

# 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: <i>6</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Theresa</i>	MI <i>A</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>(Terri) Price</i>	SUFFIX	Date Received <i>2026 JAN 14</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE <i>243 County Road 1763 Linden TX 75563</i>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER <i>(903) 824-8292</i>	EXTENSION	Date Hand-delivered or Date Postmarked <i>2026 JAN 14</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Theresa</i>	MI <i>A</i>	Receipt # <i>D 3500</i> Amount \$ <i>00</i>		
	NICKNAME	LAST <i>(Terri) Price</i>	SUFFIX	Date Processed <i>2026 JAN 14</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:			CITY: STATE; ZIP CODE <i>243 County Road 1763 Linden TX 75563</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER <i>(903) 824-8292</i>	EXTENSION			
9 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)	
10 PERIOD COVERED	Month <i>09</i>	Day <i>10</i>	Year <i>2025</i>	Month <i>01</i>	Day <i>15</i>	Year <i>2026</i>
11 ELECTION	ELECTION DATE Month <i>03</i> Day <i>03</i> Year <i>2026</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace, Pct 1</i>			13 OFFICE SOUGHT (if known) <i>Justice of the Peace, Pct 1</i>		
14 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. 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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

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



Sworn to and subscribed before me by Theresa (Terri) Price this the 14 day of January,

20 2014, 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</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
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 1-2- 26	5 Full name of contributor <b>Kris Brock</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>\$2500.00</b>
6 Contributor address;  <b>1213 Hanes Blvd, Hughes Springs</b>	City; State; Zip Code <b>TX 75656</b>		
8 Principal occupation / Job title (See Instructions) <b>Owner Funeral home</b>		9 Employer (See Instructions) <b>Reeder-Davis Funeral Home</b>	
Date 1-8- 26	Full name of contributor <b>Jeff Hobbs</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$250.00</b>
Contributor address;  <b>PO Box 120 Atlanta TX 75551</b>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date 1-8-26	Full name of contributor <b>Suzanne Hobbs</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$250.00</b>
Contributor address;  <b>PO Box 120 Atlanta TX 75551</b>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)	
Date 1-9-26	Full name of contributor <b>Tamala T Jacobs</b>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$160</b>
Contributor address;  <b>2313 County Road 1597 Granger TX 75513</b>	City; State; Zip Code		
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Theresa A (Terri) Price	
4 Date	5 Payee name	
11-8-25	The Printing Factory	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
1909.53	105 C-1 wise Service Rd w Naples TX 75568	
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	Signs
<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
Date	Payee name	
11-8-25	Texas Republican Party	
Amount (\$)	Payee address; City; State; Zip Code	
\$375.00	The State of Texas Electronics	
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fee	Candidate for office
<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	
12-29-25	Lass County Tax Assessor	
Amount (\$)	Payee address; City; State; Zip Code	
\$4.56	PO Box 870, Linden TX 75563	
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing	voter list
<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		

# 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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
2	Theresa a(Terri) Price		
4 Date	5 Payee name		
1-10-26	Amazon		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$221.28	440 Terry Ave Seattle WA	98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	PENS, etc	
	(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
Date	Payee name		
1-7-26	Firmin's Business Essentials		
Amount (\$)	Payee address;	City;	State; Zip Code
\$114.26	2217 N Stateline Texarkana Tx	75501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Office overhead	Paper	
	<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
PURPOSE OF EXPENDITURE	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			