

# 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 #<br>(Ethics Commission files) | 2 Total pages filed:        |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR   | FIRST<br>RON                             | MI                          |
|  | NICKNAME  | LAST<br>PRICE                            | SUFFIX                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address                       | ADDRESS / PO BOX  | APT / SUITE #                            | CITY STATE ZIP CODE         |
|  | 3622 JAMAICA DALLAS, TX 75210   |  |                             |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE   | PHONE NUMBER                             | EXTENSION                   |
|  | (214)   | 428-4387                                 |                             |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST<br>B.                              | MI<br>C                     |
|  | NICKNAME  | LAST<br>FOREMAN                          | SUFFIX                      |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or business)  | STREET ADDRESS (NO PO BOX PLEASE)   | APT / SUITE #                            | CITY STATE ZIP CODE         |
|  | 4600 2nd AVE DALLAS, TX 75210   |  |                             |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER                             | EXTENSION                   |
|  | (214)   | 428-4387                                 |                             |
| 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"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)  |  |                             |
| 10 PERIOD COVERED  | Month   | Day                                      | Year                        |
|  | 7   | 15                                       | 04                          |
| 11 ELECTION  | ELECTION DATE   |  | ELECTION TYPE               |
|  | Month   | Day                                      | Year                        |
| 12 OFFICE  | OFFICE HELD (if any)  |  | 13 OFFICE SOUGHT (if known) |
|  |   |  | TRUSTEE                     |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><input type="checkbox"/> additional pages | ** 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. ** |  |                             |
|  | Name  |  |                             |
|  | Address / PO Box, Apt. / Suite #, City, State, Zip Code   |  |                             |
| GO TO PAGE 2   |   |  |                             |

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission form)

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 pages

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 -

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

\$ 25,000

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 7,750

CONTRIBUTION BALANCE

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

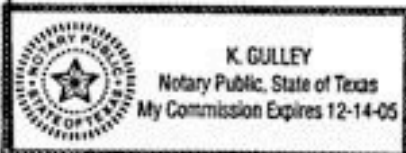
\$ 17,250

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 45, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ron Price, this the 14<sup>th</sup> day of January, 20 05, to certify which, witness my hand and seal of office.

K. Gulley  
Signature of officer administering oath

K. Gulley  
Printed name of officer administering oath

Antoinette M. Mays  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages Schedule A:

2 **FILER NAME** *Row Price* 3 **ACCOUNT #** (Ethics Commission files)

|   |  |  |   |
|---|--|--|---|
| 4 <b>Date</b><br><i>10/11/04</i>  | 5 <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____)<br><i>Frank Scifilio</i> | 7 <b>Amount of contribution (\$)</b><br><i>\$5,000</i> | 8 <b>In-kind contribution description (if applicable)</b> |
| 6 <b>Contributor address; City; State; Zip Code</b><br><i>11500 Northwest Freeway STE 320<br/>Houston TX 77092-6522</i> |  |  |   |

9 **Principal occupation / Job title (See Instructions)** 10 **Employer (See Instructions)**

|  |   |  |  |
|--|---|--|--|
| Date<br><i>10/11/04</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><i>Frankie L Wong</i> | Amount of contribution (\$)<br><i>\$10,000</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><i>2828 D Holcombe Blvd<br/>Houston, TX 77025-1804</i> |   |  |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|   |  |  |  |
|---|--|--|--|
| Date<br><i>10/11/04</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><i>Larry or Debbie Lehmann</i> | Amount of contribution (\$)<br><i>\$10,000</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><i>831 Alcorn<br/>Hudding, TX 78942</i> |  |  |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|  |  |                             |  |
|--|--|-----------------------------|--|
| Date                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code |  |                             |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|  |  |                             |  |
|--|--|-----------------------------|--|
| Date                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code |  |                             |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

|   |  |   |
|---|--|---|
| The instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule F:   |
| 2 FILER NAME <b>RON PRICE</b>   |  | 3 ACCOUNT # (Ethics Commission file#)   |
| 4 Date<br><b>10/29/04</b>   | 5 Payee name<br><b>R.C.F. TAX SVCS</b> | 7 Amount (\$)<br><b>\$3000.00</b>   |
| 6 Payee address: City, State, Zip Code<br><b>4600 2ND AVE DALLAS, TX 75210</b>                                |  |   |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><b>6 MONTHS RENT</b>       |  | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held |
| Date<br><b>10/29/04</b>   | Payee name<br><b>B.C. FOREMAN</b>      | Amount (\$)<br><b>\$3000.00</b>   |
| Payee address: City, State, Zip Code<br><b>4600 2ND AVE DALLAS, TX 75210</b>                                  |  |   |
| Purpose of payment (See instructions regarding type of information required.)<br><b>FUND RAISER</b>           |  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |
| Date<br><b>11/20/04</b>   | Payee name<br><b>CF-MONEY</b>          | Amount (\$)<br><b>\$750</b>   |
| Payee address: City, State, Zip Code<br><b>8204 EHAM BROOK DALLAS, TX 75247</b>                               |  |   |
| Purpose of payment (See instructions regarding type of information required.)<br><b>CAMPAIGN GRAPHIC WORK</b> |  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |
| Date<br><b>12/02/04</b>   | Payee name<br><b>JOSETTE MCCOLLACK</b> | Amount (\$)<br><b>\$1000.00</b>   |
| Payee address: City, State, Zip Code<br><b>111 CEDAR RIDGE DUNSTONVILLE, TX 75116</b>                         |  |   |
| Purpose of payment (See instructions regarding type of information required.)<br><b>OFFICE WORK</b>           |  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED