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/05/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	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
		nosting of fourplice.org email accounts
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			Committee Legal Services Salaries/Wages/Contract Labor			s/Contract Labor	Travel Out of District OTHER (enter a category not listed above)				
				uction Guide expla	ins how to co	mple	ete this form.				
1	Total pages Schedule F1:							3 F	iler ID	(Ethics Com	mission Filers)
	Sch: 5/33 Rpt: 8/39	Pric	e IV, Walter T. (The Honorable)				C	00066243		
4	Date	5 Paye	ee name								
	08/05/2024	Goo	gle								
6	Amount (\$)	7 Paye	ee address; C	ity; St	ate; Zip Co	de					
	\$38.38	160	0 Amphitheatre	Pkwy							
			·	•							
		Мог	ıntain View, CA	94043-1351							
8	PURPOSE	(a) Cate	gory (See Categorie	s listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		ce Overhead/Re		,		Check if travel o	outside	of Texas. Com	plete Schedule T	
	EXPENDITORE						Check if Austin,				
							Hosting of fou	ırprıc	ce.org ema	ul accounts	
9	Complete ONLY if direct expenditure to benefit C/O		date/Officeholder	name	Office sou	ght			Office h	eld	
	Date	Paye	ee name								
	09/05/2024	Goo									
	Amount (\$)	Pave	ee address; C	ity; St	ate; Zip Co	de					
	\$38.38	1	0 Amphitheatre	•	,						
	430.00	-33	o /p	,							
		Мог	ıntain View, CA	94043-1351							
	PURPOSE	(a) Cate	gory (See Categorie	s listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		ce Overhead/Re				\Box			plete Schedule T	•
	EXI ENDITORE						Check if Austin,				
							Hosting of fou	ırprıc	ce.org ema	ui accounts	
	Complete ONLY if direct expenditure to benefit C/OI		date/Officeholder	name	Office sou	ght			Office h	eld	
	Date	Paye	ee name								
	10/05/2024	Goo	gle								
	Amount (\$)	Paye	ee address; C	ity; St	ate; Zip Co	de					
	\$38.38	160	0 Amphitheatre	Pkwy							
		Моц	ıntain View, CA	94043-1351	i						
	PURPOSE OF	l	, -	s listed at the top of this	schedule)	(b)	Description		·- 0		
	EXPENDITURE	Offic	ce Overhead/Re	ntal Expense			Check if travel of Check if Austin,			plete Schedule T	
							Hosting of fou				
								Pi i	Joing Gill	accounts	
	Complete ONLY if direct	[Candi	date/Officeholder	name	Office sou	aht			Office he	alq	
	expenditure to benefit C/O		date/Officeriolder	Harric	Omoc sou	giit			Office III	JIU .	

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	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: 6/33 Rpt: 9/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	11/05/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.38	1600 Amphitheatre Pkwy
L		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
		Trooting of roarphoolog official accounts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	12/05/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	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
		riosang or routphoc.org eman accounts
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		
	Date	Payee name
L	07/15/2024	IRS
	Amount (\$)	Payee address; City; State; Zip Code
	\$311.21	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
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Tax Deposit Payment for Staff Compensation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	<u>'</u>

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic

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			Legal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict a category not listed above))
	Credit Card F dyment			The Instruction G	uide explains l	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 7/33 Rpt: 10/39		Price IV, Wa	alter T. (The Ho	norable)					00066243		
4	Date	5	Payee name									
	07/31/2024		IRS									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$2,298.91		Internal Rev	enue Service								
			Ogden, UT	54201-0042								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF	` '		ges/Contract L		suuic)			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							—		officeholder livin		
								Tax Deposit F	Pay	ment for St	aff Compensation	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	С	Office sou	ght			Office h	eld	
		_										
	Date		Payee name									
	08/15/2024		IRS									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$311.19		Internal Rev	enue Service								
			Ogden, UT	54201-0042								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ges/Contract L	abor			=			nplete Schedule T.	
								ш		officeholder livin		
								rax Deposit F	-ay	illelit ioi St	aff Compensation	
_	Complete ONLY if direct	<u>_</u>	Candidate/Offic	ceholder name		Office sou	aht			Office h	old	
	expenditure to benefit C/O		Januluale/Onic	centituer manne	C	mice sou	gni			Office II	eiu	
_		1										
	Date		Payee name									
	08/30/2024		IRS									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$2,298.89		Internal Rev	enue Service								
			Ogden, UT !	54201-0042								
	PURPOSE OF	(a)		e Categories listed at		edule)	(b)	Description				
	EXPENDITURE		Salaries/Wa	ges/Contract L	abor					de of Texas. Con officeholder livin	nplete Schedule T.	
											aff Compensation	
									,			
\vdash	Complete ONLY if direct	Щ	 Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI						J					
l												

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	OTTER (enter a category not isseet above)
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
	Sch: 8/33 Rpt: 11/39	Price IV, Walter T. (The Honorable)	00066243
4	Date	5 Payee name	
	09/13/2024	IRS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$311.21	Internal Revenue Service	
		Ogden, UT 54201-0042	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Galaries/Wages/Contract Eabor	de of Texas. Complete Schedule T.
		I U	officeholder living expense rment for Staff Compensation
		Tax Beposit i dy	ment for Stair Compensation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
H	Data	1 5	
	Date	Payee name	
	09/30/2024	IRS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,298.91	Internal Revenue Service	
		Ogden, UT 54201-0042	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Jaianes/Wages/Contract Eabor	de of Texas. Complete Schedule T.
			officeholder living expense rment for Staff Compensation
		Tax Beposit i dy	ment for Stair Compensation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		emee neid
H	Date	Payas name	
	10/15/2024	Payee name IRS	
	Amount (\$)	Payee address; City; State; Zip Code Internal Revenue Service	
	\$311.19	Internal Revenue Service	
		Ogden, UT 54201-0042	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Jaianes/ Wages/Contract Eabor	de of Texas. Complete Schedule T. officeholder living expense
			ment for Staff Compensation
			·
	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 -

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/33 Rpt: 12/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	10/31/2024	IRS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,298.91	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/15/2024	IRS
	Amount (\$)	Payee address; City; State; Zip Code
	\$311.19	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	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/29/2024	IRS
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,298.89	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 travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tax Deposit Payment for Staff Compensation
		Tax Deposit Fayment for Stair Compensation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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: Sch: 10/33 Rpt: 13/39	FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4	Date 12/13/2024	5 Payee name IRS	
6	Amount (\$) \$16,502.46	7 Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201-0042	
8	PURPOSE OF EXPENDITURE	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Payment for Staff Compensation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 12/31/2024	Payee name IRS	
	Amount (\$) \$2,921.29	Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201-0042	
	PURPOSE OF EXPENDITURE	Check if Austi	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Payment for Staff Compensation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 07/28/2024	Payee name Keel Systems LLC	
	Amount (\$) \$416.50	Payee address; City; State; Zip Code 2021 Bluebonnet Ln Unit 208	
		Austin, TX 78704-4048	
	PURPOSE OF EXPENDITURE	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense nthly Fee, Hosting, and Support
	Complete ONLY 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
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	•	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 11/33 Rpt: 14/39	Price IV, Walter T. (The Honorable)		00066243	
4 Date	5 Payee name			
08/28/2024	Keel Systems LLC			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$416.50	2021 Bluebonnet Ln Unit 208			
	Austin, TX 78704-4048			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1	
OF EXPENDITURE	Office Overhead/Rental Expense	Check if tr	ravel outside of Texas. Com	
EXI ENDITORE			Austin, TX, officeholder living	
		Camiliak	Monthly Fee, Hosti	ng, and Support
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht.	Office he	nld
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		agni	Office ne	eiu
	Г			
Date	Payee name			
09/28/2024	Keel Systems LLC			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$416.50	2021 Bluebonnet Ln Unit 208			
	Austin, TX 78704-4048			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Office Overhead/Rental Expense	. .	ravel outside of Texas. Com austin, TX, officeholder living	
			Monthly Fee, Hosti	
			-	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office he	eld
expenditure to benefit C/O	Н			
Date	Payee name			
10/28/2024	Keel Systems LLC			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$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	<u> </u>	
OF	Office Overhead/Rental Expense		ravel outside of Texas. Com	plete Schedule T.
EXPENDITURE			ustin, TX, officeholder living	
		Camtrak I	Monthly Fee, Hosti	ng, and Support
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office he	eld
experialities to beliefft C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 12/33 Rpt: 15/39	Price IV, Walter T. (The Honorable)		00066243	
4	Date	Payee name			
	11/28/2024	Keel Systems LLC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$416.50	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		side of Texas. Con	
	EXI ENDITORE			X, officeholder livin	
		Camiliak W	OHUI	ily Fee, Host	ing, and Support
_	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	old
9	expenditure to benefit C/O			Office II	eiu
	Date	Payee name			
	12/28/2024	Keel Systems LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$416.50	2021 Bluebonnet Ln Unit 208			
		Austin, TX 78704-4048			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Onice Overnead/Nerital Expense		side of Texas. Con X, officeholder livin	
					ing, and Support
				,,	3,
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/O	•			
	Date	Payee name			
	07/20/2024	Lemert Holder Ohm PLLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$221.91	600 S Tyler St Ste 2900			
	,				
		Amarillo, TX 79101-2353			
	PURPOSE	·			
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if trav	el out	side of Texas. Con	nplete Schedule T.
	EXPENDITURE	Accounting/Banking		X, officeholder livin	•
		Monthly Ac	coui	nting Service	S
_					
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/O				

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	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: 13/33 Rpt: 16/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	08/20/2024	Lemert Holder Ohm PLLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$221.91	600 S Tyler St Ste 2900
		Amarillo, TX 79101-2353
8	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
		Monthly Accounting Services
		Montally Accounting Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/25/2024	Lemert Holder Ohm PLLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$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
		Text (Gain) 10p
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
⊨	Data	
	Date	Payee name
L	09/20/2024	Lemert Holder Ohm PLLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Monthly Accounting Services
\vdash	Complete ONLY !f allower	Condidate/Officeholder name Office south
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

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	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: 14/33 Rpt: 17/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	10/20/2024	Lemert Holder Ohm PLLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$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.
		Check if Austin, TX, officeholder living expense Monthly Accounting Services
		Worlding 7 Geodularing Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	d
F	Date	Payee name
	11/20/2024	Lemert Holder Ohm PLLC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$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
		Worlding 7.000driaing Convided
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/20/2024	Lemert Holder Ohm PLLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Monthly Accounting Services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/OI	y
\vdash		

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 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: 15/33 Rpt: 18/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	07/15/2024	Mitchell, Jessica (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,301.93	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
		Can wages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/31/2024	Mitchell, Jessica (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,301.93	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
		Stan Wages
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	08/15/2024	Mitchell, Jessica (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,301.94	34 Oldham Cir
	+ =,00=.0 .	
		Amarillo, TX 79109-3550
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	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		
1		
1		

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/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: 16/33 Rpt: 19/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	08/30/2024	Mitchell, Jessica (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,301.94	34 Oldham Cir
		Amarillo, TX 79109-3550
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 Staff Wages
		Ctall Magos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/13/2024	Mitchell, Jessica (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,301.93	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
		Ctail Hages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/30/2024	Mitchell, Jessica (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,301.93	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
		Otali Wages
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

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/Officenoider/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: 17/33 Rpt: 20/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	10/15/2024	Mitchell, Jessica (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,301.94	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
		Cian Wages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĭ	expenditure to benefit C/O	
	Date	Payee name
	10/31/2024	Mitchell, Jessica (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,301.93	34 Oldham Cir
	Ψ1,001.00	
		Amarillo, TX 79109-3550
	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/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/15/2024	Mitchell, Jessica (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,301.94	34 Oldham Cir
		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
	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 Com

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

	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: 18/33 Rpt: 21/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	11/29/2024	Mitchell, Jessica (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,301.94	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 Austin, TX, officeholder living expense Staff Wages
		Otali Wages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
_	Date	Payee name
	12/13/2024	Mitchell, Jessica (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,301.94	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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Staff Wages
		Stall Wayes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	12/13/2024	Mitchell, Jessica (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$16,675.00	34 Oldham Cir
	7-2,010	
		Amarillo, TX 79109-3550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Staff Wages - End of Year Bonus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 19/33 Rpt: 22/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	12/31/2024	Mitchell, Jessica (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,905.81	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 - Combined w/ January
		Stail Wages Combined W Sandary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	09/04/2024	NAMI Texas Panhandle
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 44
		Amarillo, TX 79105-0044
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Purchase of Advertising through Event Support and
		Underwriting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/02/2024	Nugent, Sylvia (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$12,000.00	11508 Royalshire Dr
	Ψ12,000.00	11300 Noyaishire Di
		Dallas, TX 75230-2914
	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
		Consulting Expense (July to December)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	rhead Dense Dense Dense Dense	e /Contract Labor		Solicitation/Fundataring Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 20/33 Rpt: 23/39		Price IV, Walter T. (The Honorable)					00066243
4	Date	5	Payee name					
	12/31/2024		Nugent, Sylvia (Ms.)					
6	Amount (\$) \$2,500.00	:	Payee address; City; State; 11508 Royalshire Dr Dallas, TX 75230-2914	Zip Coo	de			
8	PURPOSE	-			(h)	Description		
0	OF EXPENDITURE		Category (See Categories listed at the top of this sche Consulting Expense	edule)	(D)	=	TX,	de of Texas. Complete Schedule T. officeholder living expense NSE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		andidate/Officeholder name O	office souç	ght			Office held
	Date		Payee name					
	07/17/2024		Optimum					
	Amount (\$)		Payee address; City; State;	Zip Cod	de			
	\$152.30		PO Box 742535					
		(Cincinnati, OH 45274-2535					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	(b)	Check if Austin,	, TX,	de of Texas. Complete Schedule T. officeholder living expense t Service Expense - Campaign
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name O	office souç	ght			Office held
	Date		Payee name			-		
L	08/19/2024	ı	Optimum					
	Amount (\$) \$152.30		Payee address; City; State; PO Box 742535 Cincinnati, OH 45274-2535	Zip Coo	de			
_	DUDDOG	-		i	<i>,</i> ,			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)	(b)	Check if Austin,	TX,	de of Texas. Complete Schedule T. officeholder living expense t Service Expense - Campaign
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name O	ffice souç	ght			Office held

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 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: 21/33 Rpt: 24/39	Price IV, Walter T. (The Honorable) 00066243					
4	Date	5 Payee name					
	09/17/2024	Optimum					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$152.30	PO Box 742535					
		Cincinnati, OH 45274-2535					
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					
		Wireless Internet Service Expense - Campaign					
		Office					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					
	Date	Payee name					
	10/17/2024	Optimum					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$152.30	PO Box 742535					
		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					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	i					
	Date	Payee name					
	11/17/2024	Optimum					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$152.30	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 Austin, TX, officeholder living expense					
		Wireless Internet Service Expense - Campaign Office					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct expenditure to benefit C/OH						

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

	Candidate/Officeholder/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: 22/33 Rpt: 25/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	09/25/2024	Price IV, Walter T. (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$664.64	2606 S Lipscomb St
		Amarillo, TX 79109-2332
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 Attend Meetings and HNR Hearing (992
		miles @ .67 per mile)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/12/2024	Price IV, Walter T. (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.53	2606 S Lipscomb St
		Amarillo, TX 79109-2332
	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 Gruver to Speak at Gruver High School
		(178.4 miles @.67 per mile)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/17/2024	Price IV, Walter T. (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$664.64	2606 S Lipscomb St
		Amarillo, TX 79109-2332
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel to Austin to Work at the Capitol (992 miles @
		.67 per mile)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

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

l	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: 23/33 Rpt: 26/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	12/09/2024	Price IV, Walter T. (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$664.64	2606 S Lipscomb St
		Amarillo, TX 79109-2332
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel to Austin to Attend Events at the Capitol (992 miles @ .67 per mile)
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	'	
	Date	Payee name
L	12/31/2024	Price IV, Walter T. (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$356.18	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 11.5.24
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	11/06/2024	Quorum Report
H	Amount (\$)	Payee address; City; State; Zip Code
	\$519.60	PO Box 8
		Austin, TX 78767-0008
H	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
		Subscription Renewal
ldash	Complete CNUV'S	Condidate (Office helder name)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		

SCHEDULE F1

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

Fees Office Overhead/I
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/C

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

	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: 24/33 Rpt: 27/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	07/21/2024	Ready Refresh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.72	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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water Service Equipment Rental for Capitol Office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
-	Date	Payee name
	08/21/2024	Ready Refresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.80	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
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Water Service Equipment Rental for Capitol Office
	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/19/2024	Ready Refresh
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.80	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
	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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee I	_egal Services	:		ages	/Contract Labor		OTHER (enter a	a category not listed above)	
	Credit Gard F dyment			The Instruction G	uide explains ho	ow to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 25/33 Rpt: 28/39		Price IV, Wa	Iter T. (The Ho	norable)					00066243		
4	Date	5	Payee name									
	10/21/2024		Ready Refre	sh								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Cod	de					
	\$23.80		6661 Dixie H	lwy Ste 4								
			Louisville, K'	Y 40258-3950								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE			ead/Rental Ex		,		Check if travel of	outsio	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE							—		officeholder livin		
								water Service	еE	quipment H	Rental for Capitol Office	
_												
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Off	fice souç	ght			Office h	ield	
		_										_
	Date	ı	Payee name									
	08/06/2024		Southwest A	irlines								
	Amount (\$)	l	Payee addres		State;	Zip Coo	de					
	\$393.97		PO Box 366	47								
			Dallas, TX 7	5235-1647								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Travel Out o	f District				=		de of Texas. Con officeholder livin	nplete Schedule T.	
								—			etings and Work at the	
								Capitol			9	
	Complete ONLY if direct		Candidate/Offic	eholder name	Off	fice soug	ght			Office h	ield	_
	expenditure to benefit C/OI	Н										
_	Date		Payee name									=
	08/19/2024	ı	Southwest A	irlines								
	Amount (\$)		Payee addres	s; City;	State:	Zip Cod	de					_
	\$32.00	ı	PO Box 366		,	,						
			Dallas, TX 7	5235-1647								
	PURPOSE	-		e Categories listed at	the ten of this cohed	tulo)	(b)	Description				-
	OF		Travel Out o		ine top of this scried	uule)	(~)		outsio	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							_		officeholder livin		
								Additional Ex Meetings and			Travel to Austin for	
								wicedings and			•	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Off	fice soug	ght			Office h	eld	
	experientare to beliefft G/OI											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Event Expense

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	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 26/33 Rpt: 29/39	Price IV, Walter T. (The Honorable)		00066243
4	Date	5 Payee name		<u> </u>
	10/15/2024	Southwest Airlines		
6	Amount (\$) \$618.96	7 Payee address; City; State; Zip Co PO Box 36647	de	
	Ф010.90	PO 60X 30047		
		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 Dallas to Deliver Speech/Receive
				Award @ TACHC Conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
_	Date	Payee name		
	10/14/2024	Southwest Airlines		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$558.97	PO Box 36647		
		Dallas, TX 75235-1647		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				RT Travel to Austin for Work at the Capitol on 10.31.24
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	
	expenditure to benefit C/O		ynı	Office field
	Data			
	Date 07/21/2024	Payee name		
	07/31/2024	Talton, Helmut F. (Mr.)		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$1,686.33	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
				· ·
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O		J -	
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 27/33 Rpt: 30/39	Price IV, Walter T. (The Honorable)		00066243	
4	Date	5 Payee name	•		
	08/30/2024	Talton, Helmut F. (Mr.)			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,686.33	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		side of Texas. Com	
	EXI ENDITORE	Check if Austi		t, officeholder living	expense
		Stall Wayes			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald
9	expenditure to benefit C/O			Office file	au
_	Data	David and the second			
	Date 09/30/2024	Payee name Talton, Helmut E. (Mr.)			
		Talton, Helmut F. (Mr.)			
	Amount (\$) \$1,686.33	Payee address; City; State; Zip Code 2008 Red Oak Cir			
	Φ1,000.33	2008 Reu Oak Cii			
		Dound Dook, TV 70601 2202			
		Round Rock, TX 78681-2202			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Loute	side of Texas. Com	nloto Schodulo T
	EXPENDITURE	Salaries/ Wages/Contract Eabor		I, officeholder living	
		Staff Wages			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
	Date	Payee name			
	10/31/2024	Talton, Helmut F. (Mr.)			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,686.33	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		outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE	Check if Austi		, officeholder living	expense
		Staff Wages			
	Operation Chilly II	Constitute (Office helder as			.1.1
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	21 0

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/Officenoider/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: 28/33 Rpt: 31/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	11/29/2024	Talton, Helmut F. (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,686.33	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
		San Mages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/13/2024	Talton, Helmut F. (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$15,636.75	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 travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff Wages - End of Year Bonus
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Device name
	12/31/2024	Payee name Talton, Helmut F. (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,686.33	2008 Red Oak Cir
	Ψ1,000.00	2000 Neu Cuk Cii
		Round Rock, TX 78681-2202
	PURPOSE	Ta.
	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/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 Committ

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

	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: 29/33 Rpt: 32/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	07/31/2024	Talton, Sandra
6	Amount (\$) \$1,837.65	7 Payee address; City; State; Zip Code 2008 Red Oak Cir
		Round Rock, TX 78681-2202
8	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Staff Wages
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/30/2024	Talton, Sandra
	Amount (\$) \$1,837.65	Payee address; City; State; Zip Code 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 expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	Talton, Sandra
	Amount (\$) \$1,837.65	Payee address; City; State; Zip Code 2008 Red Oak Cir
		Round Rock, TX 78681-2202
	PURPOSE OF EXPENDITURE	(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. 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

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: 30/33 Rpt: 33/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	10/31/2024	Talton, Sandra
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,837.65	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	H
	Date	Payee name
	11/29/2024	Talton, Sandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,837.65	2008 Red Oak Cir
	• •	2000 1.000 2.33.2.33
		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
		Staff Wages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	н
_	Date	Payee name
	12/13/2024	Talton, Sandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$16,087.00	2008 Red Oak Cir
	4 =0,001.100	
		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 Bonus
		Stan wages - Life of Fear Bonus
	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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 31/33 Rpt: 34/39	Price IV, Walter T. (The Honorable) 00066243
4	Date	5 Payee name
	12/31/2024	Talton, Sandra
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,837.65	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
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Staff Wages
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/31/2024	Texas Workforce Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.52	PO Box 149037
		Austin, TX 78714-9037
	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 UI Tax Payment to TWC
		or race ayment to 1990
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/02/2024	USPS - Downtown Amarillo
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.10	505 E 9th Ave
	Ψ1.10	303 L 3417 WC
		Amarillo, TX 79105-3583
	BUBBOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee for Forwarding Mail from DO PO Box to Capitol
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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 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)	_
	Sch: 32/33 Rpt: 35/39	Price IV, Walter T. (The Honorable) 00066243	
4	Date	5 Payee name	
	09/05/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$23.02	182 Howard St # 8	
		San Francisco, CA 94105-1611	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Transportation following TDHCA hearing	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experialiture to benefit C/Oi		
	Date	Payee name	
	10/22/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$76.61	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 Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Transportation Expense while in Dallas for Conference	
			_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
_	Date	Davies warms	=
	10/23/2024	Payee name Uber	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$67.73	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 Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Return Transportation Expense while in Dallas for	
		Conference	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF	1	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

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		mmittee	Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (ls Expense		nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 33/33 Rpt: 36/39		Price IV, W	alter T. (The H	onorable)				00066243	
4	Date	5	Payee name	,						
	11/01/2024		Uber							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code				
	\$82.26		182 Howar	d St # 8						
		—		sco, CA 94105		1				
8	PURPOSE OF	(a)		See Categories listed at	the top of this sche	edule) (b)	Description		:d4.T	olaka Oakadula T
	EXPENDITURE		Travel Out	of District					ide of Texas. Com , officeholder living	
							—			ngs in Downtown while
							in Austin at 0			
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Off	ïceholder name	C	Office sought			Office he	eld

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Bever / - Gift/Awards tl Committee Legal Servi	rage Expense /Memorials Expense ces	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel Out of District OTHER (enter a category not listed above)
The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 37/39	Price IV, Walter T. (The Honorable)			00066243
4 CREDIT CARD ISSUER	Name of financial institution Chase Bank Southwest		5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid
	\$356.18	11/03/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Avis - Austin		3600 Presidential Blvd	
			Austin, TX 78719-2363	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	attache A carte for March and A for artists
X Political	Travel Out of District		Rental Car Expense while in Austin for Work and Meetings at Capitol	
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event 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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 38/39 Price IV, Walter T. (The Honorable) 00066243 Date Payee name 11/05/2024 Chase Bank Visa 6 Amount (\$) Payee address; City; State; Zip Code \$356.18 PO Box 94014 Reimbursement from political contributions intended Х Palatine, IL 60094-4014 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** CC Payment for Expense on 11.3.24 for Rental Car while in Austin for Work at the Capitol Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 39/39 2 FILER NAME Filer ID (Ethics Commission Filers) Price IV, Walter T. (The Honorable) 00066243 5 Name of person from whom amount is received 8 Amount (\$) 11/18/2024 \$4.20 Ready Refresh 6 Address of person from whom amount is received; City; State; Zip Code Louisville, KY 40258-3950 Purpose for which amount is received Check if political contribution returned to filer Refund for Water Service Equipment at Captiol Office