

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: 9 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mrs Renita | OFFICE USE ONLY Date Received OCT 27 2023 PM 4:45 <div style="border: 1px solid blue; border-radius: 50%; padding: 2px; display: inline-block;">Date Hand-delivered or Date Postmarked</div> Receipt # Amount \$ Date Processed Date Imaged | |
| | NICKNAME LAST SUFFIX Price | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small> | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 426 S Burnett Dr, Baytown, TX 77520 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 946-2543 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Ms Rhonda | | |
| | NICKNAME LAST SUFFIX Lopez | | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 704 Littlewood, Baytown, TX 77521 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 414-3331 | | |
| 9 REPORT TYPE | <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) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 9 / 26 / 25 THROUGH 10 / 25 / 25 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 4 / 25 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Baytown City Council District 3 | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | <small>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.</small> | | |
| Additional Pages | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | | COMMITTEE ADDRESS |
| | | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

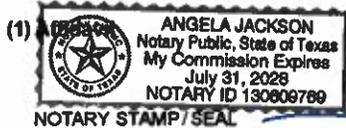
FORM C/OH
COVER SHEET PG 2

| | | |
|------------------------------|---|--|
| 15 C/OH NAME 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) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,303.17 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ 186.15 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,847.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 851.71 |
| 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:



Sworn to and subscribed before me by Renita Price this the 27th day of October
2025 to certify which, witness my hand and seal of office.
Angela Jackson Angela Jackson City Clerk/Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(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 | \$ 1,303.17 |
| 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 | \$ 1,660.85 |
| 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: 4 |
| 2 FILER NAME Renita Price | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/26/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) Daphne Polk-Foster 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) 25.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) |
| Date 09/27/2025 | Full name of contributor out-of-state PAC (ID#: _____) Billi Mustafaa Contributor address; City; State; Zip Code [REDACTED] Crosby TX 77532 | Amount of contribution (\$) 154.90 |
| Principal occupation / Job title (See Instructions) Recruiter | | Employer (See Instructions) Lee College |
| Date 09/27/2025 | Full name of contributor out-of-state PAC (ID#: _____) Gina LeSueur Contributor address; City; State; Zip Code | Amount of contribution (\$) 51.99 |
| Principal occupation / Job title (See Instructions) Flight Attendant | | Employer (See Instructions) |
| Date 09/29/2025 | Full name of contributor out-of-state PAC (ID#: _____) Lynda Nelson Contributor address; City; State; Zip Code | Amount of contribution (\$) 35.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

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 09/29/2025 | 5 Full name of contributor Debra M Burris out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75248 | 7 Amount of contribution (\$) 100.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) |
| Date 10/02/2025 | Full name of contributor Marcus Wilson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Baytown TX 77521 | Amount of contribution (\$) 103.40 |
| Principal occupation / Job title (See Instructions) Logistics Instructor | | Employer (See Instructions) Lee College |
| Date 10/12/2025 | Full name of contributor Jay Hampton out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Missouri City TX 77489 | Amount of contribution (\$) 154.90 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |
| Date 10/16/2025 | Full name of contributor Adriena Beatty out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Belleville IL 62221 | Amount of contribution (\$) 103.40 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

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 10/19/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) David R Smith 6 Contributor address; City; State; Zip Code [REDACTED] Baytown TX 77521 | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) |
| Date 09/27/2025 | Full name of contributor out-of-state PAC (ID#: _____) Ladonna Gardner Contributor address; City; State; Zip Code [REDACTED] Ft Worth TX 76134 | Amount of contribution (\$) 103.48 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |
| Date 09/26/2025 | Full name of contributor out-of-state PAC (ID#: _____) Gloria Johnson Contributor address; City; State; Zip Code [REDACTED] | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/02/2025 | Full name of contributor out-of-state PAC (ID#: _____) Michael Beard Contributor address; City; State; Zip Code [REDACTED] Baytown TX 77520 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

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 10/21/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) Nancy and Carl Currie 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/23/2025 | Full name of contributor out-of-state PAC (ID#: _____) Jessica Marshall Contributor address; City; State; Zip Code | Amount of contribution (\$) 21.10 |
| 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) |
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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 | | 2 FILER NAME Renita Price | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10/03/2025 | | 5 Payee name Anchor Printing Services | | | |
| 6 Amount (\$) 325.02 | | 7 Payee address; City; State; Zip Code 122 E Texas Ave Baytown TX 77520 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing expense | | (b) Description big signs | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | | 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 10/08/2025 | | Payee name Anchor Printing Services | | | |
| Amount (\$) 26.81 | | Payee address; City; State; Zip Code 122 E Texas Ave Baytown TX 77520 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing expense balance | | Description big signs | | |
| | Check if travel outside of Texas. Complete Schedule T. | | 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 10/10/2025 | | Payee name Anchor Printing Services | | | |
| Amount (\$) 397.82 | | Payee address; City; State; Zip Code 122 E Texas Ave Baytown TX 77520 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Services | | Description signs | | |
| | Check if travel outside of Texas. Complete Schedule T. | | 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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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 Renita Price | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10/23/2025 | | 5 Payee name Sprint2Print | | | |
| 6 Amount (\$) 606.20 | | 7 Payee address; City; State; Zip Code 8748 Clay Rd Houston TX 77080 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing expense | | (b) Description signs | | |
| | (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 ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 09/27/2025 | | Payee name TDP | | | |
| Amount (\$) 305.00 | | Payee address; City; State; Zip Code 314 Highland Blvd Austin TX | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Solicitation expense | | Description voter activation network access | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY 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 ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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