

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | |
|--|--|--|--|---|--|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT# (Ethics Commission Use) | | 2 Total pages filed | |
| 3 CANDIDATE / OFFICEHOLDER NAME | | MS / MRS / MR TRUSTEE NICKNAME | | FIRST Roni LAST PRICE | |
| | | MI J | | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | ADDRESS (PO BOX) | | CITY, STATE, ZIP CODE | |
| | | 3622 JAMAICA | | DALLAS, TX 75210 | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | | AREA CODE | | PHONE NUMBER | |
| | | (214) | | 428-4387 | |
| 6 CAMPAIGN TREASURER NAME | | MS / MRS / MR | | FIRST LA Christi LAST JORDAN | |
| | | MI | | SUFFIX | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | | STREET ADDRESS (NO PO BOX PLEASE) | | CITY, STATE, ZIP CODE | |
| | | 4600 2 ND AVE | | DALLAS, TX 75210 | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE | | PHONE NUMBER | |
| | | (214) | | 428-4387 | |
| 9 REPORT TYPE | | <input type="checkbox"/> January 15 | | <input checked="" type="checkbox"/> 30th day before election | |
| | | <input type="checkbox"/> July 15 | | <input type="checkbox"/> 60th day before election | |
| | | <input type="checkbox"/> Renewal | | <input type="checkbox"/> Exceeded \$500 limit | |
| | | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | <input type="checkbox"/> Final report (within 60th - 90th) | |
| 10 PERIOD COVERED | | Month Day Year | | THROUGH Month Day Year | |
| | | 01/15/06 | | 05/13/06 | |
| 11 ELECTION | | ELECTION DATE | | ELECTION TYPE | |
| | | Month Day Year | | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| | | 05/13/06 | | | |
| 12 OFFICE | | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if any) | |
| | | Trustee District 9 | | | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS | | <p>-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --</p> | | | |
| | | Name - 0 - | | | |
| | | Address (PO Box, Apt. / Suite #, City, State, Zip Code) | | | |
| | | <input type="checkbox"/> additional pages | | | |
| GO TO PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

16 ACCOUNT # (Texas Commission on Ethics)

15 C/OH NAME

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures 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

GENERAL

SPECIFIC

additional report

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

EXPENDITURE TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7962.44

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

CONTRIBUTION BALANCE

4. TOTAL POLITICAL EXPENDITURES

\$ 5,167.67

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

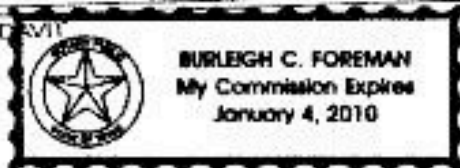
\$ 2794.77

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

19 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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RON PRICE this the 13th day of April, 2006 to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

BURLEIGH FOREMAN
Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The instructions back explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

RON PRICE

3 ACCOUNT # (Ethics Commission file)

4 Date

4/5/06

5 Payee name

TEDDY HAWINS

6 Payee address; City, State; Zip Code

24600 2ND AVE

7 Amount (\$)

\$400.00

8 Purpose of payment (See instructions regarding type of information required.)

Office Supplies + Copying

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

2/24/06

Payee name

Kwik Copy

Payee address; City, State; Zip Code

DALLAS, TX

Amount (\$)

2654.08

Purpose of payment (See instructions regarding type of information required.)

Copying

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

3/22/06

Payee name

Edwards + Patterson

Payee address; City, State; Zip Code

(214) 634-0047

Amount (\$)

2113.59

Purpose of payment (See instructions regarding type of information required.)

Signs (YARD)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City, State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED