

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8297

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Ms. Velva Price		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	P.O. Box 685008 Austin, TX 78768		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	420-0037	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX
	Beverly Reeves		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE
	P.O. Box 685008 Austin, TX 78768		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	420-0037	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Final report (Final C/OH - FR)
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit		
10 PERIOD COVERED	Month	Day	Year
	01	01	2014
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		03	04
		14	
		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			District clerk

OFFICE USE ONLY

Date Received: 2014 FEB - 3 AM 9:37
 Date Hand-delivered or Postmarked: [blank]
 Receipt # [blank] Amount: [blank]
 Date Processed: [blank]
 Date Imaged: [blank]

FILED
 Travis County
 Dana D. [blank]
 County Clerk

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
Velva Price

15 ACCOUNT # (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)

\$ 275.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 5500.00

CONTRIBUTION
BALANCE

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

\$ 5515.23

OUTSTANDING
LOAN TOTALS

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

\$ 0

18 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.

Velva Price
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Velva Laska Price, this the 31st day of January, 20 14, to certify which, witness my hand and seal of office.

Delores H. Guillory
Signature of officer administering oath

Delores H Guillory
Printed name of officer administering oath

Notary
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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/2/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roderick Rose 6 Contributor address; City; State; Zip Code 12252 E. Stull Pl. Denver, CO. 80239	7 Amount of contribution (\$) 25 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Education		10 Employer (See Instructions) University of Denver	
Date 1/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xavier Medina Contributor address; City; State; Zip Code 11006 Pickfair Dr. Austin, TX 78750	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 1/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennie Cole Contributor address; City; State; Zip Code 4119 Cactus Oaks Rd. San Antonio, TX 78251	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) NISD Board of Trustee		Employer (See Instructions) Retired	
Date 1/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Mitchell Contributor address; City; State; Zip Code 8101 Dansforth Austin, TX 78746	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Wright & Greenhill	
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		(If travel outside of Texas, complete Schedule T)	
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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. **1** Total pages Schedule B:

2 FILER NAME **3** ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ **\$**

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
.....			
7 Pledgor address; City; State; Zip Code			
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions) **11** Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
.....			
Pledgor address; City; State; Zip Code			
(If travel outside of Texas, complete Schedule T)			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
.....			
Pledgor address; City; State; Zip Code			
(If travel outside of Texas, complete Schedule T)			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
.....			
Pledgor address; City; State; Zip Code			
(If travel outside of Texas, complete Schedule T)			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
.....			
Pledgor address; City; State; Zip Code			
(If travel outside of Texas, complete Schedule T)			

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1/13/14	5 Payee name GNI Strategies LLC
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. BOX 685008 Austin, TX 78708
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting fee	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/22/14	Payee name Travis County Democratic Party
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Amount (\$) 5,000.00	Payee address; City; State; Zip Code 1311 E 6th St. Austin, TX 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED