

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00066243	2 Total pages filed: 208	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Walter T.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2017
	NICKNAME Four	LAST Price	SUFFIX IV	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2606 S. Lipscomb St. Amarillo, TX 79109		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST T. Kevin	MI	
	NICKNAME	LAST Nelson	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 301 S. Polk, LB 37 Amarillo, TX 79101		APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER 342-4700	EXTENSION	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2016	THROUGH	Month Day Year 12/31/2016	
10 ELECTION	ELECTION DATE Month Day Year 11/08/2016		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 87		12 OFFICE SOUGHT (if known) State Representative District 87	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Price IV, Walter T. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00066243
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Texas Alliance for Life PAC
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		8000 Centre Park Drive Suite 380 Austin, TX 78754
		COMMITTEE CAMPAIGN TREASURER NAME
		Shaw, James
		COMMITTEE CAMPAIGN TREASURER ADDRESS
		4505 Corazon Cv Round Rock, TX 78681

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 413,712.40
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 164,940.55
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 629,934.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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

The Honorable Walter T. Price IV
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Price IV, Walter T. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00066243
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 411,444.00
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,268.40
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 154,655.93
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 5,142.31
9. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 5,142.31
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 469.25

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/102 Rpt: 4/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A&M PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78768	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/03/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00400929) ABC PAC - AmericsourceBergen Corporation PAC <hr/> Contributor address; City; State; Zip Code Chesterbrook, PA 19087	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABC PAC - AmericsourceBergen Corporation PAC <hr/> Contributor address; City; State; Zip Code Chesterbrook, PA 19087	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AFSCME TX Correctional Officers PAC <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77320	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AG-AIR PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/102 Rpt: 5/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/25/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AHS Medical Holdings LLC Good Government Fund <hr/> 6 Contributor address; City; State; Zip Code Nashville, TN 37215	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) APAC TX PAC - APAC Inc/Oldcastle Materials, Inc. Texas PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AT&T Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AZ PAC - AstraZenica <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19805-5438	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbott Laboratories Employee PAC <hr/> Contributor address; City; State; Zip Code Abbott Park, IL 60064-6001	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/102 Rpt: 6/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/07/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbvie PAC	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Chicago, IL 60064		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham, Malouf (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Canadian, TX 79014		
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acadian Ambulance Texas Employee PAC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code LaFayette, LA 70509-8000		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Charlotte	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Amarillo, TX 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Advance America Cash Advance Centers PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Spartanburg, SC 29306		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/102 Rpt: 7/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/10/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00181826) Aetna Inc. Political Action Committee	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Washington, DC 20001	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahlberg, Trevor (Mr.)	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Irving, TX 75038	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Cottonwood Financial
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, James (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dumas, TX 79029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AltriaPAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Washington, DC 20001	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) American Collectors Association of Texas Collect PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Lindale, TX 75771	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/102 Rpt: 8/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/07/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amgen PAC <hr/> 6 Contributor address; City; State; Zip Code Thousand Oaks, CA 91320	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Terri <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andre, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00197228</u>) Anthem PAC <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46204	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00577155</u>) Apex Clean Energy, Inc. PAC <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22902	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/102 Rpt: 9/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/06/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aransas-Corpus Christi Pilots PAC <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78403	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold Public Affairs <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Astuto, Steve (Dr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Orthodontist		Employer (See Instructions) Self
Date 10/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Attebury, Joyce (Ms.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 09/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Jane <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/102 Rpt: 10/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Luke <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79119	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) Panhandle Presort Services, Ltd.
Date 09/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, III, J.B. (Mrs.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Panhandle Presort
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BACPAC - Texas Business and Commerce PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00235739</u>) BNSF RAILPAC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76161	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Bobby W. <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/102 Rpt: 11/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Battista, Michael (Dr.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78230	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Neonatologist		9 Employer (See Instructions) Pediatrix Medical Group
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beatty, Patrick <hr/> Contributor address; City; State; Zip Code Leawood, KS 66224	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beef PAC <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell Helicopter Textron PAC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76101	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/102 Rpt: 12/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellina, James <hr/> 6 Contributor address; City; State; Zip Code Waxhaw, NC 28173	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) AMA - TechTel
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Robert B. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Upshaw Insurance Agency
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessent, Kody <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bickerstaff, Cliff <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Amarillo National Bank
Date 09/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birdsong, Shylan (Mrs.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/102 Rpt: 13/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bivins, Mark E. (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79105	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Rancher/Cattleman		9 Employer (See Instructions) Self
Date 09/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bivins, Tom (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79105	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self Employed
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bjork, Avenelle (Ms.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bjork, Keith (Dr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79116	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner, David (Dr.) <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/102 Rpt: 14/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/07/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner Carrington LLC	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Austin, TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Border Health PAC	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyce, Maurene (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyce, Maurene (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyce, William	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/102 Rpt: 15/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/26/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Dean <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Ronald <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Jeweler		Employer (See Instructions) Duncan and Boyd
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Daniel <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) Auto Inc.
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bresnen, Amy (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) Bresnen and Associates
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Jim J. (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79101	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Oil and Gas Investor		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/102 Rpt: 16/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Jr., W.H (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79105	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brillhart Jr., H.C. (Mr.) <hr/> Contributor address; City; State; Zip Code Perryton, TX 79070	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brister, Mike (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79121	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Enerpipe Ltd
Date 09/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Britain, Mary L. (Mrs.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 10/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Britt, Lewis <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109-6556	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/102 Rpt: 17/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brosier, Sheri <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, John M. (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Mullin Hoard & Brown LLP
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mary Rose <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) NuStar Energy Corporation
Date 10/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruckner, Carol <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 10/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruckner, Peggy <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/102 Rpt: 18/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/30/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruckner, Randi (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Homemaker
Date 12/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckles, Scott (Mr.) <hr/> Contributor address; City; State; Zip Code Stratford, TX 79084	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckles, Scott <hr/> Contributor address; City; State; Zip Code Stratford, TX 79084	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckthal, John R. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79101	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/102 Rpt: 19/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/26/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckthal, W.P. (Mr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79101-3638	
8 Principal occupation / Job title (See Instructions) Investments		9 Employer (See Instructions) Self
Date 12/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butt, Charles	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78204	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) HEB Grocery
Date 12/02/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00384818) CVS Health PAC	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code Washington, DC 20004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell III, Turner (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Amarillo, TX 79121	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calhoun, Kirk	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Tyler, TX 75707	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/102 Rpt: 20/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantella, Chad (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78763	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Lobbyist		9 Employer (See Instructions) Texas Star Alliance
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capelo Law Firm - Jaime Capelo <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriage House Partners <hr/> Contributor address; City; State; Zip Code Austin, TX 78767	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, David <hr/> Contributor address; City; State; Zip Code Levelland, TX 79338	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartwright, Sam (Mr.) <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/102 Rpt: 21/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/02/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carvelli, John <hr/> 6 Contributor address; City; State; Zip Code Newport Beach, CA 92660	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Government Relations Group
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash America International PAC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00148031) Caterpillar Employees PAC <hr/> Contributor address; City; State; Zip Code Peoria, IL 61629	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caviness, Terry (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Executive Officer		Employer (See Instructions) Caviness Beef Packers
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caviness, Trevor (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Caviness Beef Packers

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/102 Rpt: 22/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/14/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Centene Corporation PAC - Superior Health Plan Inc. 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/08/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Centene Corporation PAC - Superior Health Plan Inc. Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00419911 _____) CenturyLink Inc. Employees PAC Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerner PAC Contributor address; City; State; Zip Code Kansas City, MO 64117	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaloupka, Shelley Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/102 Rpt: 23/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/07/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Randall 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chesapeake Energy for Texans - PAC Contributor address; City; State; Zip Code Austin, TX 78701-9996	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chesapeake Energy for Texans - PAC Contributor address; City; State; Zip Code Austin, TX 78701-9996	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chesley, Laresa Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 10/07/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00035006) Chevron Employees PAC Contributor address; City; State; Zip Code San Ramon, CA 94583	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/102 Rpt: 24/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/26/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Miles Bivins (Mr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79105	
8 Principal occupation / Job title (See Instructions) Rancher		9 Employer (See Instructions) Self Employed
Date 09/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cigna PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Bloomfield, CT 06002	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Cheryl	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Dumas, TX 79029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Paul (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Amarillo, TX 79105	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) PAC Production Company
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Steven (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Amarillo, TX 79119	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/102 Rpt: 25/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/22/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clemens, John C. 6 Contributor address; City; State; Zip Code Amarillo, TX 79105	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Investments Advisor		9 Employer (See Instructions) Amarillo National Bank
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clouch, Dennis (Mr.) Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Austin Distributing
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coats Rose P.C. PAC Contributor address; City; State; Zip Code Houston, TX 77046	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffey, Kenneth Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coker, Brent Contributor address; City; State; Zip Code Springlake, TX 79082	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/102 Rpt: 26/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/26/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collard III, F.G. (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79106	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/07/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00248716) Comcast Corporation & NBC Universal PAC <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19103	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comerica Incorporated PAC <hr/> Contributor address; City; State; Zip Code Detroit, MI 48275	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Concho Resources, Inc. PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cone, Jeffrey (Dr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/102 Rpt: 27/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/07/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Congress Avenue Partners Political Action Committee <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00112896</u>) Conoco Phillips Spirit PAC <hr/> Contributor address; City; State; Zip Code Bartlesville, OK 74004	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Consulting Engineers PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbin, Philip J. (Dr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self
Date 10/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courson, Harold D. (Mr.) <hr/> Contributor address; City; State; Zip Code Perryton, TX 79070	Amount of Contribution (\$) \$1,100.00
Principal occupation / Job title (See Instructions) Oil and Gas Investments		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/102 Rpt: 28/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/30/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cory, Madeline (Mrs.)	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Amarillo, TX 79124		
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Self
Date 11/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowen, Stephen (Dr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Susan (Mrs.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cramer, Jim (Mr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Amarillo, TX 79120		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Austin Dist.
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, AI	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Amarillo, TX 79105		
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) DFB Insurance Group

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/102 Rpt: 29/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curry, John C.	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79102	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DECPAC - Devon Energy Corporation PAC	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Oklahoma City, OK 73102	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENPAC - Texas Dental Association PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DPSOA PAC - Texas Department of Public Safety Officers Association	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78752	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas Police Officer PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75215	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/102 Rpt: 30/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/03/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalrymple, Stephen <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79102-2321	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Senior Vice President		9 Employer (See Instructions) Baptist Community Services
Date 10/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Chan (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Edwin <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawkins, Pattilou <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeJong, Cheri (Mrs.) <hr/> Contributor address; City; State; Zip Code Dalhart, TX 79022	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Dairy Farmer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/102 Rpt: 31/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/02/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00211318) Deloitte PAC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Washington, DC 20044-0365		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodson, Becky	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Amarillo, TX 79106		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donelson, BA	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Amarillo, TX 79124		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dowdy, Daniel (Mr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dowlearn, Scott (Dr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/102 Rpt: 32/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lehmer <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Investments		9 Employer (See Instructions) TCP Financial
Date 11/07/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00523233) EDF - Renewable Energy PAC <hr/> Contributor address; City; State; Zip Code Portland, OR 97204	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00363879) ENPAC Texas - Entergy Employee PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ER Now <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Elaine (Mrs.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/102 Rpt: 33/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/09/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Jay <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79707	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Zane <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79707	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00082792) Eli Lilly and Company PAC <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46285	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engler, Paul (Mr.) <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79116	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Chairman Emeritus		Employer (See Instructions) Cactus Feeders
Date 12/09/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00219642) Enterprise Holdings, Inc. PAC <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63105	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/102 Rpt: 34/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/02/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erben & Yarbrough <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escajeda, Lilia <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79120	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Exelon PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/22/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00365072</u>) Express Scripts PAC <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63121	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ExxonMobil PAC <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/102 Rpt: 35/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/28/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOMCPAC - Friends of UT Southwestern Medical Center PAC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fancher, Ed (Mrs.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feingold, Jeffrey (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33309	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) MCNA Dental
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Thomas (Mr.) <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Focused Advocacy Group PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/102 Rpt: 36/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/30/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friemel, Stephanie (Mrs.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79109	
8 Principal occupation / Job title (See Instructions) Farmer/Homemaker		9 Employer (See Instructions) Lark Land and Cattle
Date 08/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of the University PAC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Austin, TX 78763	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuston, Kathie	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Dumas, TX 79029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GPAC - American Pharmacy, Inc PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78401	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00024869) General Electric PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Washington, DC 20004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/102 Rpt: 37/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/17/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald, Laurel <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good Government Fund <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code Dalhart, TX 79022	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grall, Harold <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Owner/Principal Officer		Employer (See Instructions) Hasta Farms
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grall, Harold <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner/Principal Officer		Employer (See Instructions) Hasta Farms

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/102 Rpt: 38/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Kathryn (Ms.)	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Austin, TX 78704	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greehey, William E.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78278	
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) NuStar Energy Corporation
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Amanda (Ms.)	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code Amarillo, TX 79118	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Beverly	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Amarillo, TX 79106	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Nita (Ms.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/102 Rpt: 39/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/07/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota PAC <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunn, Brandon <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund <hr/> Contributor address; City; State; Zip Code Irving, TX 75039	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00199711</u>) HCSC PAC - Health Care Service Corporation Employees PAC <hr/> Contributor address; City; State; Zip Code Chicago, IL 60601	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00440453</u>) HMS Holdings Corporation PAC <hr/> Contributor address; City; State; Zip Code New York, NY 10010	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/102 Rpt: 40/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/07/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HMWK LLC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPAC of Texas - Texas Association of Builders <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HTAK PAC - Home Therapy Advocates for Kids <hr/> Contributor address; City; State; Zip Code Dallas, TX 75380	Amount of Contribution (\$) \$3,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haberer, Mark <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamker, William (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79121	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Attorney/Rancher		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/102 Rpt: 41/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/30/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamner, Callie <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hare, Carl D. (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) The Nunn Company Ltd.
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Judy SoRelle <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Beverly (Mrs.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79121	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Daniel <hr/> Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/102 Rpt: 42/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/21/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harwell, Stacey <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79121	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Heidi <hr/> Contributor address; City; State; Zip Code Cave Creek, AZ 85331	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Heidi Sticksel (Dr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, William B. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79121	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayhurst, Tracy <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/102 Rpt: 43/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/18/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, J.T. (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Canyon, TX 79015	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Triangle Realty
Date 09/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickman, J.Pat (Mr.) <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Happy State Bank
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) High, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillco - PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hochheim Prarie PAC <hr/> Contributor address; City; State; Zip Code Yoakum, TX 77995	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/102 Rpt: 44/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Jerry H. (Mr.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79101	
8 Principal occupation / Job title (See Instructions) Chairman		9 Employer (See Instructions) Maxor National Pharmacy Services Corp.
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holcomb, Gary (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Amarillo, TX 79119	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holcomb, Kimberly	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Amarillo, TX 79119	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holder, Luke	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Amarillo, TX 79101	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Justin	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Heath, TX 75032	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/102 Rpt: 45/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/09/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honeyfield, Scott <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79124	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/19/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00096156) Honeywell International PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hood, Jeanine (Mrs.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79121	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 12/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Pilots PAC <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Police Officers' Union PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/102 Rpt: 46/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Mark (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dalhart, TX 79022	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Mike (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79159	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) FMC Management Inc
Date 09/09/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00271007) Humana Inc. PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Washington, DC 20004	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Roy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79159	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBAT PAC - PAC of the Independent Bankers Association of Texas	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/102 Rpt: 47/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/07/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IMPACT -Independent Insurance Agents of Texas	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Austin, TX 78768		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INDEPAC - Texas Independent Automobile Dealers Association PAC	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Austin, TX 78750		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IPRX PAC - Independent Pharmacists RX PAC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isley, Michael (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack, Darrell	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Bulverde, TX 78163		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/102 Rpt: 48/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/26/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Sisemore Traveland <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79110	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffreys, Holly <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Chris <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Marsha <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Consultant/Lobbyist		Employer (See Instructions) Hilco Partners
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Mitchell <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/102 Rpt: 49/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/17/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juba, Amy (Mrs.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79106	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juett, J. F.	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Junior and Community College PAC.	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K&L Gates Committee for Good Government	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Andrew	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75225	
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Meadows Mental Health Policy Institute

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/102 Rpt: 50/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Ken	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79109	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) GTM Manufacturing LLC
Date 12/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenton, Alexander	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78212	
Principal occupation / Job title (See Instructions) Neonatologist		Employer (See Instructions) Self
Date 12/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kickapoo Traditional Tribe of Texas	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Eagle Pass, TX 78852	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kritser, John (Mr.)	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Amarillo, TX 79120	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Yellowhouse Machinery
Date 10/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Brandon	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) President and County Manager		Employer (See Instructions) Chicago Title Amarillo

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/102 Rpt: 51/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, J.B	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Amarillo, TX 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lary, Pam (Mrs.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Amarillo, TX 79106		
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham IV, Jess	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Brooklyn, NY 11201		
Principal occupation / Job title (See Instructions) Reinsurance Officer		Employer (See Instructions) Validus
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham III, Jess Ben	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions) Insurance Executive		Employer (See Instructions) ProAg Insurance Group
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham, Larry	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Amarillo, TX 79119		
Principal occupation / Job title (See Instructions) Insurance Executive		Employer (See Instructions) ProAg Management Inc.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/102 Rpt: 52/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legg, Karen (Mrs.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Dumas, TX 79029	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leming, April	Amount of Contribution (\$) \$495.00
	Contributor address; City; State; Zip Code Amarillo, TX 79119	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Gosselink, Rochelle, and Townsend, P.C	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke Lord LLP	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75201	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logsdon, Mark	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Amarillo, TX 79124	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/102 Rpt: 53/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovelady, Samuel (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79109	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M Group Strategies	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78768	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEDNAX Inc. PAC	Amount of Contribution (\$) \$10,000.00
	Contributor address; City; State; Zip Code Sunrise, FL 33323	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOCPAC TX - Marathon Oil Company PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77056	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden Jr., Wales (Mr.)	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Amarillo, TX 79105-5288	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/102 Rpt: 54/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magellan Health Inc. PAC <hr/> 6 Contributor address; City; State; Zip Code Scottsdale, AZ 85251	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maples, R. Benton <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Roy (Mr.) <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Kade <hr/> Contributor address; City; State; Zip Code Clarendon, TX 79226	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 12/10/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00558932) Maxim Healthcare Services Inc. PAC <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22314	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/102 Rpt: 55/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maynard, Tiffini <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79121	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Tim <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGill, Helen <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00225342</u>) McGuire Woods PAC <hr/> Contributor address; City; State; Zip Code Richmond, VA 23219	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKay, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109-3543	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Orthopedic Surgeon		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/102 Rpt: 56/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/07/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00108035) McKesson Coporation Employees PAC <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94104	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLain, Mindi <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMennamy, Glenn (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79116	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeely, Milton <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Independent Investment Corp.
Date 09/19/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00097485) Merck Employee PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/102 Rpt: 57/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrick, Garth <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79106	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Owner and Officer		9 Employer (See Instructions) Merrick Pet Foods
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Larry <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Trinity Fellowship Church
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Dee <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Oth <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Mike (Mr.) <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/102 Rpt: 58/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milton, John	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79109	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miner, Barbara	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mires, Kay	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code O'Donnell, TX 79351	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Misra, Subhasis (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Amarillo, TX 79119	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Andrew (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) Toot n Totum

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/102 Rpt: 59/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/30/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Greg (Mr.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79109	
8 Principal occupation / Job title (See Instructions) President/CEO		9 Employer (See Instructions) Toot n Totum
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mize, Jill (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Amarillo, TX 79121	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00430256) Molina Healthcare, Inc. PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Long Beach, CA 90802	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Shane (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Amarillo, TX 79124	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Dean	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Wholesale Beer Distributor		Employer (See Instructions) Amarillo Budweiser Distributing Co.

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/17/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mozola, John (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79109	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myrick, Coy (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Nazareth, TX 79063	
Principal occupation / Job title (See Instructions) Farmer/Rancher		Employer (See Instructions) Myrick Farms
Date 09/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myrick, J. D.	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Hart, TX 79043-5014	
Principal occupation / Job title (See Instructions) Farmer/Rancher		Employer (See Instructions) JD Myrick Farms
Date 10/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NCHA's Texas Events PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00366559) NRG Energy Political Action Committee	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Princeton, NJ 08540-6213	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/07/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) National Child Care Coalition <hr/> 6 Contributor address; City; State; Zip Code Rowlett, TX 75083	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neely, Jeff (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Ginger <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79101	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Nelson and Nelson P.C.
Date 10/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nessler, Craig <hr/> Contributor address; City; State; Zip Code Bryan, TX 77808	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newsom, T.D. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79101	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Lovell, Lovell, Newsom, and Isern		Employer (See Instructions) Attorney

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/06/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NuStar PAC	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78257		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Alex	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Amarillo, TX 79101		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Bank of Commerce
Date 09/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Blake	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Amarillo, TX 79101		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oeschger, Sharon (Mrs.)	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Amarillo, TX 79159		
Principal occupation / Job title (See Instructions) Transportation And Mfg. Executive		Employer (See Instructions) City Machine and Welding
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oglesby, Ray	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dumas, TX 79029-0913		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/25/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ollinger, Chris <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79119	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ollinger, Kelvin <hr/> Contributor address; City; State; Zip Code Groom, TX 79039	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ollinger, Lance <hr/> Contributor address; City; State; Zip Code Groom, TX 79039	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oncor of Texas PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75202-1234	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PACE - Political Action Committee for Engineers <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/27/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkey, Glen <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Commercial Real Estate Investments		9 Employer (See Instructions) Sterling Properties
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pax, Milton <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029-6812	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pax, Milton <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029-6812	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Penny A. (Mrs.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired/Homemaker		Retired/Homemaker
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pediatric Dentist PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/03/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perdue, Brandon, Fielder, Collins & Mott LLP	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Lubbock, TX 79408	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Michael (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Amarillo, TX 79121	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PharmPAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pittman, Bill D. (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Spearman, TX 79081	
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) First National Bank Spearman
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitts, John R.	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77727	
Principal occupation / Job title (See Instructions) Principal/Owner		Employer (See Instructions) Texas Star Alliance

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Kirk <hr/> 6 Contributor address; City; State; Zip Code Dumas, TX 79029	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Wade <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PowerPAC - PAC of Luminent Holding Company LLC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prescott, David <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Talon LPE
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price III, Walter T. (Mr.) <hr/> Contributor address; City; State; Zip Code Greenville, SC 29607	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Co-Chairman		Employer (See Instructions) Price Holdings Inc.

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/21/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, William T. (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Amarillo, TX 79106	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Private Providers Association of Texas PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purcell, Davis (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Wells, Purcell, and Kraatz
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Q PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76102	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rappier, Joseph	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lubbock, TX 79410	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratliff, Sunny (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79124	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Municipal Judge		9 Employer (See Instructions) City of Amarillo
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raytheon PAC <hr/> Contributor address; City; State; Zip Code Arlington, VA 22209	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redman, Laura <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Johnnie (Mr.) <hr/> Contributor address; City; State; Zip Code Kress, TX 79052	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00344663) ResCare, Inc. Advocacy Fund <hr/> Contributor address; City; State; Zip Code Louisville, KY 40223	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhoades, Cindy <hr/> 6 Contributor address; City; State; Zip Code Dumas, TX 79029	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Alan (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Charlotte <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Joel <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rickenbacker, Donna <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rifenberg, Stephanie	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Amarillo, TX 79124		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riffe, Donald K. (Mr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Stratford, TX 79084		
Principal occupation / Job title (See Instructions) Grain Dealer		Employer (See Instructions) Self
Date 10/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risko, Tamara	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Amarillo, TX 79119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritter, Kim (Mrs.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Groom, TX 79039		
Principal occupation / Job title (See Instructions) Owner/Agent		Employer (See Instructions) Brumley Insurance
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Kelly	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Amarillo, TX 78701		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/09/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rollo, Robert (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79424	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Clay & Associates, PLLC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rydman, John (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Vision Keeper/Officer		Employer (See Instructions) SPec's
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saikowski, Anthony (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Patrick <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/14/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Robert <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanofi US Services Inc. Employees PAC <hr/> Contributor address; City; State; Zip Code Bridgewater, NJ 08807	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Robert <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schniederjan, Lacie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schumacher, Billy Faye <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schumacher, Billy Faye <hr/> 6 Contributor address; City; State; Zip Code Dumas, TX 79029	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schumacher, Billy Faye <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scivally, Gene <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Edward (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Self
Date 10/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Madison <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/09/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senior Care Centers PAC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75201	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Clyde <hr/> Contributor address; City; State; Zip Code Round Mountain, TX 78663	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton IV, J. Malcolm (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, James N. (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton III, John M. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Cattleman and Investments		Employer (See Instructions) Self

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherrod, Brent (Mr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79102	
8 Principal occupation / Job title (See Instructions) Executive Director/Client Services		9 Employer (See Instructions) Perdue, Brandon, Fielder, Collins & Mott
Date 10/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sidwell, E.R.	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Amarillo, TX 79105-9298	
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simms, Freeda	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Amarillo, TX 79118	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Randall	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Amarillo, TX 79105	
Principal occupation / Job title (See Instructions) Prosecutor		Employer (See Instructions) 47th District Attorneys Office
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Suzanne (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dumas, TX 79029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/102 Rpt: 76/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/21/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skaggs, John 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skaggs, John Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slatton, Monte Contributor address; City; State; Zip Code Amarillo, TX 79118	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SledgeLaw Group PLLC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Dale A. Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/18/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Robin H.	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Amarillo, TX 79109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwest Airlines Company - Freedom Fund	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code Dallas, TX 75235		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparkman, Ashley (Mrs.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Amarillo, TX 79119		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Springer, Rango (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dumas, TX 79029		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00089342) Sprint PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Reston, VA 20196		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/102 Rpt: 78/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurlock, Wesley <hr/> 6 Contributor address; City; State; Zip Code Stratford, TX 79084	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Agribusinessman		9 Employer (See Instructions) Self
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Bob <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79105	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stallwitz, Darren (Mr.) <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Gregory <hr/> Contributor address; City; State; Zip Code Texhoma, OK 73949	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sticksel, Priscilla (Mrs.) <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoerner, Martin <hr/> 6 Contributor address; City; State; Zip Code Lockney, TX 79241	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Joe <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79121	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Owner & President		Employer (See Instructions) Street Toyota Inc. of Amarillo
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroud, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Quail Creek Ear Nose and Throat Specialists
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swayden, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinford, David (Mr.) <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinford, David (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Dumas, TX 79029	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinney, Troy <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79416	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T.O.M.A. PAC - Texas Osteopathic Medical Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TACA PAC - Texas Aggregates and Concrete Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TACC PAC - Texas Agriculture Cooperative Council PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/09/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALA PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMFT Family PAC - Texas Assoc. for Marriage and Family Therapy <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAPTP PAC - Texas Association of Property Tax Professionals <hr/> Contributor address; City; State; Zip Code Dallas, TX 75376	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TBA - Bank PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TBA - Bank PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/17/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TCEP PAC - Texas College of Emergency Physicians PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TECHPAC - Texas Tech Alumni and Friends PAC <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXPAC - Texas Medical Association Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TLTA PAC - Texas Land and Title Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TLTA PAC - Texas Land and Title Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/102 Rpt: 83/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TMHA PAC - Texas Manufactured Housing Association	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TNLA PAC - Texas Nursery and Landscape Association PAC	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC Texas Association of Realtors	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Austin, TX 78768-2246		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC Texas Association of Realtors	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Austin, TX 78768-2246		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TSAPAC - Texas Society of Anesthesiologists PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/27/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TSCPA PAC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TSCRA PAC - Texas and Southwestern Cattle Raisers Association PAC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TSHA PAC - Texas Speech Language Hearing Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TX CRNA PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TX Friends of Time Warner Cable PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/07/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00441733) Takeda Pharmaceutical America, Inc. PAC <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20001	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Targa Resources Corp. Texas Political Action Committee <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarwater III, William (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teal, Jody D. (Mrs.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teeples, Sloan (Dr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Amarillo Urology Associates

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/10/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teeter, Toni <hr/> 6 Contributor address; City; State; Zip Code Lake Jackson, TX 77566	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00579359</u>) Teladoc PAC <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00119354</u>) Tenet Healthcare PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75202	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, David <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) WTAMU Chop Chop		Employer (See Instructions) Executive Entrepreneur
Date 11/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tex - Pipe PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/07/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00037289) TexPAC - Texas Employee PAC of Luminant Holding Company	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Dallas, TX 75201		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Apartment Associaion PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Austin, TX 78701-1951		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Defense Counsel PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Health Plans PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Health Underwriters PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Duncanville, TX 75137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/17/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Pawn Brokers PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas BOMA PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78755	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Beverage Alliance of the Texas Package Stores Alliance <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Building Branch AGC PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Civil Justice League PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/02/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Coalition of Dental Service Organizations PAC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Construction Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$3,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Consumer Finance Association PAC <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Corn PAC <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79403	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dairymen PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/02/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Deer Assoc. PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Farm Bureau Agfund, Inc. <hr/> Contributor address; City; State; Zip Code Waco, TX 76702-2689	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Food and Fuel Association - PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Homecare and Hospice PAC - State <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/14/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Nurse Practitioners PAC	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Austin, TX 78735		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Occupational Therapy Association PAC	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code Austin, TX 75761		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Optometric PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Physical Therapy Association PAC	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Poultry PAC	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/09/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Radiological Society PAC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Austin, TX 78735		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Restaurant Association Political Action Committee	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78767-1429		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Association of Fire Fighters PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Farm Agents PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78734		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Statewide Telephone Cooperative, Inc. PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/07/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Strategy Group PAC	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Telephone Association PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Assoc. PAC	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Austin, TX 78767-0788		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Wheat PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Amarillo, TX 79114		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Wildlife Association - PAC	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code San Antonio, TX 78247		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thatcher, Tom (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Chickasaw Nation <hr/> Contributor address; City; State; Zip Code Ada, OK 74820	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/07/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00199703) The GlaxoSmithKline PAC <hr/> Contributor address; City; State; Zip Code Research Triangle Park, NC 27709	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00072769) The Roche Good Government Committee <hr/> Contributor address; City; State; Zip Code Nutley, NJ 07110	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Texas State University System PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78767	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/10/2016	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00376376) The Travelers Companies Inc. PAC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Hartford, CT 06183		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The US Oncology Network PAC	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code The Woodlands, TX 77380		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Brad (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Canyon, TX 79015		
Principal occupation / Job title (See Instructions) Advertising / Commercial Real Estate		Employer (See Instructions) Choice Media
Date 10/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Stephanie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Toby (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Amarillo, TX 79109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/17/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Brad <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79114	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Jack F. (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79105	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Jeff <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) U.S. Anesthesia Partners of Texas, P.A. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UPS-PAC <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30328	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) USAA Employee PAC <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78288	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) United Supermarkets Political Acton Committee <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79493	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) United for Health - UnitedHealth Group Inc. PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00185520) Universal Health Services Employees Good Government Fund <hr/> Contributor address; City; State; Zip Code King of Prussia, PA 19406	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valero PAC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78269	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verett, Steve (Mr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Lubbock, TX 79423	
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veterans and Civilians Brain Injury Advocates PAC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veterinary PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78754	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Robert (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Amarillo, TX 79114	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Patsy (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Amarillo, TX 79106	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/21/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Sandra J.	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79109	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walthour, Steve (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mico, TX 78056	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wann, Roger (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dumas, TX 79029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Richard	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Amarillo, TX 79105	
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Amarillo National Bank
Date 09/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, William (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Amarillo, TX 79105	
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Amarillo National Bank

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/21/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webster Surgical Specialty Hospital PAC	7 Amount of Contribution (\$) \$3,000.00
6 Contributor address; City; State; Zip Code Webster, TX 77598		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekley, Richard	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Houston, TX 77055		
Principal occupation / Job title (See Instructions) Owner/CEO		Employer (See Instructions) Weekley Properties
Date 09/14/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00390575) Wellcare PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Tampa, FL 33634		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Jimmy (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Amarillo, TX 79124		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2016	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00034595) Wells Fargo and Co. Employee PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Minneapolis, MN 55402		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welsh, Dinah (Ms.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wertz, Aaron	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dumas, TX 79029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Dana (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Amarillo, TX 79119	
Principal occupation / Job title (See Instructions) Superintendent		Employer (See Instructions) AISD
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Eric (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Midland, TX 79705	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wester, James W. (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Amarillo, TX 79121	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/17/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Darla <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79119	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Sharon <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Terry (Mrs.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79121	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Perdue Brandon Fielder Collins and Mott, LLP
Date 10/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehead, J. Todd <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Self
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701-8736	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/27/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Bob (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79119	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams II, James (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106-5320	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Linda <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, Patty <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winstead PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/09/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Allan <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79413	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Edwina (Mrs.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 09/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodburn, Alicia <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 12/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Lee (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lee A. Woods
Date 09/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Steve <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) ASCO Equipment

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2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Weston	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Amarillo, TX 79106	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Rex	Amount of Contribution (\$) \$499.00
	Contributor address; City; State; Zip Code Panhandle, TX 79068	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarrabi, Saam	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75201	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 106/208	
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/18/2016	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman's Flowers 7 Contributor address; City; State; Zip Code Amarillo, TX 79109	8 Amount of contribution (\$) \$740.95	9 In-kind contribution description Flower Arrangements for use at Fall Fundraiser <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sir Speedy Contributor address; City; State; Zip Code Amarillo, TX 79101	Amount of contribution (\$) \$200.00	In-kind contribution description Printing Costs Associated w/ Fall Fundraiser - Privately Owned <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/08/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Dee Contributor address; City; State; Zip Code Dumas, TX 79029-2580	Amount of contribution (\$) \$1,327.45	In-kind contribution description Invites, Food, Beverage, and Catering Expense associated w/ FR Event <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Farmer		Employer (FOR NON-JUDICIAL) (See instructions) Self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1	Total pages Schedule F1: Sch: 1/92 Rpt:	2	FILER NAME Price IV, Walter T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066243	
4	Date 08/03/2016	5	Payee name ADVO Companies			
6	Amount (\$) \$250.00	7	Payee address; City; State; Zip Code 5241 S. Washington Amarillo, TX 79110			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Event Support			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 07/30/2016		Payee name AT&T Mobility			
	Amount (\$) \$63.25		Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Expense for Campaign Office			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 08/30/2016		Payee name AT&T Mobility			
	Amount (\$) \$63.25		Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Expense for Campaign Office			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/04/2016	5 Payee name AT&T Mobility	
6 Amount (\$) \$63.20	7 Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Expense for Campaign Office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2016	Payee name AT&T Mobility	
Amount (\$) \$63.20	Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Expense for Campaign Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2016	Payee name AT&T Mobility	
Amount (\$) \$63.86	Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Expense for Campaign Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/30/2016	5 Payee name AT&T Mobility	
6 Amount (\$) \$63.25	7 Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Expense for Campaign Office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2016	Payee name Alonti Catering Cafe	
Amount (\$) \$552.24	Payee address; City; State; Zip Code 701 S. Lamar Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense M/H Committee Hearing Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2016	Payee name Amarillo Area Foundation - Durham Scholarship	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3910 Linda Drive Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scholarship Support
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1	Total pages Schedule F1: Sch: 4/92 Rpt:	2	FILER NAME Price IV, Walter T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066243
4	Date 09/07/2016	5	Payee name Amarillo Area Foundation - Interfaith Campaign for the Homeless		
6	Amount (\$) \$500.00	7	Payee address; City; State; Zip Code 801 S. Fillmore Suite 700 Amarillo, TX 79101		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Support		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/15/2016		Payee name Amarillo Chamber of Commerce		
	Amount (\$) \$20.00		Payee address; City; State; Zip Code PO Box 9480 Amarillo, TX 79105		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense for Campaign Office Manager to Attend Monthly Lunch Meeting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/07/2016		Payee name Amarillo Chamber of Commerce		
	Amount (\$) \$100.00		Payee address; City; State; Zip Code PO Box 9480 Amarillo, TX 79105		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense for Office Staff to Attend Monthly Lunch Meetings		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1	Total pages Schedule F1: Sch: 5/92 Rpt:	2	FILER NAME Price IV, Walter T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066243
4	Date 11/01/2016	5	Payee name Amarillo Club		
6	Amount (\$) \$52.22	7	Payee address; City; State; Zip Code 600 South Tyler Box 12076 Amarillo, TX 79101		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texprotects Lunch Meeting		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/06/2016		Payee name Amarillo College Foundation		
	Amount (\$) \$500.00		Payee address; City; State; Zip Code PO Box 447 Amarillo, TX 79178		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Education Event Support		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/22/2016		Payee name Amarillo Globe-News		
	Amount (\$) \$323.52		Payee address; City; State; Zip Code PO Box 2091 Amarillo, TX 79166		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription for Campaign Office		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1	Total pages Schedule F1: Sch: 6/92 Rpt:	2	FILER NAME Price IV, Walter T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066243
4	Date 07/07/2016	5	Payee name Amarillo High School Football Booster Club		
6	Amount (\$) \$300.00	7	Payee address; City; State; Zip Code 7508 Continental Pkwy Amarillo, TX 79119		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of 1/2 Page Ad in 2016 Program		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/07/2016		Payee name Amarillo National Bank		
	Amount (\$) \$77.76		Payee address; City; State; Zip Code 410 S. Taylor Amarillo, TX 79101		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Stamps from ATM Machine for use in Campaign Office		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/14/2016		Payee name Amarillo National Bank		
	Amount (\$) \$77.76		Payee address; City; State; Zip Code 410 S. Taylor Amarillo, TX 79101		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Stamps from ATM Machine for use in Campaign Office		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
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4 Date 07/05/2016	5 Payee name Amarillo National Bank Leasing
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6 Amount (\$) \$550.00	7 Payee address; City; State; Zip Code PO Box 1 Amarillo, TX 79105
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Office Rental Expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/04/2016	Payee name Amarillo National Bank Leasing
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Amount (\$) \$550.00	Payee address; City; State; Zip Code PO Box 1 Amarillo, TX 79105
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Office Rental Expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/06/2016	Payee name Amarillo National Bank Leasing
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Amount (\$) \$550.00	Payee address; City; State; Zip Code PO Box 1 Amarillo, TX 79105
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Office Rental Expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1	Total pages Schedule F1: Sch: 8/92 Rpt:	2	FILER NAME Price IV, Walter T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066243
4	Date 10/03/2016	5	Payee name Amarillo National Bank Leasing		
6	Amount (\$) \$550.00	7	Payee address; City; State; Zip Code PO Box 1 Amarillo, TX 79105		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Office Rental Expense		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/07/2016		Payee name Amarillo National Bank Leasing		
	Amount (\$) \$550.00		Payee address; City; State; Zip Code PO Box 1 Amarillo, TX 79105		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Office Rental Expense		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/07/2016		Payee name Amarillo National Bank Leasing		
	Amount (\$) \$550.00		Payee address; City; State; Zip Code PO Box 1 Amarillo, TX 79105		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Office Rental Expense		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 07/21/2016	5 Payee name Amarillo Republican Women	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 4905 Erik Avenue Amarillo, TX 79106	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense to Attend Monthly Lunch Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2016	Payee name Amarillo Republican Women	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 4905 Erik Avenue Amarillo, TX 79106	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense to Attend Monthly Lunch Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2016	Payee name Amarillo Republican Women	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 4905 Erik Avenue Amarillo, TX 79106	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Renewal Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/17/2016	5 Payee name Amarillo Republican Women	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 4905 Erik Avenue Amarillo, TX 79106	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense for Monthly Lunch Meeting and Staff Membership Renewal
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2016	Payee name Amarillo Republican Women	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 4905 Erik Avenue Amarillo, TX 79106	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense to Attend Monthly Lunch Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2016	Payee name Anderson, Lyn (Ms.)	
Amount (\$) \$1,684.87	Payee address; City; State; Zip Code 505 Ramada Trail Amarillo, TX 79108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bar Service and Staff Expense for Fall FR
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 07/14/2016	5 Payee name Avis - Austin	
6 Amount (\$) \$253.62	7 Payee address; City; State; Zip Code 3600 Presidential Blvd Austin Bergstrom Int. Airport Austin, TX 78719	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Car Expense while in Austin 7.11.16 to 7.16.16 for Meetings and Work at the Capitol
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2016	Payee name Avis - Austin	
Amount (\$) \$271.03	Payee address; City; State; Zip Code 3600 Presidential Blvd Austin Bergstrom Int. Airport Austin, TX 78719	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Car Pre-Payment Expense while in Austin 7/18 to 7/20 for Meetings and Work at Capitol
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2016	Payee name Avis - Austin	
Amount (\$) \$23.94	Payee address; City; State; Zip Code 3600 Presidential Blvd Austin Bergstrom Int. Airport Austin, TX 78719	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Adjustments to final rental car expense after pre-payment (7/18/16 to 7/20/16)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 12/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/16/2016	5 Payee name Avis - Austin	
6 Amount (\$) \$474.91	7 Payee address; City; State; Zip Code 3600 Presidential Blvd Austin Bergstrom Int. Airport Austin, TX 78719	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Car while in Austin for HHS TLOC Hearing, Capitol Mtgs, Campaign Mtgs, & Retreat (9.13.16 - 9.16.16)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2016	Payee name Avis - Austin	
Amount (\$) \$190.94	Payee address; City; State; Zip Code 3600 Presidential Blvd Austin Bergstrom Int. Airport Austin, TX 78719	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign and Member Meetings (9.7.16-9.8.16)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2016	Payee name Avis - Austin	
Amount (\$) \$306.16	Payee address; City; State; Zip Code 3600 Presidential Blvd Austin Bergstrom Int. Airport Austin, TX 78719	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Car Expense while in Austin (9.21.16 to 9.24.16) for Hearings and Mtgs. at Capitol.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/15/2016	5 Payee name Avis - Austin	
6 Amount (\$) \$295.80	7 Payee address; City; State; Zip Code 3600 Presidential Blvd Austin Bergstrom Int. Airport Austin, TX 78719	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Car Expense while in Austin for Work at Capitol 11.13.16 to 11.15.16
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2016	Payee name Avis - Austin	
Amount (\$) \$399.76	Payee address; City; State; Zip Code 3600 Presidential Blvd Austin Bergstrom Int. Airport Austin, TX 78719	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Car Expense while in Austin (10.26.16 to 10.27.16) for Work and Meetings at Capitol
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2016	Payee name Avis - Austin	
Amount (\$) \$377.11	Payee address; City; State; Zip Code 3600 Presidential Blvd Austin Bergstrom Int. Airport Austin, TX 78719	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Car Expense while in Austin 11.30.16 to 12.3.16 for Work and Meetings at Capitol
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/09/2016	5 Payee name Avis - Austin	
6 Amount (\$) \$122.53	7 Payee address; City; State; Zip Code 3600 Presidential Blvd Austin Bergstrom Int. Airport Austin, TX 78719	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Car Expense while in Austin 12.8.16 to 12.9.16 for work at Capitol and Meetings
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/20/2016	Payee name Avis - Love Field	
Amount (\$) \$152.06	Payee address; City; State; Zip Code 7020 Cedar Springs Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Car Expense for Return to AMA from Dallas due to Cancelled Flight
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2016	Payee name Avis - Love Field	
Amount (\$) \$133.40	Payee address; City; State; Zip Code 7020 Cedar Springs Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Car Expense while in Dallas for TX OU Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
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4 Date 12/05/2016	5 Payee name Avis - Love Field
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6 Amount (\$) \$151.03	7 Payee address; City; State; Zip Code 7020 Cedar Springs Dallas, TX 75235
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Car Expense while in Dallas (12.4.16 to 12.5.16) for Campaign Meeting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/05/2016	Payee name Avis - Love Field
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Amount (\$) \$7.79	Payee address; City; State; Zip Code 7020 Cedar Springs Dallas, TX 75235
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll Expenses in Rental Car while in Dallas 12.4.16 to 12.5.16
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/16/2016	Payee name Bed Bath & Beyond
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Amount (\$) \$12.92	Payee address; City; State; Zip Code 2701A Parker Road Round Rock, TX 78681
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense stone coasters for Capitol office
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/08/2016	5 Payee name Bob's Steak and Chop House	
6 Amount (\$) \$241.35	7 Payee address; City; State; Zip Code 301 Lavaca Street Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Dinner Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2016	Payee name Borger Chamber of Commerce	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 490 Borger, TX 79008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber Membership Renewal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2016	Payee name Buffalo Council Inc.	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 619 Tyler Street Suite 100 Amarillo, TX 79101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Scholarship Fund
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
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4 Date 08/03/2016	5 Payee name Bushland HS Booster Club
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6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code P.O. Box 575 Bushland, TX 79012
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Ad in 2016 Sports Program
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/06/2016	Payee name CASA - Court Appointed Special Advocates
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Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 691 Amarillo, TX 79105
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Underwriting Support for CASATume Fundraising Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/15/2016	Payee name Cal Farley's Boys Ranch
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 600 SW 11th Ave Amarillo, TX 79101
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation and Organizational Support
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/31/2016	5 Payee name Capitol Commission	
6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code PO Box 63118 Charlotte, NC 28263-3118	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Underwriting Support for Fall Partnership Campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2016	Payee name Capitol Extension Gift Shop	
Amount (\$) \$181.86	Payee address; City; State; Zip Code 1400 Congress Avenue Suite E1.006 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Decoration for Capitol Office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2016	Payee name Capitol Extension Gift Shop	
Amount (\$) \$21.65	Payee address; City; State; Zip Code 1400 Congress Avenue Suite E1.006 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense crystal block thank you gift for summer legislative assistant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/02/2016	5 Payee name Capitol Grill	
6 Amount (\$) \$24.11	7 Payee address; City; State; Zip Code 1400 N. Congress Ave. Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch Meeting w/ Capitol Staff
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/13/2016	Payee name Central Market	
Amount (\$) \$124.49	Payee address; City; State; Zip Code 4001 N Lamar Boulevard Austin, TX 78756	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense catered lunch for Article II Committee hearing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2016	Payee name Cindy Burkett Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 850975 Mesquite, TX 75185	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/02/2016	5 Payee name DiscountMugs.Com	
6 Amount (\$) \$173.00	7 Payee address; City; State; Zip Code 12610 NW 115th Avenue Miami, FL 33178	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Cups for River Road Booster Clubs use at Sporting Events
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2016	Payee name Dumas Rotary Club	
Amount (\$) \$50.00	Payee address; City; State; Zip Code PO Box 906 Dumas, TX 79029	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation and Organizational Support
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2016	Payee name Dyers Bar B Que	
Amount (\$) \$133.92	Payee address; City; State; Zip Code 1619 S. Kentucky E #526 Amarillo, TX 79102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch Meeting Expense for Veterans Event w/ Land Commissioner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/14/2016	5 Payee name Eat Out In	
6 Amount (\$) \$87.76	7 Payee address; City; State; Zip Code 11673 Jollyville Road Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch Meeting Expense for Capitol Office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2016	Payee name Eat Out In	
Amount (\$) \$79.97	Payee address; City; State; Zip Code 11673 Jollyville Road Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Capitol Staff Lunch Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2016	Payee name Eat Out In	
Amount (\$) \$87.76	Payee address; City; State; Zip Code 11673 Jollyville Road Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Capitol Staff Lunch Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1	Total pages Schedule F1: Sch: 22/92 Rpt:	2	FILER NAME Price IV, Walter T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066243	
4	Date 08/25/2016	5	Payee name Embassy Suites			
6	Amount (\$) \$334.90	7	Payee address; City; State; Zip Code 1001 E. McCarty Lane San Marcos, TX 78666			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lodging for two nights and two evening meals for staffer attending 2016 Texas Groundwater Summit			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				
	Date 10/17/2016		Payee name Ember's Steakhouse			
	Amount (\$) \$40.15		Payee address; City; State; Zip Code 2721 Virginia Circle Amarillo, TX 79109			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner Meeting w/ TXDOT Chairman and Senator Seliger			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				
	Date 11/08/2016		Payee name Friends of Ceta Canyon			
	Amount (\$) \$250.00		Payee address; City; State; Zip Code 37201 FM 1721 Happy, TX 79042			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Event Support			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 23/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 07/07/2016	5 Payee name Friends of Joe Heck	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 753908 Las Vegas, NV 89136	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Support
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2016	Payee name Gateway to Success Inc.	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2322 NW 11th Amarillo, TX 79107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Project - Event Sponsor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2016	Payee name Good Neighbors Meals	
Amount (\$) \$150.00	Payee address; City; State; Zip Code PO Box 144 Groom, TX 79039	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Organization Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 07/05/2016	5 Payee name Google	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1600 Ampitheater Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosting of fourprice.org email accounts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2016	Payee name Google	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1600 Ampitheater Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosting of fourprice.org email accounts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2016	Payee name Google	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1600 Ampitheater Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosting of fourprice.org email accounts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/05/2016	5 Payee name Google	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1600 Ampitheater Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosting of fourprice.org email accounts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2016	Payee name Google	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1600 Ampitheater Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosting of fourprice.org email accounts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2016	Payee name Google	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1600 Ampitheater Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosting of fourprice.org email accounts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/18/2016	5 Payee name Gunn, Dawn	
6 Amount (\$) \$223.00	7 Payee address; City; State; Zip Code 1408 W. 35th Amarillo, TX 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering Staff Expense for Fall FR
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2016	Payee name Guyon Saunders Resource Center	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 200 S Tyler Amarillo, TX 79101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Interfaith Campaign for the Homeless Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/13/2016	Payee name Hoovers Cooking	
Amount (\$) \$110.00	Payee address; City; State; Zip Code 2002 Manor Road Austin, TX 78722	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunch meeting with staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 07/22/2016	5 Payee name Hot Shots Photography	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 219 N. Main Street Borger, TX 79007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Advertising in the Borger High School Football Program
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2016	Payee name Houston Transportation Services	
Amount (\$) \$63.84	Payee address; City; State; Zip Code 7302 Corporate #1111 Houston, TX 77036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cab from Hotel to Airport while in Houston for Associated Republicans of Texas Event (9.29 to
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2016	Payee name Houston Transportation Services - Four Season Cab	
Amount (\$) \$64.76	Payee address; City; State; Zip Code 7302 Corporate #1111 Houston, TX 77036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Taxi from Airport to Hotel while in Houston for Associated Republicans of Texas Event (9.29 to
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/16/2016	5 Payee name Hyatt Regency Lost Pines Resort and Spa	
6 Amount (\$) \$49.21	7 Payee address; City; State; Zip Code 575 Hyatt Lost Pines Road Lost Pines, TX 78612	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel Expense while at House Republican Caucus Retreat
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2016	Payee name IRS	
Amount (\$) \$242.68	Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tax Deposit Payment for Staff Compensation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2016	Payee name IRS	
Amount (\$) \$942.40	Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tax Deposit Payment for Staff Compensation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1	Total pages Schedule F1: Sch: 29/92 Rpt:	2	FILER NAME Price IV, Walter T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066243	
4	Date 08/15/2016	5	Payee name IRS			
6	Amount (\$) \$242.68	7	Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tax Deposit Payment for Staff Compensation			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 08/31/2016		Payee name IRS			
	Amount (\$) \$942.38		Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tax Deposit Payment for Staff Compensation			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 09/15/2016		Payee name IRS			
	Amount (\$) \$242.68		Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tax Deposit Payment for Staff Compensation			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/30/2016	5 Payee name IRS	
6 Amount (\$) \$942.40	7 Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tax Deposit Payment for Staff Compensation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2016	Payee name IRS	
Amount (\$) \$242.68	Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tax Deposit Payment for Staff Compensation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2016	Payee name IRS	
Amount (\$) \$942.38	Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tax Deposit Payment for Staff Compensation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/15/2016	5 Payee name IRS	
6 Amount (\$) \$242.68	7 Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tax Deposit Payment for Staff Compensation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2016	Payee name IRS	
Amount (\$) \$3,232.67	Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tax Deposit Payment for Staff Compensation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2016	Payee name IRS	
Amount (\$) \$242.68	Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tax Deposit Payment for Staff Compensation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1	Total pages Schedule F1: Sch: 32/92 Rpt:	2	FILER NAME Price IV, Walter T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066243
4	Date 12/01/2016	5	Payee name IRS		
6	Amount (\$) \$942.40	7	Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tax Deposit Payment for Staff Compensation		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/30/2016		Payee name IRS		
	Amount (\$) \$942.38		Payee address; City; State; Zip Code Internal Revenue Service Ogden, UT 54201		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tax Deposit Payment for Staff Compensation		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/23/2016		Payee name Innovation Event Management		
	Amount (\$) \$435.00		Payee address; City; State; Zip Code 5508 W. Highway 290 Suite 250 Austin, TX 78748		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense registration fee for staffer attending Texas Alliance of Groundwater Districts' 2016 Summit		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1	Total pages Schedule F1: Sch: 33/92 Rpt:	2	FILER NAME Price IV, Walter T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066243
4	Date 10/18/2016	5	Payee name Judy's Card Cottage		
6	Amount (\$) \$71.88	7	Payee address; City; State; Zip Code 2500 S. Coulter Suite 112 Amarillo, TX 79106		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Napkins and Extra Cups for Fall Fundraising Event		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/26/2016		Payee name Ken Sheets for State Representative		
	Amount (\$) \$500.00		Payee address; City; State; Zip Code PMB #869 - 6333 East Mockingbird Lane Suite 147 Dallas, TX 75214		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Support		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/02/2016		Payee name Kerpon, Elizabeth		
	Amount (\$) \$3,640.38		Payee address; City; State; Zip Code 2523 Durwood Street Apartment 116 Austin, TX 78704		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Christmas Bonus		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/20/2016	5 Payee name Kyanke Designs	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code PO Box 378 Bushland, TX 79012	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Invitation Design Expense for Fall FR Invite
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2016	Payee name Lemert Holder OHM PLLC	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 701 S. Taylor Suite 480 Amarillo, TX 79101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2Q16 Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2016	Payee name Lemert Holder OHM PLLC	
Amount (\$) \$650.00	Payee address; City; State; Zip Code 701 S. Taylor Suite 480 Amarillo, TX 79101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Form 990 Return Prep Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/25/2016	5 Payee name Lemert Holder OHM PLLC	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 701 S. Taylor Suite 480 Amarillo, TX 79101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 3Q16 Payroll
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2016	Payee name Lemert Holder Ohm PLLC	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 701 S. Taylor Ste. 480 Amarillo, TX 79101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2Q16 Payroll Reports
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2016	Payee name Lemert Holder Ohm PLLC	
Amount (\$) \$125.00	Payee address; City; State; Zip Code 701 S. Taylor Ste. 480 Amarillo, TX 79101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 3Q16 Payroll Reports
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/30/2016	5 Payee name Life Storage #429	
6 Amount (\$) \$13.80	7 Payee address; City; State; Zip Code 2715 Sam Bass Road Round Rock, TX 78681	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bubble pack and wrapping paper for move of Capitol office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2016	Payee name Linda Koop Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 794042 Dallas, TX 75379	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2016	Payee name Lone Star Legacies	
Amount (\$) \$184.03	Payee address; City; State; Zip Code 1220 Lavaca Street Amarillo, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Shotgun/Rifle Case w/ Texas State Seal given to Silent Auction for TX Alliance for Life
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/15/2016	5 Payee name Lowe's	
6 Amount (\$) \$63.99	7 Payee address; City; State; Zip Code 120 Sundance Parkway Round Rock, TX 78681	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense coaxial cables, connectors and cord covers for Capitol office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2016	Payee name Market Street United	
Amount (\$) \$188.00	Payee address; City; State; Zip Code 2530 South Georgia Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Stamps for use in the Campaign Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/16/2016	Payee name Marty Rowley Campaign For SBOE	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 2129 Amarillo, TX 79105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Support
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1	Total pages Schedule F1: Sch: 38/92 Rpt:	2	FILER NAME Price IV, Walter T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066243	
4	Date 11/07/2016	5	Payee name Mary Coyne Marketing Communications			
6	Amount (\$) \$3,473.08	7	Payee address; City; State; Zip Code 3807 Doris Amarillo, TX 79109			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense for Consult, Design, and Purchase of Election Day Advertising			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
	Date 09/20/2016		Payee name Maverick Boys and Girls Club			
	Amount (\$) \$500.00		Payee address; City; State; Zip Code 1923 S. Lincoln Street Amarillo, TX 79109			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Support			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
	Date 07/15/2016		Payee name Mitchell, Jessica (Mrs.)			
	Amount (\$) \$941.47		Payee address; City; State; Zip Code 19504 Quail Hollow Drive Canyon, TX 79015			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
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4 Date 07/29/2016	5 Payee name Mitchell, Jessica (Mrs.)
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6 Amount (\$) \$941.47	7 Payee address; City; State; Zip Code 19504 Quail Hollow Drive Canyon, TX 79015
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/15/2016	Payee name Mitchell, Jessica (Mrs.)
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Amount (\$) \$941.47	Payee address; City; State; Zip Code 19504 Quail Hollow Drive Canyon, TX 79015
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/31/2016	Payee name Mitchell, Jessica (Mrs.)
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Amount (\$) \$941.47	Payee address; City; State; Zip Code 19504 Quail Hollow Drive Canyon, TX 79015
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/15/2016	5 Payee name Mitchell, Jessica (Mrs.)	
6 Amount (\$) \$941.47	7 Payee address; City; State; Zip Code 19504 Quail Hollow Drive Canyon, TX 79015	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2016	Payee name Mitchell, Jessica (Mrs.)	
Amount (\$) \$941.47	Payee address; City; State; Zip Code 19504 Quail Hollow Drive Canyon, TX 79015	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2016	Payee name Mitchell, Jessica (Mrs.)	
Amount (\$) \$941.47	Payee address; City; State; Zip Code 19504 Quail Hollow Drive Canyon, TX 79015	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 41/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/31/2016	5 Payee name Mitchell, Jessica (Mrs.)	
6 Amount (\$) \$941.47	7 Payee address; City; State; Zip Code 19504 Quail Hollow Drive Canyon, TX 79015	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2016	Payee name Mitchell, Jessica (Mrs.)	
Amount (\$) \$941.47	Payee address; City; State; Zip Code 19504 Quail Hollow Drive Canyon, TX 79015	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2016	Payee name Mitchell, Jessica (Mrs.)	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 19504 Quail Hollow Drive Canyon, TX 79015	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Christmas Bonus
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 42/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
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4 Date 12/15/2016	5 Payee name Mitchell, Jessica (Mrs.)
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6 Amount (\$) \$941.47	7 Payee address; City; State; Zip Code 19504 Quail Hollow Drive Canyon, TX 79015
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/01/2016	Payee name Mitchell, Jessica (Mrs.)
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Amount (\$) \$941.47	Payee address; City; State; Zip Code 19504 Quail Hollow Drive Canyon, TX 79015
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/30/2016	Payee name Mitchell, Jessica (Mrs.)
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Amount (\$) \$941.47	Payee address; City; State; Zip Code 19504 Quail Hollow Drive Canyon, TX 79015
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 43/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/07/2016	5 Payee name Moore County Chamber of Commerce	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code PO Box 735 Dumas, TX 79029	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Renewal Dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/16/2016	Payee name Moore County Junior Livestock Association	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 581 Dumas, TX 79029	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2016	Payee name NAMI Texas	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 300817 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Tickets to attend NAMI Awards Event - Awards Recipient.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 44/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 07/15/2016	5 Payee name Nugent, Sylvia (Mrs.)	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 11508 Royalshire Drive Dallas, TX 75230	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Expense for July, August, and September
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2016	Payee name Nugent, Sylvia (Mrs.)	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 11508 Royalshire Drive Dallas, TX 75230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Expense for October, November, and December
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2016	Payee name Nugent, Sylvia (Mrs.)	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 11508 Royalshire Drive Dallas, TX 75230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense End of Year Consulting Compensation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 45/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/15/2016	5 Payee name Office Depot	
6 Amount (\$) \$90.92	7 Payee address; City; State; Zip Code 2622 Wolflin Village Amarillo, TX 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Printer Ink for Campaign Office
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/12/2016	Payee name Office Depot #166	
Amount (\$) \$91.98	Payee address; City; State; Zip Code 2622 Wolflin Village Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Adhesive Nametags and Copy/Printer Paper for use in the Campaign Office
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/18/2016	Payee name Office Depot #166	
Amount (\$) \$71.43	Payee address; City; State; Zip Code 2622 Wolflin Village Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Adhesive Nametags for use in the Campaign Office
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 46/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
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4 Date 09/30/2016	5 Payee name Omni Hotel - Houston
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6 Amount (\$) \$257.18	7 Payee address; City; State; Zip Code Four Riverway Houston, TX 77056
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel Expense while in Houston for Associated Republicans of Texas Event (9.29 to 9.30)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/26/2016	Payee name Panhandlers Cafe
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Amount (\$) \$111.50	Payee address; City; State; Zip Code 4101 South Taylor - Amarillo National Bank Plaza One - Lower Level Amarillo, TX 79101
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering Expense for Meeting in District Office w/ Local Police/Sheriffs Officials
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/17/2016	Payee name Pappasitos Restaurant
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Amount (\$) \$128.63	Payee address; City; State; Zip Code 3513 I-35 N. Austin, TX 78752
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Capitol Office Staff Lunch Meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1	Total pages Schedule F1: Sch: 47/92 Rpt:	2	FILER NAME Price IV, Walter T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066243
4	Date 07/29/2016	5	Payee name Pappasitos Restaurant		
6	Amount (\$) \$139.34	7	Payee address; City; State; Zip Code 3513 I-35 N. Austin, TX 78752		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense appreciation luncheon for summer legislative assistant		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 11/14/2016		Payee name Parqer		
	Amount (\$) \$29.00		Payee address; City; State; Zip Code PO Box 601231 Dallas, TX 75360		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking Expense while at Staff Lunch Meeting		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 11/01/2016		Payee name Parties and Events		
	Amount (\$) \$100.35		Payee address; City; State; Zip Code 3301 Olsen Blvd. Amarillo, TX 79109		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental Expense for Fall FR - Tables and Linens		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 48/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/19/2016	5 Payee name Piryx	
6 Amount (\$) \$112.50	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Transaction Fee for Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2016	Payee name Piryx	
Amount (\$) \$11.25	Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee for Online Credit Card Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2016	Payee name Piryx	
Amount (\$) \$4.50	Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee for Online Credit Card Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 49/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/21/2016	5 Payee name Piryx	
6 Amount (\$) \$4.50	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee for Online Credit Card Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2016	Payee name Piryx	
Amount (\$) \$9.00	Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee for Online Credit Card Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2016	Payee name Piryx	
Amount (\$) \$9.00	Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee for Online Credit Card Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 50/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/11/2016	5 Payee name Piryx	
6 Amount (\$) \$9.00	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee for Online Credit Card Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2016	Payee name Piryx	
Amount (\$) \$11.25	Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee for Online Credit Card Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2016	Payee name Piryx	
Amount (\$) \$11.25	Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee for Online Credit Card Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 51/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/14/2016	5 Payee name Piryx	
6 Amount (\$) \$11.25	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee for Online Credit Card Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2016	Payee name Piryx	
Amount (\$) \$22.50	Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee for Online Credit Card Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2016	Payee name Piryx	
Amount (\$) \$4.50	Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee for Online Credit Card Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 52/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/09/2016	5 Payee name Piryx	
6 Amount (\$) \$45.00	7 Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee for Online Credit Card Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2016	Payee name Piryx	
Amount (\$) \$13.50	Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee for Online Credit Card Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2016	Payee name Piryx	
Amount (\$) \$9.00	Payee address; City; State; Zip Code 144 2nd Street 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction Fee for Online Credit Card Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 53/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/10/2016	5 Payee name Potter County Republican Party	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 4217 SW 21st Amarillo, TX 79119	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Support for Volunteer Appreciation Dinner
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$131.76	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RT Travel to LBK for Tours of SSLC, TTUHSC, UMC. Mtg. w/ Chancellor Duncan re: Legislative
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$52.06	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Roundtrip travel to Dumas for Field to Fork Dinner (96.4 miles@.54 per mile)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 54/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 08/21/2016	5 Payee name Price IV, Walter (Mr.)	
6 Amount (\$) \$545.40	7 Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Roundtrip Travel to Austin for Committee Hearings (1010 miles@ .54 per mile)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$56.48	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Roundtrip travel to Borger for PDRA Mtg. w/ County Judges and Rep. King (104.6 miles @ .54 per mile)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$26.03	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to Dumas to join Sen. Seliger's Town Hall Meeting (48.2 miles @ .54 per mile)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 55/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 08/25/2016	5 Payee name Price IV, Walter (Mr.)	
6 Amount (\$) \$17.82	7 Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to Stratford from Dumas to join Sen. Seliger's Town Hall Meeting (33 miles @ .54 per mile)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$43.85	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel home from Stratford to AMA after Sen. Seliger's Town Hall Meeting (81.2 miles@ .54 per
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$34.02	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Roundtrip Travel to Panhandle for Farm Bureau County Convention (63 miles @ .54 per mile)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 56/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/05/2016	5 Payee name Price IV, Walter (Mr.)	
6 Amount (\$) \$545.40	7 Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RT Travel to Austin for Mtgs. Work at Capitol, & State Hospital Tour (1010 miles@ .54 per mile)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$644.96	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Political Expenditure Made from Personal Funds on 8.8.16
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$272.70	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense One Way Mileage from Austin to Amarillo. Return from Hearings and Mtgs. at Capitol.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 57/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/31/2016	5 Payee name Price IV, Walter (Mr.)	
6 Amount (\$) \$317.98	7 Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Political Expenditure Made from Personal Funds on 9.1.16
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$507.96	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Political Expenditure Made from Personal Funds on 9.1.16
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$56.48	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Roundtrip travel to Borger to Speak at Rotary (104.6 miles @ .54 per mile)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 58/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/30/2016	5 Payee name Price IV, Walter (Mr.)	
6 Amount (\$) \$272.70	7 Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense One Way Home from AUS. Work @ Capitol and NAMI Conference (505 mi @ .54)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$734.46	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Political Expenditure Made from Personal Funds on 10.25.16
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$52.06	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Roundtrip travel to Dumas for Campaign FR (96.4 miles @ .54 per mile)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 59/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/02/2016	5 Payee name Price IV, Walter (Mr.)	
6 Amount (\$) \$125.28	7 Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Roundtrip travel to Childress for Rural Hospital Meeting (232 miles @ .54 per mile)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$747.00	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Political Expenditure Made from Personal Funds on 11.4.16
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$301.98	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Political Expenditure Made from Personal Funds on 11.4.16
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 60/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/07/2016	5 Payee name Price IV, Walter (Mr.)	
6 Amount (\$) \$26.03	7 Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to Dumas to Speak at Rotary (48.2 miles @ .54 per mile)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$16.74	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel from Dumas to Stinnett for Retirement Flag Presentation (31 miles @ .54 per mile)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2016	Payee name Price IV, Walter (Mr.)	
Amount (\$) \$33.21	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Return travel from Stinnett to Amarillo on 12.7.16 (61.5 miles @ .54 per mile)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1	Total pages Schedule F1: Sch: 61/92 Rpt:	2	FILER NAME Price IV, Walter T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066243
4	Date 12/31/2016	5	Payee name Price IV, Walter (Mr.)		
6	Amount (\$) \$242.45	7	Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Political Expenditure Made from Personal Funds on 12.14.16		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/31/2016		Payee name Price IV, Walter (Mr.)		
	Amount (\$) \$345.60		Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Political Expenditure Made from Personal Funds on 12.14.16		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/31/2016		Payee name Price IV, Walter (Mr.)		
	Amount (\$) \$644.96		Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Political Expenditure Made from Personal Funds on 11.28.16		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 62/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
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4 Date 12/31/2016	5 Payee name Price IV, Walter (Mr.)
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6 Amount (\$) \$654.96	7 Payee address; City; State; Zip Code 2606 S Lipscomb Street Amarillo, TX 79109
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Political Expenditure Made from Personal Funds on 11.28.16
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/07/2016	Payee name Project Graduation - Dumas High School
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Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 2176 Dumas, TX 79029
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Support for After Graduation Party
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/15/2016	Payee name Quarterback Booster Club
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Amount (\$) \$400.00	Payee address; City; State; Zip Code PO Box 1882 Dumas, TX 79029
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Ad in Football Program
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 63/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/21/2016	5 Payee name Quorum Report	
6 Amount (\$) \$649.50	7 Payee address; City; State; Zip Code PO Box 8 Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription Renewal
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2016	Payee name Raconteur Media Company	
Amount (\$) \$1,600.00	Payee address; City; State; Zip Code 2500 Bee Caves Road Building 2 - Suite 250 Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosting and Services Retainer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2016	Payee name Raconteur Media Company	
Amount (\$) \$1,600.00	Payee address; City; State; Zip Code 2500 Bee Caves Road Building 2 - Suite 250 Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosting and Services Retainer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 64/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/02/2016	5 Payee name Raconteur Media Company	
6 Amount (\$) \$1,600.00	7 Payee address; City; State; Zip Code 2500 Bee Caves Road Building 2 - Suite 250 Austin, TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosting and Services Retainer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2016	Payee name Raconteur Media Company	
Amount (\$) \$1,600.00	Payee address; City; State; Zip Code 2500 Bee Caves Road Building 2 - Suite 250 Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosting and Services Retainer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2016	Payee name Raconteur Media Company	
Amount (\$) \$1,600.00	Payee address; City; State; Zip Code 2500 Bee Caves Road Building 2 - Suite 250 Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosting and Services Retainer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 65/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
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4 Date 12/12/2016	5 Payee name Raconteur Media Company
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6 Amount (\$) \$1,600.00	7 Payee address; City; State; Zip Code 2500 Bee Caves Road Building 2 - Suite 250 Austin, TX 78746
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosting and Services Retainer
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/16/2016	Payee name Ready Refresh
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Amount (\$) \$91.79	Payee address; City; State; Zip Code #215 6661 Dixie Hwy Suite 4 Louisville, KY 40258
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Service for Capitol Office
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/19/2016	Payee name Ready Refresh
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Amount (\$) \$63.88	Payee address; City; State; Zip Code #215 6661 Dixie Hwy Suite 4 Louisville, KY 40258
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Service for Capitol Office
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 66/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/21/2016	5 Payee name Ready Refresh	
6 Amount (\$) \$44.73	7 Payee address; City; State; Zip Code #215 6661 Dixie Hwy Suite 4 Louisville, KY 40258	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Service for Capitol Office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2016	Payee name Ready Refresh	
Amount (\$) \$76.83	Payee address; City; State; Zip Code #215 6661 Dixie Hwy Suite 4 Louisville, KY 40258	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Service for Capitol Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2016	Payee name Ready Refresh	
Amount (\$) \$31.74	Payee address; City; State; Zip Code #215 6661 Dixie Hwy Suite 4 Louisville, KY 40258	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Service for Capitol Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 67/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/16/2016	5 Payee name Ready Refresh	
6 Amount (\$) \$85.96	7 Payee address; City; State; Zip Code #215 6661 Dixie Hwy Suite 4 Louisville, KY 40258	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water Service for Capitol Office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2016	Payee name Rick Husband Airport Standard Parking	
Amount (\$) \$15.50	Payee address; City; State; Zip Code 10801 Airport Blvd. Amarillo, TX 79111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking Expense while in Houston for Associated Republicans of Texas Event (9.29 to 9.30)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2016	Payee name Rick Husband Airport Standard Parking	
Amount (\$) \$28.00	Payee address; City; State; Zip Code 10801 Airport Blvd. Amarillo, TX 79111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking Fee while in Dallas for TX OU Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 68/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/15/2016	5 Payee name Rick Husband Airport Standard Parking	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 10801 Airport Blvd. Amarillo, TX 79111	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airport Parking Expense while in Austin 11.13.16 to 11.15.16 for Work and Meeting at the Capitol
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2016	Payee name Rick Husband Airport Standard Parking	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 10801 Airport Blvd. Amarillo, TX 79111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airport Parking Fee while in Austin 11.30.16 to 12.3.16
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2016	Payee name Rick Husband Airport Standard Parking	
Amount (\$) \$14.00	Payee address; City; State; Zip Code 10801 Airport Blvd. Amarillo, TX 79111	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airport Parking Fee while in Dallas 12.4.16 to 12.5.16
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 69/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/09/2016	5 Payee name Rick Husband Airport Standard Parking	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 10801 Airport Blvd. Amarillo, TX 79111	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airport Parking while in Austin 12.8.16 to 12.9.16
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2016	Payee name Rodney Anderson Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 548 Edgeview Grand Prairie, TX 75052	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Support
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2016	Payee name Sam's Club	
Amount (\$) \$572.62	Payee address; City; State; Zip Code 130 Sundance Parkway Suite 300 Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense holiday cookie tins for support departments. Paper goods, utensils, snacks & coffee for Cap. office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 70/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/13/2016	5 Payee name Sam's Club #7676	
6 Amount (\$) \$138.84	7 Payee address; City; State; Zip Code 8952 Westgate Pkwy West Amarillo, TX 79124	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Candy for Use in the Tri-State Fair Parade
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2016	Payee name Scarborough Specialties	
Amount (\$) \$401.44	Payee address; City; State; Zip Code 1601 S. Harrison Amarillo, TX 79102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Personalized Chapstick w/ Campaign Logo for use at Events
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2016	Payee name Scarborough Specialties	
Amount (\$) \$557.20	Payee address; City; State; Zip Code 1601 S. Harrison Amarillo, TX 79102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Stress Ballsw/ Campaign Logo to use at Tri State Fair Parade
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 71/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/19/2016	5 Payee name Sir Speedy	
6 Amount (\$) \$1,264.19	7 Payee address; City; State; Zip Code 416 W. 8th Amarillo, TX 79101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing of Host Request Letters for Fall Fundraiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2016	Payee name Sir Speedy	
Amount (\$) \$49.02	Payee address; City; State; Zip Code 416 W. 8th Amarillo, TX 79101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Mailing Expense for Additional FR Host Letters
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2016	Payee name Sir Speedy	
Amount (\$) \$391.06	Payee address; City; State; Zip Code 416 W. 8th Amarillo, TX 79101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Letterhead and Envelopes for use in Campaign Office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 72/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/07/2016	5 Payee name Sir Speedy	
6 Amount (\$) \$1,946.95	7 Payee address; City; State; Zip Code 416 W. 8th Amarillo, TX 79101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Invitations, Reply Cards, and Mailing Expense Associated w/ Fall FR
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2016	Payee name Sir Speedy	
Amount (\$) \$288.54	Payee address; City; State; Zip Code 416 W. 8th Amarillo, TX 79101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Mailing Expense for Lunch Event Invitations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2016	Payee name Sir Speedy	
Amount (\$) \$28.87	Payee address; City; State; Zip Code 416 W. 8th Amarillo, TX 79101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense for Printing and Mailing of Letters for Dallas Campaign Lunch Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 73/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/20/2016	5 Payee name Sir Speedy	
6 Amount (\$) \$1,992.73	7 Payee address; City; State; Zip Code 416 W. 8th Amarillo, TX 79101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Mailing Expense for Christmas Cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2016	Payee name Southwest Airlines	
Amount (\$) \$507.96	Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RT Travel to Dallas for Lunch Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2016	Payee name Southwest Airlines	
Amount (\$) \$654.96	Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RT Travel to Austin for Work and Meetings at the Capitol (12.8.16 to 12.9.16)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 74/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/09/2016	5 Payee name Southwest Airlines	
6 Amount (\$) \$650.46	7 Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, TX 75235	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RT Travel Austin for Work at the Capitol (1.15.16 to 1.19.16)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2016	Payee name Southwest Airlines	
Amount (\$) \$507.96	Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RT Travel to Dallas to speak at Meadows Foundation Board - Mental Health Issues (1.20.16)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2016	Payee name Southwest Airlines	
Amount (\$) \$654.96	Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work at Capitol and Speaking at Speaker Straus' Event.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 75/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/18/2016	5 Payee name Stanhope, Mike (Mr.)	
6 Amount (\$) \$243.00	7 Payee address; City; State; Zip Code 4305 Pond Drive Amarillo, TX 79118	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering Staff Expense for Fall FR
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2016	Payee name Suddenlink Business	
Amount (\$) \$90.55	Payee address; City; State; Zip Code 4949 Broadway Ave. Tyker, TX 75703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wireless Internet Service Expense - Campaign Office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/05/2016	Payee name Suddenlink Business Services	
Amount (\$) \$90.55	Payee address; City; State; Zip Code PO Box 130489 Tyler, TX 75713	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wireless Internet Service Expense - Campaign Office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 76/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 08/02/2016	5 Payee name Suddenlink Business Services	
6 Amount (\$) \$90.55	7 Payee address; City; State; Zip Code PO Box 130489 Tyler, TX 75713	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wireless Internet Service Expense - Campaign Office
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/29/2016	Payee name Suddenlink Business Services	
Amount (\$) \$90.55	Payee address; City; State; Zip Code PO Box 130489 Tyler, TX 75713	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wireless Internet Service Expense - Campaign Office
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/05/2016	Payee name Suddenlink Business Services	
Amount (\$) \$90.55	Payee address; City; State; Zip Code PO Box 130489 Tyler, TX 75713	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wireless Internet Service Expense - Campaign Office
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1	Total pages Schedule F1: Sch: 77/92 Rpt:	2	FILER NAME Price IV, Walter T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066243	
4	Date 11/01/2016	5	Payee name Suddenlink Business Services			
6	Amount (\$) \$90.55	7	Payee address; City; State; Zip Code PO Box 130489 Tyler, TX 75713			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wireless Internet Service Expense - Campaign Office			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 11/14/2016		Payee name Sullivan's Steakhouse			
	Amount (\$) \$187.61		Payee address; City; State; Zip Code 300 Colorado Street Ste 200 Austin, TX 78701			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Lunch Meeting			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 10/05/2016		Payee name THS Boys Basketball Booster Club			
	Amount (\$) \$50.00		Payee address; City; State; Zip Code 3921 Westlawn Amarillo, TX 79102			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Program Support			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1	Total pages Schedule F1: Sch: 78/92 Rpt:	2	FILER NAME Price IV, Walter T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066243
4	Date 09/13/2016	5	Payee name TRRCC PAC		
6	Amount (\$) \$10,000.00	7	Payee address; City; State; Zip Code 1005 Congress Avenue Suite 520 Austin, TX 78701		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC Support		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/13/2016		Payee name TTF c/o SXSW LLC		
	Amount (\$) \$300.00		Payee address; City; State; Zip Code PO Box 685289 Austin, TX 78768		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TTF Registration Fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/02/2016		Payee name Talton, Hal (Mr.)		
	Amount (\$) \$3,000.00		Payee address; City; State; Zip Code 2008 Red Oak Circle Round Rock, TX 78681		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Christmas Bonus		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 79/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 07/29/2016	5 Payee name Talton, Helmut (Mr.)	
6 Amount (\$) \$1,227.02	7 Payee address; City; State; Zip Code 2008 Red Oak Circle Round Rock, TX 78681	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2016	Payee name Talton, Helmut (Mr.)	
Amount (\$) \$1,227.02	Payee address; City; State; Zip Code 2008 Red Oak Circle Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2016	Payee name Talton, Helmut (Mr.)	
Amount (\$) \$1,227.02	Payee address; City; State; Zip Code 2008 Red Oak Circle Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 80/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/31/2016	5 Payee name Talton, Helmut (Mr.)	
6 Amount (\$) \$1,227.02	7 Payee address; City; State; Zip Code 2008 Red Oak Circle Round Rock, TX 78681	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2016	Payee name Talton, Helmut (Mr.)	
Amount (\$) \$1,227.02	Payee address; City; State; Zip Code 2008 Red Oak Circle Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2016	Payee name Talton, Helmut (Mr.)	
Amount (\$) \$1,227.02	Payee address; City; State; Zip Code 2008 Red Oak Circle Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 81/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 07/29/2016	5 Payee name Talton, Sandra (Mrs.)	
6 Amount (\$) \$1,033.64	7 Payee address; City; State; Zip Code 2008 Red Oak Circle Round Rock, TX 78681	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2016	Payee name Talton, Sandra (Mrs.)	
Amount (\$) \$1,033.65	Payee address; City; State; Zip Code 2008 Red Oak Circle Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2016	Payee name Talton, Sandra (Mrs.)	
Amount (\$) \$1,033.64	Payee address; City; State; Zip Code 2008 Red Oak Circle Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 82/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/31/2016	5 Payee name Talton, Sandra (Mrs.)	
6 Amount (\$) \$1,033.65	7 Payee address; City; State; Zip Code 2008 Red Oak Circle Round Rock, TX 78681	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2016	Payee name Talton, Sandra (Mrs.)	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 2008 Red Oak Circle Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Christmas Bonus
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2016	Payee name Talton, Sandra (Mrs.)	
Amount (\$) \$1,033.64	Payee address; City; State; Zip Code 2008 Red Oak Circle Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 83/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/30/2016	5 Payee name Talton, Sandra (Mrs.)	
6 Amount (\$) \$1,033.65	7 Payee address; City; State; Zip Code 2008 Red Oak Circle Round Rock, TX 78681	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2016	Payee name TapTap Direct	
Amount (\$) \$995.00	Payee address; City; State; Zip Code 5107 Catalpa Amarillo, TX 79110	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Renewal of Mobile Text Messaging System used in Campaign Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2016	Payee name Tascosa High School Football Booster Club	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2218 Laurel Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Ad in Football Program
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1	Total pages Schedule F1: Sch: 84/92 Rpt:	2	FILER NAME Price IV, Walter T. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00066243	
4	Date 08/24/2016	5	Payee name Texans for Greg Abbott			
6	Amount (\$) \$2,500.00	7	Payee address; City; State; Zip Code 504 Lavaca Street Austin, TX 78701			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Host Level Support\Underwriting for Amarillo Lunch Event			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 09/06/2016		Payee name Texans for Jason Villalba			
	Amount (\$) \$500.00		Payee address; City; State; Zip Code PO Box 670368 Dallas, TX 75367			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Support			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 10/14/2016		Payee name Texans for Life			
	Amount (\$) \$500.00		Payee address; City; State; Zip Code 5616 Forest Bend Dr Arlington, TX 76017			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Underwriting Support			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 85/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 07/22/2016	5 Payee name Texas House Republican Caucus PAC	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code P.O. Box 13305 Austin, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC Support
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2016	Payee name Texas Independent Futures Foundation	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 31598 Amarillo, TX 79120	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Foundation Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2016	Payee name Texas Panhandle War Memorial Foundation	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 801 South Fillmore Suite 700 Amarillo, TX 79101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Organizational Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 86/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 07/29/2016	5 Payee name Texas Workforce Commission	
6 Amount (\$) \$44.55	7 Payee address; City; State; Zip Code PO Box 149037 Austin, TX 78714	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense UI Tax Payment to TWC
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2016	Payee name The Community Prayer Breakfast	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 9029 Amarillo, TX 79105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/14/2016	Payee name The Home Depot	
Amount (\$) \$64.89	Payee address; City; State; Zip Code 2410 S. Georgia Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Flags for Use in Tri-State Fair Parade and other Office Events
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 87/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/13/2016	5 Payee name The Roaring Fork Restaurant	
6 Amount (\$) \$76.87	7 Payee address; City; State; Zip Code 701 Congress Avenue Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff lunch meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2016	Payee name The Stratford Star	
Amount (\$) \$185.63	Payee address; City; State; Zip Code PO Box 8 Stratford, TX 79084	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Christmas Wishes Ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2016	Payee name The UPS Store - 4558	
Amount (\$) \$18.42	Payee address; City; State; Zip Code 2607 Wolflin Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing and Mailing Materials to Capitol Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 88/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
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4 Date 10/03/2016	5 Payee name Tri-County Publications
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6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code PO Box 460 Groom, TX 79039
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sports Page Advertising
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2016	Payee name Tri-County Publications
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Amount (\$) \$28.00	Payee address; City; State; Zip Code PO Box 460 Groom, TX 79039
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sports Page Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/07/2016	Payee name Tri-County Publications
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Amount (\$) \$28.00	Payee address; City; State; Zip Code PO Box 460 Groom, TX 79039
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Ads for Community Sports Support
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 89/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/24/2016	5 Payee name Two Knives Catering	
6 Amount (\$) \$8,118.75	7 Payee address; City; State; Zip Code 5500 Bluebird Suite 400 Amarillo, TX 79109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering Expense for Fall FR
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2016	Payee name Two Loons Warehouse	
Amount (\$) \$177.53	Payee address; City; State; Zip Code 3210 SW 6th Amarillo Texas, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Gift to Give to Hostess of the Fall FR
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/16/2016	Payee name Uncle Bob's Self Storage	
Amount (\$) \$30.26	Payee address; City; State; Zip Code 2715 Sam Bass Road Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bubble pack and wrapping paper for move of Capitol office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 90/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/03/2016	5 Payee name United States Post Office (USPS)	
6 Amount (\$) \$298.00	7 Payee address; City; State; Zip Code PO Box 9105 Amarillo, TX 79105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental of Post Office Box for District Office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2016	Payee name Wal-Mart	
Amount (\$) \$187.35	Payee address; City; State; Zip Code 2801 East Whitestone Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chocolates for support departments and office supplies for capitol office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2016	Payee name Walmart Supercenter Store #1303	
Amount (\$) \$67.21	Payee address; City; State; Zip Code 620 S Interstate 35 Georgetown, TX 78628	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense candy, paper goods, plastic ware and tea for Capitol office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 explains how to complete this form.

1 Total pages Schedule F1: Sch: 91/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/09/2016	5 Payee name Warwick Melrose Hotel Dallas	
6 Amount (\$) \$143.53	7 Payee address; City; State; Zip Code 3015 Oak Lawn Avenue Dallas, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hosted Senate/House Member Lunch Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2016	Payee name Warwick Melrose Hotel Dallas	
Amount (\$) \$6,023.94	Payee address; City; State; Zip Code 3015 Oak Lawn Avenue Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Remaining Balance on Texas OU FR Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2016	Payee name Wesley Community Center	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1516 S. Roberts Street Amarillo, TX 79102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Una Gran Cena Event Support
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: 92/92 Rpt:	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
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4 Date 10/24/2016	5 Payee name West Texas Golf Cars
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6 Amount (\$) \$324.75	7 Payee address; City; State; Zip Code 6439 Canyon Dr. Amarillo, TX 79110
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf Car Rentals for use at Fall FR
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/18/2016	Payee name York, Sheila (Ms.)
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Amount (\$) \$223.00	Payee address; City; State; Zip Code 1930 S. Woodlawn Amarillo, TX 79103
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering Staff Expense for Fall FR
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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 | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 1/5 Rpt: 199/208	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 12/08/2016	6 Payee name American Airlines
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7 Amount (\$) \$345.60	8 Payee address; City; State; Zip Code 4333 Amon Carter Blvd. Fort Worth, TX 76155
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Airline Ticket for Work and Meetings at the Capitol
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/05/2016	Payee name Hilton Dallas Park Cities
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Amount (\$) \$242.45	Payee address; City; State; Zip Code 5954 Luther Lane Dallas, TX 75225
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel Expense while in Dallas for Campaign Lunch Meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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 | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 2/5 Rpt: 200/208	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 08/03/2016	6 Payee name Southwest Airlines
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7 Amount (\$) \$644.96	8 Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, TX 75235
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RT Travel to Austin for HHS TLOC Hearing, Capitol Mtgs, Campaign Mtgs, & Retreat (9.13.16 - 9.16.16)
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/24/2016	Payee name Southwest Airlines
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Amount (\$) \$317.98	Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, TX 75235
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense One Way Airline Ticket to Austin for Hearings, Campaign Mtgs, and Work at Capitol (9.21 to 9.25)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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 | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 3/5 Rpt: 201/208	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 09/26/2016	6 Payee name Southwest Airlines
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7 Amount (\$) \$734.46	8 Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, TX 75235
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RT Airline to Houston for Associated Republicans of Texas Event (9.29 to 9.30)
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/09/2016	Payee name Southwest Airlines
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Amount (\$) \$507.96	Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, TX 75235
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RT Travel to Dallas for TX OU Fundraiser. (10.7.16 to 10.9.16)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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 | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 4/5 Rpt: 202/208	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 08/31/2016	6 Payee name Southwest Airlines
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7 Amount (\$) \$301.98	8 Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, TX 75235
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense One Way Ticket to Austin for Work at the Capitol and NAMI Conference (10.26.16)
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/24/2016	Payee name Southwest Airlines
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Amount (\$) \$644.96	Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, TX 75235
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Airline Ticket to Austin for Work and Meetings at the Capitol
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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 | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 5/5 Rpt: 203/208	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/10/2016	6 Payee name Southwest Airlines
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7 Amount (\$) \$654.96	8 Payee address; City; State; Zip Code PO Box 36647-1CR Dallas, TX 75235
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of Airline Ticket to Austin for Meetings and Work at the Capitol
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/09/2016	Payee name Warwick Melrose Hotel Dallas
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Amount (\$) \$747.00	Payee address; City; State; Zip Code 3015 Oak Lawn Avenue Dallas, TX 75219
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel Expense while in Dallas for TX OU Fundraising Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/4 Rpt: 204/208	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 09/08/2016	5 Payee name Chase Bank Visa	
6 Amount (\$) \$644.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4414	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Payment for Purchase of Airline Ticket to Austin for Work and Meetings at the Capitol on 10.24.16
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/01/2016	Payee name Chase Bank Visa	
Amount (\$) \$317.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4414	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of CC for Purchase of Airline Ticket on 8.24.16 for Travel on 9.21.16
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/01/2016	Payee name Chase Bank Visa	
Amount (\$) \$507.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4414	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Payment for Expense on 8.9.16 RT Travel to Dallas for TX OU Fundraiser. (10.7.16 to 10.9.16)
	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)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/4 Rpt: 205/208	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 10/25/2016	5 Payee name Chase Bank Visa	
6 Amount (\$) \$734.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4414	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Payment for RT Airline to Houston for Associated Republicans of Texas Event (9.29 to 9.3)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2016	Payee name Chase Bank Visa	
Amount (\$) \$747.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4414	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Payment for Hotel Expense while in Dallas for TX OU Fundraising Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2016	Payee name Chase Bank Visa	
Amount (\$) \$301.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4414	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Payment for One Way Ticket to Austin for Work at the Capitol and NAMI Conference (10.26.16)
Complete ONLY 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)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/4 Rpt: 206/208	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 12/14/2016	5 Payee name Chase Bank Visa	
6 Amount (\$) \$242.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4414	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of CC Charge for Hotel Expense while in Dallas for Campaign Lunch Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2016	Payee name Chase Bank Visa	
Amount (\$) \$345.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4414	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Payment for Purchase of Airline Ticket for Work and Meetings at the Capitol
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2016	Payee name Chase Bank Visa	
Amount (\$) \$644.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4414	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Payment for Purchase of Airline Ticket to Austin for Work and Meetings at the Capitol on 10.24.16
Complete ONLY 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)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 4/4 Rpt: 207/208	2 FILER NAME Price IV, Walter T. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/28/2016	5 Payee name Chase Bank Visa	
6 Amount (\$) \$654.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4414	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC Payment for Purchase of Airline Ticket to Austin for Meetings and Work at the Capitol on 11.10.16
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 208/208
2 FILER NAME Price IV, Walter T. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00066243
4 Date 11/29/2016	5 Name of person from whom amount is received Avis - Austin	8 Amount (\$) \$141.77
	6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78719	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Credit for Overcharge of Rental Car Returned on 10.27.16	
Date 12/08/2016	Name of person from whom amount is received Southwest Airlines	Amount (\$) \$327.48
	Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75235	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Refund of Flight from Amarillo to Austin on 12.8.16 Cancelled due to SWA Delay and Re-booked w/ AA	