

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 8

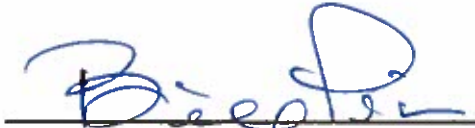
| | |
|-----------------------------------|---|
| 13 C / OH NAME Price, Bill | 14 Filer ID votebillpriceforsheriff2024@gmail.com |
|-----------------------------------|---|

| | | |
|---|--|-----------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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. | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME |
| | COMMITTEE ADDRESS | |
| | COMMITTEE CAMPAIGN TREASURER NAME | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

| | | | | |
|--------------------------------|----|--|----|----------|
| 16 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 1,000.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. | TOTAL POLITICAL EXPENDITURES | \$ | 800.01 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 194.65 |
| 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.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill Price, this the 16 day of January, 2023, to certify which, witness my hand and seal of office.

| | | |
|--|---|---|
|  _____ Signature of officer administering | <u>Mayra Case</u> _____ Printed name of officer administering | <u>Clerk Deputy</u> _____ Title of officer administering oath |
|--|---|---|

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3
 3 of 8

| | |
|-------------------------------------|---|
| 18 FILER NAME Price, Bill | 19 Filer ID votebillpriceforsheriff2024@gmail.com |
|-------------------------------------|---|

| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|--|-----------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,000.00 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 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 | \$ 266.67 |
| 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 | \$ 266.67 |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 266.67 |
| 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 | \$ 194.65 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 1/1 Rpt: 4/8

2 FILER NAME
Price, Bill

3 Filer ID
votebillpriceforsheriff2024@gmail.com

4 Date
12/05/2023

5 Full name of contributor out-of-state PAC (ID#: _____)
Bill, Price (Mr.)

7 Amount of Contribution (\$)
\$750.00

6 Contributor address; City; State; Zip Code
4400 Kelly St

Vernon, TX 76384

8 Principal occupation / Job title (See Instructions)
Security Supervisor IV

9 Employer (See Instructions)
State of Texas HHS

Date
12/22/2023

Full name of contributor out-of-state PAC (ID#: _____)
Wiedeman, Lela Elaine (Mrs.)

Amount of Contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
2407 Caladium Dr NE

Atlanta, GA 30345

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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: 1/1 Rpt: 5/8 | 2 FILER NAME Price, Bill | 3 Filer ID votebillpriceforsheriff2024@gmail.com | |
| 4 Date 12/26/2023 | 5 Payee name Signs of the Cheap | | |
| 6 Amount (\$) \$266.67 | 7 Payee address; City; State; Zip Code 11525 Stonehollow Dr Austin, TX 78758 | | |
| 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 Political Signs | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Price, Bill (Mr.) | Office sought Office of Sheriff | Office held None |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F4: Sch: 1/1 Rpt: 6/8 | | 2 FILER NAME Price, Bill | | 3 Filer ID votebillpriceforsheriff2024@gmail.com | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | | | | \$ |
| 5 Date 12/26/2023 | | 6 Payee name Signs of the Cheap | | | |
| 7 Amount (\$) \$266.67 | | 8 Payee address; City; State; Zip Code 11525 Stonehollow Dr Austin, TX 78758 | | | |
| 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) 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 Political Signs | |
| 11 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name Price, Bill (Mr.) | | Office sought Office of Sheriff | |
| | | | | Office held None | |

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: 1/1 Rpt: 7/8 | 2 FILER NAME Price, Bill | 3 Filer ID votebillpriceforsheriff2024@gmail.com |
| 4 Date 12/26/2023 | 5 Payee name Price, Bill (Mr.) | |
| 6 Amount (\$) \$266.67 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 4400 KELLY ST VERNON, TX 76384 | |
| 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 Political signs |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Price, Bill (Mr.) | Office sought Office of Sheriff Office held None |

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: 8/8

2 FILER NAME
Price, Bill

3 Filer ID
votebillpriceforsheriff2024@gmail.com

4 Date
12/04/2023

5 Name of person from whom amount is received
Price, Bill (Mr.)

8 Amount (\$)
\$194.65

6 Address of person from whom amount is received; City; State; Zip Code
4400 KELLY ST

VERNON, TX 76384

7 Purpose for which amount is received Check if political contribution returned to filer
Re-activation of Campaign Account / No Interest