

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 11									
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST John	MI W	<div style="text-align: center; border: 1px solid black; padding: 5px;"><b>OFFICE USE ONLY</b></div> <p>Date Received <b>ELECTRONICALLY FILED</b> 02/26/2024</p> <p style="text-align: right; font-size: small;">RECEIVED FOR FILING ELECTIONS DIVISION DALLAS 2024 FEB 27</p> <p>Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Receipt #</td> <td style="border: none;">Amount \$</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: right;">55</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$		55	Date Processed		Date Imaged	
	Receipt #	Amount \$										
	55											
Date Processed												
Date Imaged												
NICKNAME	LAST Price	SUFFIX										
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;		STATE;	ZIP CODE						
	PO Box 224725	Dallas	TX		75222							
<input type="checkbox"/> Change of Address												
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION									
	(214 )	762-6992										
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Zan	MI									
	NICKNAME	LAST Holmes	SUFFIX Jr.									
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE							
	PO Box 224725	Dallas	TX	75222								
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION									
	(214 )	762-6992										
<b>9</b> 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)											
<b>10</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year					
	01	26	2024		02	24	2024					
<b>11</b> ELECTION	ELECTION DATE			ELECTION TYPE								
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description						
	03	05	2024	<input type="checkbox"/> General	<input type="checkbox"/> Special							
<b>12</b> OFFICE	<b>OFFICE HELD</b> (if any)			<b>OFFICE SOUGHT</b> (if known)								
	County Commissioner-District #3			County Commissioner-District #3								
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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	COMMITTEE NAME										
	<input type="checkbox"/> SPECIFIC	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

<b>15 C/OH NAME</b> John W Price		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ .00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ .00
	4. TOTAL POLITICAL EXPENDITURES	\$ 40,020.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 161,158.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ .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.



Please complete either option below.

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$19,300.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$39,723.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$297.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$0.00

# 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 John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evalynn Williams	7 Amount of contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code 1104 Shadow Wood Trl Desoto TX 75115		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Self
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Bell	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 12655 N Central Expy Ste Dallas TX 75243 315		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marjorie Walstad	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 224 West Commerce Dallas TX 75208		
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) Self
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Salazr	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 234 S. Riverfront Blvd Dallas TX 75207		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) self employed
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 4
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ranger Bail Bonds	<b>7</b> Amount of contribution (\$) \$3,000.00
<b>6</b> Contributor address; City; State; Zip Code 4021 W. Jefferson Blvd Dallas TX 75211		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) self employed
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Luis Villela	Amount of contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code 111 Continental Ave,Ste 300 Dallas TX 75207		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) self employed
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Frank	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 24 Woodchester Court Baltimore MD 21208		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phil Brown	Amount of contribution (\$) \$550.00
Contributor address; City; State; Zip Code PO Box 224725 Dallas TX 75222		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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DALLAS COUNTY

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 11/15/2022

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 4
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Beckwith, Jr.	<b>7</b> Amount of contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code 4155 S R L Thornton Fwy Dallas TX 75224		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) self
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Slaughter	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 2759 Meadow Dawn Ln. Dallas TX 75237		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 2759 Meadow Dawn Ln.	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 4311 Oak Lawn Ave Ste 150 Dallas TX 75219		
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions) 2759 Meadow Dawn Ln.
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvernon Jones	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 8438 Old Hickory Trl, Ste 102 Dallas TX 75237		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 4
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elvin Rosa	<b>7</b> Amount of contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code 515 S Riverfront Blvd Dallas TX 75207		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Self
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert Saenz	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 201 Continental Ave Dallas TX 75207		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
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 (\$)
Contributor address; City; State; Zip Code		
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.

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 ELECTORAL  
 27 MAR 2024 11:56 AM

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME John W Price	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/26/2024	<b>5</b> Payee name Hailee Hall	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; Elder Oaks Drive	City; State; Zip Code Dallas TX 75232
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) AdvertisingExpense	<b>(b)</b> Description Social Media promotions
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
		Office held Commissioner Distri
Date 01/26/2024	Payee name Classis Oil & Lube	
Amount (\$) \$96.00	Payee address; 152 E Davis	City; State; Zip Code Dallas TX 75203
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
		Office held Commissioner Distri
Date 01/26/2024	Payee name USPS	
Amount (\$) \$858.00	Payee address; 401 Tom Landry Frwy	City; State; Zip Code Dallas TX 75260
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
		Office held Commissioner Distri

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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.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME John W Price	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/29/2024	<b>5</b> Payee name USPS	
<b>6</b> Amount (\$) \$391.00	<b>7</b> Payee address; 401 Tom Landry Frwy	City; State; Zip Code Dallas TX 75260
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
		Office held Commissioner Dist
Date 02/13/2024	Payee name Finishing & Mailing Center	
Amount (\$) \$31,210.00	Payee address; 2151 W Commerce St	City; State; Zip Code Dallas TX 75212
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PrintingExpense	Description 50K Mailer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
		Office held Commissioner Dist
Date 02/06/2024	Payee name Eans Engraving	
Amount (\$) \$468.00	Payee address; 208 S Tyler	City; State; Zip Code Dallas TX 75208
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description Resolution Framing for Constituents
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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 ETHICS COMMISSION  
 02/14/2024 11:56 AM

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME John W Price	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/14/2024	<b>5</b> Payee name MMS Company	
<b>6</b> Amount (\$) \$3,200.00	<b>7</b> Payee address; 217 North I35E	City; State; Zip Code Desoto TX 75115
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	<b>(b)</b> Description Printer, Shredder, Campaign office rework and labor
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
		Office held Commissioner Dist
Date 01/26/2024	Payee name National Sorority Phi Delta Kappa Inc	
Amount (\$) \$500.00	Payee address; 315 Trees Dr	City; State; Zip Code Cedar Hill TX 75104
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ContributionsDonationsMadeByCandidateCo mmittee	Description Annual Deb-Beautilion Sponsorship Patrick Worley
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 01/29/2024	Payee name Phil Fische	
Amount (\$) \$2,500.00	Payee address; 5002 Bilindsay Drive	City; State; Zip Code Seogoville TX 75159
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PollingExpense	Description Yard Sign distribution / assembly
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
		Office held Commissioner Dist

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

RECEIVED  
 FEB 27 2024  
 11:56 AM  
 LETTERS  
 UNIT 1

<b>1</b> Total pages Schedule F4: 1	<b>2</b> FILER NAME John W Price	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ \$0.00
<b>5</b> Date 01/26/2024	<b>6</b> Payee name Exxon Mobile	
<b>7</b> Amount (\$) \$297.00	<b>8</b> Payee address; 801 Riverfront Blvd	City; State; Zip Code Dallas TX 75204
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	<b>(b)</b> Description Fuel for RMan2 and OURMAN Campaign Vehicles
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
		Office held Commissioner District

Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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