

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Renita Price		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,281.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 1,158.61
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,158.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,122.39
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.

Renita Price

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Renita Price this the 16 day of October

2025, to certify which, witness my hand and seal of office.

Miriam Hernandez
Signature of officer administering oath

Miriam Hernandez
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 Renita Price		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 183.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
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		\$

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 Renita Price		3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2025	5 Full name of contributor Diamond Price out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 50.00
6 Contributor address, City, State, Zip Code [REDACTED] Baytown, TX 77520		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/15/2025	Full name of contributor Diamond Price out-of-state PAC (ID# _____)	Amount of contribution (\$) 250.00
Contributor address, City, State, Zip Code [REDACTED] Baytown, TX 77520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/15/2025	Full name of contributor Arielle Gardner out-of-state PAC (ID# _____)	Amount of contribution (\$) 50.00
Contributor address, City, State, Zip Code [REDACTED] Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Community Organizer		Employer (See Instructions)
Date 09/15/2025	Full name of contributor Dr. Monica Anderson out-of-state PAC (ID# _____)	Amount of contribution (\$) 100.00
Contributor address, City, State, Zip Code [REDACTED] Grand Prairie, TX 75054		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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

Renita Price

3 Filer ID (Ethics Commission Filers)

4 Date

9/11/2025

5 Full name of contributor

Charles Crews

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

Baytown, TX 77521

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

9/16/2025

Full name of contributor

Crispina Powell

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

~~100.00~~

Contributor address;

City; State; Zip Code

Baytown, TX 77521

103.48

Principal occupation / Job title (See Instructions)

Senior Pricing Manager

Employer (See Instructions)

Wesco Distribution

Date

9/19/2025

Full name of contributor

Nathaniel Sparks

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

Royse City, TX 75189

Principal occupation / Job title (See Instructions)

Community Organizer

Employer (See Instructions)

Date

9/21/2025

Full name of contributor

Randee King

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

Baytown TX 77520

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 Renita Price		3 Filer ID (Ethics Commission Filers)
4 Date 9/22/2025	5 Full name of contributor out-of-state PAC (ID# _____) Shunvonne McGilbra	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77025		
8 Principal occupation / Job title (See Instructions) Cosmotologist		9 Employer (See Instructions) self Employed
Date 9/23/25	Full name of contributor out-of-state PAC (ID# _____) Edna Walker	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9/24/25	Full name of contributor out-of-state PAC (ID# _____) Karen Gordy	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77520		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9/21/2025	Full name of contributor out-of-state PAC (ID# _____) Christena Nightingale	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 Renita Price		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Louise Markray	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code [REDACTED] Silver Spring MD 20906		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME Renita Price		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 183.00	
5 Date 09/19/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertha Harris	8 Amount of Contribution \$	9 In-kind contribution description Printing Push Cards
7 Contributor address; City; State; Zip Code		<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			