

# 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)	2 Total pages filed: <b>6</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Theresa A</b>	<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged  FILED FOR RECORD 2026 JAN 14 3:58 PM CASS COUNTY CLERK APPL VARNER	
	NICKNAME LAST SUFFIX <b>(Terri) Price</b>		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>243 County Road 1763 hinden TX 75563</b>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(903) 824-8292</b>		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Theresa A</b>	<b>OFFICE USE ONLY</b>  Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged  FILED FOR RECORD 2026 JAN 14 3:58 PM CASS COUNTY CLERK APPL VARNER	
	NICKNAME LAST SUFFIX <b>(Terri) Price</b>		
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>243 County Road 1763 hinden TX 75563</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(903) 824-8292</b>		
<b>9</b> 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>09 / 16 / 2025    THROUGH    01 / 15 / 2026</b>		
<b>11</b> ELECTION	ELECTION DATE Month Day Year <b>03 / 03 / 2026</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) <b>Justice of the Peace, Pet 1</b>	<b>13</b> OFFICE SOUGHT (if known) <b>Justice of the Peace, Pet 1</b>	
<b>14</b> 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. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. 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	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

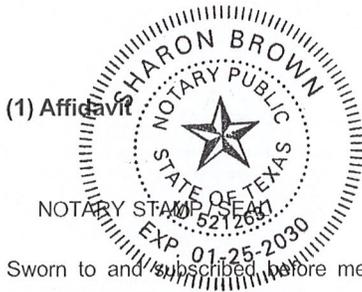
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3160 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3160 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2524.63
	4. TOTAL POLITICAL EXPENDITURES	\$ 2524.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 635.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

*Theresa A. (Terri) Price*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by Theresa (Terri) Price this the 14 day of January, 2021, to certify which, witness my hand and seal of office.

Sharon Brown Signature of officer administering oath  
Sharon Brown Printed name of officer administering oath  
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Theresa A. (Terri) Price</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-2-26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kris Brock</b>	7 Amount of contribution (\$) <b>\$2500<sup>00</sup></b>
	6 Contributor address; City; State; Zip Code <b>1213 Hanes Blvd, Hughes Springs TX 75606</b>	
8 Principal occupation / Job title (See Instructions) <b>Owner Funeral home</b>		9 Employer (See Instructions) <b>Reeder-Davis Funeral Home</b>
Date <b>1-8-26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeff Hobbs</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>PO Box 120 Atlanta TX 75551</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>1-8-26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Suzanne Hobbs</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>PO Box 120 Atlanta TX 75551</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>1-9-26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tamala T Jacobs</b>	Amount of contribution (\$) <b>\$160</b>
	Contributor address; City; State; Zip Code <b>2313 County Road 1597 Irving TX 75063</b>	
Principal occupation / Job title (See Instructions) <b>massage therapist</b>		Employer (See Instructions) <b>Tami Jacobs Massage - self</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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: <b>2</b>	2 FILER NAME <b>Theresa A (Terri) Price</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>11-26</b>	5 Payee name <b>The Printing Factory</b>
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6 Amount (\$) <b>1909.53</b>	7 Payee address; City; State; Zip Code <b>105 C- wise Service Rd W Naples TX 75568</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Signs</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11-8-25</b>	Payee name <b>Texas Republican Party</b>
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Amount (\$) <b>\$375.00</b>	Payee address; City; State; Zip Code <b>The State of Texas Elections</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fee</b>	Description <b>Candidate for office</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12-29-25</b>	Payee name <b>Cass County Tax Assessor</b>
-------------------------	---

Amount (\$) <b>\$4.56</b>	Payee address; City; State; Zip Code <b>PO Box 870, Linden TX 75563</b>
------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <b>voter list</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: <span style="font-size: 2em;">2</span>	<b>2</b> FILER NAME <span style="font-size: 1.5em;">Theresa A (Terri) Price</span>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <span style="font-size: 1.5em;">1-10-26</span>	<b>5</b> Payee name <span style="font-size: 1.5em;">Amazon</span>	
<b>6</b> Amount (\$) <span style="font-size: 1.5em;">\$221.28</span>	<b>7</b> Payee address; City; State; Zip Code <span style="font-size: 1.5em;">440 Terry Ave Seattle WA 98109</span>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <span style="font-size: 1.5em;">Advertising</span>	<b>(b)</b> Description <span style="font-size: 1.5em;">pens, etc</span>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date <span style="font-size: 1.5em;">1-7-26</span>	Payee name <span style="font-size: 1.5em;">Firmi's Business Essentials</span>	
Amount (\$) <span style="font-size: 1.5em;">\$14.26</span>	Payee address; City; State; Zip Code <span style="font-size: 1.5em;">2217 N Stateline Texarkana TX 75501</span>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <span style="font-size: 1.5em;">Office Overhead</span>	Description <span style="font-size: 1.5em;">Paper</span>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2

**OFFICE USE ONLY**

Filer ID #

Date Received

Date Hand-delivered or Postmarked

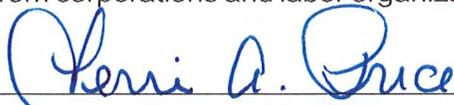
Receipt #

Amount \$

Date Processed

Date Imaged

FILED FOR RECORD  
 2025 SEP 10 AM 9:39  
 AM L. VARNELL  
 CASS COUNTY CLERK

<b>2 CANDIDATE NAME</b>	MS / MRS / MR                      FIRST                      MI MRS                      TERRI                      A NICKNAME                      LAST                      SUFFIX  PRICE	OFFICE USE ONLY
<b>3 CANDIDATE MAILING ADDRESS</b>	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 243 COUNTY ROAD 17633 LINDEN, TEXAS 75563	Date Received
<b>4 CANDIDATE PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION  ( 903 ) 824-8292	Receipt #                      Amount \$  Date Processed
<b>5 OFFICE HELD (if any)</b>	CASS COUNTY JUSTICE OF THE PEACE, PCT 1	Date Imaged
<b>6 OFFICE SOUGHT (if known)</b>	CASS COUNTY JUSTICE OF THE PEACE, PCT 1	
<b>7 CAMPAIGN TREASURER NAME</b>	MS/MRS/MR                      FIRST                      MI                      NICKNAME                      LAST                      SUFFIX MRS                      TERRI                      A                      PRICE	
<b>8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)</b>	STREET ADDRESS;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 243 COUNTY ROAD 1763 LINDEN, TEXAS 75563	
<b>9 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION  ( 903 ) 824-8292	
<b>10 CANDIDATE SIGNATURE</b>	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.  I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.  I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">                       _____                      Signature of Candidate                 </div> <div style="text-align: center;">                     9-9-25                      _____                      Date Signed                 </div> </div>	

GO TO PAGE 2

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

11 CANDIDATE  
NAME

MRS TERRI A PRICE

12 MODIFIED  
REPORTING  
DECLARATION

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**\*\* This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. \*\***

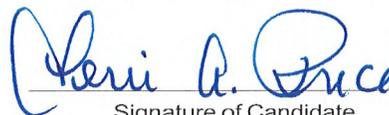
**\*\* The modified reporting option is valid for one election cycle only. \*\***  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**• Candidates for the office of state or county chair of a political party  
may NOT choose modified reporting. \*\***

I do not intend to accept more than \$1,110 in political contributions or make more than \$1,110 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

2026

Year of election(s) or election cycle to  
which declaration applies



Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)

or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority  
DO NOT SEND TO TEC

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

**AMENDMENT: APPOINTMENT OF A  
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA  
PG 1**

1 CANDIDATE NAME <i>Theresa A (Terri) Price</i>	2 FILER ID#	3 Total pages filed:
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See ACTA Instruction Guide for detailed instructions.  
Use this form for changes to existing information only. Do not provide information previously disclosed.

4 CANDIDATE NAME	<input type="checkbox"/> NEW MS / MRS / MR FIRST MI <i>Theresa A</i> NICKNAME LAST SUFFIX <i>Terri; Price</i>	<b>OFFICE USE ONLY</b> Date Received 2025 DEC 18 PM 2:57 FILED FOR RECORD AMY L. VARNELL CLERK Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
5 CANDIDATE MAILING ADDRESS	<input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>243 County Road 1763 Linden TX 75563</i>	
6 CANDIDATE PHONE	<input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION <i>(903) 824-8292</i>	

7 OFFICE HELD (if any)	<input type="checkbox"/> NEW <i>Justice of the Peace, Pct One, Cass County</i>
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8 OFFICE SOUGHT (if known)	<input type="checkbox"/> NEW <i>Justice of the Peace, Pct One Cass County</i>
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9 CAMPAIGN TREASURER NAME	<input type="checkbox"/> NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <i>Theresa A (Terri) Price</i>
---------------------------	--

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	<input type="checkbox"/> NEW STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>243 County Road 1763 Linden TX 75563</i>
--	---

11 CAMPAIGN TREASURER PHONE	<input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION <i>(903) 824-8292</i>
-----------------------------	--

12 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><i>Theresa A. (Terri) Price</i> Signature of Candidate</p> <p><i>12-18-25</i> Date Signed</p>
------------------------	--

**GO TO PAGE 2**

**AMENDMENT:**  
**CANDIDATE MODIFIED REPORTING DECLARATION**

13 CANDIDATE  
NAME

14 MODIFIED  
REPORTING  
DECLARATION

NEW

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

- This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••**
  
- The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)
  
- Candidates for the office of state chair of a political party may NOT choose modified reporting. ••**

I do not intend to accept more than \$1,110 in political contributions or make more than \$1,110 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

2026

Year of election(s) or election cycle to which declaration applies

  
Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority  
**DO NOT SEND TO TEC**

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>	<b>2 Total pages filed:</b> <span style="font-size: 2em; color: blue;">4</span>			
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST <b>THERESA</b>	MI <b>A</b>	<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged		
	NICKNAME	LAST <b>PRICE</b>	SUFFIX			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE					
	<b>243 COUNTY ROAD 1763 LINDEN, TEXAS 75563</b>					
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION			
	<b>( 903 )</b>	<b>824-8292</b>				
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST <b>THERESA</b>	MI <b>A</b>			
	NICKNAME	LAST <b>PRICE</b>	SUFFIX			
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE					
	<b>243 COUNTY ROAD 1763 LINDEN, TEXAS 75563</b>					
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION			
	<b>( 903 )</b>	<b>824-8292</b>				
<b>9 REPORT TYPE</b>	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
<b>10 PERIOD COVERED</b>	Month	Day	Year	Month	Day	Year
	<b>2</b>	<b>4</b>	<b>26</b>	THROUGH	<b>3</b>	<b>3</b>
<b>11 ELECTION</b>	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
		<b>3</b>	<b>3</b>	<b>26</b>	<input type="checkbox"/> General	<input type="checkbox"/> Special
<b>12 OFFICE</b>	OFFICE HELD (if any)			OFFICE SOUGHT (if known)		
	<b>JUSTICE OF THE PEACE, PCT1</b>			<b>JUSTICE OF THE PEACE, PCT 1</b>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> THERESA A (TERRI) PRICE		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 180.59
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 180.59
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 77.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 77.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 103.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**18 SIGNATURE** 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.

*Theresa A. (Terri) Price*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Theresa A (Terri) Price this the 23 day of February, 2024, to certify which, witness my hand and seal of office.

Sharon Brown Signature of officer administering oath  
Sharon Brown Printed name of officer administering oath  
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> THERESA A (TERRI) PRICE		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 77.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME <b>THEREA A (TERRI) PRICE</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02/23/2026</b>	<b>5</b> Payee name <b>AMAZON</b>	
<b>6</b> Amount (\$) <b>77.00</b>	<b>7</b> Payee address; <b>440 TERRY AVE</b>	City; State; Zip Code <b>SEATTLE WA 98109</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	<b>(b)</b> Description <b>HAND OUTS</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**