

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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Zachary	MI
	NICKNAME	LAST Price	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	13000 Council Bluff Dr. Austin TX 78727		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(423)	260-6415	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Gentry	MI
	NICKNAME	LAST McLean	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	6314 Gato Path Austin TX 78731		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	797-6724	
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"/> July 15 <input type="checkbox"/> 9th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	8	20	2018
THROUGH		Month	Day
		9	27
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11 / 6 / 2018	<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)	
	None	Austin ISO Board of Trustees Place 4	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Price, Zachary 15 Filer ID (Ethics Commission Filers)

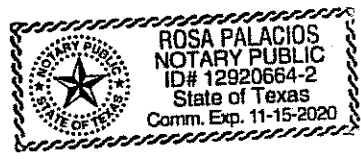
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,530.74</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>340</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,190.74</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</u>

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Zachary Price, this the 9th day of October 2018, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Rosa Palacios
Printed name of officer administering oath

Exec. Asst. to the Supt
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Price, Zachary</i>	20 Filer ID (Ethics Commission Filers)
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21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,532.74</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>—</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>—</i>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>340</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>—</i>
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>—</i>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>—</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/6

2 FILER NAME

Price, Zachary

3 Filer ID (Ethics Commission Filers)

4 Date

8/20

5 Full name of contributor

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

Zachary Price

6 Contributor address;

City; State; Zip Code

13000 Council Bluff Dr Austin TX 78727

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/14

Full name of contributor

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

Laura Yeager

Contributor address;

City; State; Zip Code

7908 W Rim Dr Austin, TX 78731

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16

Full name of contributor

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

Joseph Reynolds

Contributor address;

City; State; Zip Code

2611 West 49th St Austin, TX 78731

Amount of contribution (\$)

\$ 210.84

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18

Full name of contributor

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

Debra & Sean Price

Contributor address;

City; State; Zip Code

13000 Council Bluff Dr Austin, TX 78727

Amount of contribution (\$)

\$ 105.58

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

216

2 FILER NAME

Price, Zachary

3 Filer ID (Ethics Commission Filers)

4 Date

9/18

5 Full name of contributor out-of-state PAC (ID#: _____)

Shelby Stebler

7 Amount of contribution (\$)

\$21.37

6 Contributor address; City; State; Zip Code

3905 Balcones Woods Dr Austin, TX 78759

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/19

Full name of contributor out-of-state PAC (ID#: _____)

Rodney Hetzel

Amount of contribution (\$)

\$105.58

Contributor address; City; State; Zip Code

159 Cresthaven Dr Rockwall, TX 75087

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19

Full name of contributor out-of-state PAC (ID#: _____)

Tim Arndt

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

3915 Becker Ave Austin, TX 78751

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19

Full name of contributor out-of-state PAC (ID#: _____)

Gentry Mclean

Amount of contribution (\$)

\$26.63

Contributor address; City; State; Zip Code

6314 Gato Path Austin, TX 78731

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

316

2 FILER NAME

Price, Zachary

3 Filer ID (Ethics Commission Filers)

4 Date

9/20

5 Full name of contributor

Evelyn Muller

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

7 Amount of contribution (\$)

\$105.58

6 Contributor address; City; State; Zip Code

12600 Avery Ranch Blvd Cedar Park, TX 78613

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/21

Full name of contributor

Scott and Dona Stebler

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

Amount of contribution (\$)

\$316.11

Contributor address; City; State; Zip Code

3905 Balcones Woods Dr Austin, TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/22

Full name of contributor

Mona Mehdy

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

Amount of contribution (\$)

\$10.84

Contributor address; City; State; Zip Code

5004 Smokey Mountain Dr Austin, TX 78722

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/22

Full name of contributor

Patrick Price

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

Amount of contribution (\$)

\$105.58

Contributor address; City; State; Zip Code

506 South Indiana Ave St. Charles, IL 60174

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

416

2 FILER NAME

Price, Zachary

3 Filer ID (Ethics Commission Filers)

4 Date

9/23

5 Full name of contributor

Connie Tisdale

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

7 Amount of contribution (\$)

\$52.95

6 Contributor address;

City; State; Zip Code

18412 Quail Hollow Aubur, At 36830

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/23

Full name of contributor

David Campbell

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

Amount of contribution (\$)

\$125.58

Contributor address;

City; State; Zip Code

1727 Means Meadow Blvd, Austin, TX 78758

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23

Full name of contributor

Whitney Peek

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

Amount of contribution (\$)

\$79.26

Contributor address;

City; State; Zip Code

2701 Twin Oaks Dr Austin TX 78757

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24

Full name of contributor

David Albert

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

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1101 Grove Blvd #703 Austin TX 78741

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

516

2 FILER NAME

Price, Zachary

3 Filer ID (Ethics Commission Filers)

4 Date

9/24

5 Full name of contributor

Vanessa MacBugal

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

7 Amount of contribution (\$)

\$52.95

6 Contributor address; City; State; Zip Code

1515 Karen Ave Austin, TX 78757

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/24

Full name of contributor

Sarah Romo de Vivar

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

Amount of contribution (\$)

\$10.84

Contributor address; City; State; Zip Code

12603 Terra Nova Ln Austin, TX 78727

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25

Full name of contributor

Elias Penvert

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

Amount of contribution (\$)

\$52.95

Contributor address; City; State; Zip Code

5308 Woodrow Ave Unit A Austin, TX 78758

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27

Full name of contributor

Laura Arbilla

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

Amount of contribution (\$)

\$26.63

Contributor address; City; State; Zip Code

5205 Braulio Chaz St Austin, TX 78727

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

The Instruction Guide explains how to complete this form. 1 Total pages, Schedule A1:
616

2 FILER NAME: *Price, Zachary* 3 Filer ID (Ethics Commission Filers)

4 Date <i>9/27</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andre Treiber</i>	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; City; State; Zip Code <i>1900 Rosatti Ln Austin, TX 78752</i>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1/1	2 FILER NAME Prisca Zachary	3 Filer ID (Ethics Commission Filers)
4 Date 9/19	5 Payee name Texas Democratic Party	
6 Amount (\$) \$315.00	7 Payee address; City; State; Zip Code 1106 Lavaca St Suite 100 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN Access
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 9/25	Payee name [REDACTED] Facebook	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category: (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ad
	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 _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED