

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 files)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. John Wiley
NICKNAME LAST SUFFIX
Price

OFFICE USE ONLY

Date Received
JOHN F. WARREN
COUNTY CLERK
DALLAS COUNTY
09 JAN 15 PM 2:51
FILED
Date Hand Delivered Date Postmarked

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS
 Change of Address

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
P. O. Box 224725 Dallas, Texas 75222

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 653-6671

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Dr. Zan
NICKNAME LAST SUFFIX
Holmes

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
6034 Boca Ranton Drive Dallas, Texas 75230

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 943-8200

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 9th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
07 01 2008 12 31 2009

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
County Commissioner

13 OFFICE SOUGHT (if known)

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** 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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME **John Wiley Price Campaign** 16 ACCOUNT # (Ethics Commission Filers)

17 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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 554.79
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 118.74
	4. TOTAL POLITICAL EXPENDITURES	\$ 15582.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said person, this the 14th day of January, 2009, 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

**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 John Wiley Price Campaign		3 ACCOUNT # (Ethics Commission files)	
4 Date 8-12-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John A Walton Cheryl Walton 6 Contributor address, City, State, Zip Code 1430 San Rafael Dr Dallas Tx 75218	7 Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-12-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Southern Jr Pam A Southern Contributor address, City, State, Zip Code 14 Vanguard Way Dallas, Tx 75243	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-17-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brenda L Jackson Contributor address, City, State, Zip Code 3539 McCommas Dallas Tx 75206	Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-12-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shelia Carter-Jones Contributor address, City, State, Zip Code 1317 Mill Wood Ln Garland, TX 75040	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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 (\$) <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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 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 John Wiley Price		3 ACCOUNT # (Ethics Commission form)	
4 Date 9-15-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) HealthPAC Dallas Co. Medical Society 6 Contributor address, City, State, Zip Code PO Box 4680 Dallas, TX 75208	7 Amount of contribution (\$) 1000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-25-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Cleo L. Brown Contributor address, City, State, Zip Code 3746 Shady Hill Dr. Dallas, 75229	Amount of contribution (\$) 50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-17-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jarrold Brent Jackson Contributor address, City, State, Zip Code 1910 Kessler Pkwy Dallas, 75208	Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-2-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Linebarger Goggan Blair & Sampson LLP Contributor address, City, State, Zip Code P O Box 17428 Austin, TX 78760	Amount of contribution (\$) 1500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9-1-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Barry Andrews Contributor address, City, State, Zip Code 2730 Irving Blvd Dallas, Tx 75207	Amount of contribution (\$) 3000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME **John Wiley Price Campaign**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
11-24-08	Keidra McCracken	
	6 Payee address: City State Zip Code	
	905 Foxwood Drive Austin, Tx	400.00

8 Purpose of payment (See instructions regarding type of information required.) Election Analysis (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
7-1-09	Central Pointe Church of Christ	
	Payee address: City State Zip Code	
	7440 S. Westmoreland Dallas, TX 75237	500.00

Purpose of payment (See instructions regarding type of information required.) Donation Youth (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
8-1-08	Jacqueline Fain	
	Payee address: City State Zip Code	
	10300 Pebble Valley Dallas, Tx 75228	360.00

Purpose of payment (See instructions regarding type of information required.) Campaign Fundraising Work BBH (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
8-21-08	Heart of a Warrior	
	Payee address: City State Zip Code	
	1624 Falcon, Suite 200 Desoto, Tx 75115	500.00

Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME **John Wiley Price Campaign**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
8-28-08	Art Expo 6 Payee address: City: State: Zip Code 5620 E. Mockingbird Ln Dallas, Tx 75206	146.42

8 Purpose of payment (See instructions regarding type of information required.) Resolution Framing (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
8-4-08	Texas Premier Parking Payee address: City: State: Zip Code 25 Highland Park Highland Park, Tx 75225	97.00

Purpose of payment (See instructions regarding type of information required.) Valet Parking for Fundraiser (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
8-21-08	The Late Jon Eric Simmons Payee address: City: State: Zip Code 1100 Northside Carrollton, TX 75006	1000.00

Purpose of payment (See instructions regarding type of information required.) Support - Donation (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
7-4-08	Caryn Fain Payee address: City: State: Zip Code 1615 Seabreeze Grand Praire, TX 75051	500.00

Purpose of payment (See instructions regarding type of information required.) Website updates (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME **John Wiley Price Campaign**

3 ACCOUNT # (Ethics Commission filers)

4 Date 10-8-08	5 Payee name KHVN 6 Payee address, City, State, Zip Code 5787 South Hampton Road, Suite 285 Dallas, Tx 75232	7 Amount (\$) 5000.00
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8 Purpose of payment (See instructions regarding type of information required.) Parkland Bond Radio Ads (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 10-8-08	Payee name KHVN Payee address, City, State, Zip Code 5787 South Hampton Road, Suite 285 Dallas, 75232	Amount (\$) 5000.00
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Purpose of payment (See instructions regarding type of information required.) Political Ads for John Price (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 10-17-08	Payee name Teacake Kids Payee address, City, State, Zip Code P O Box 137 Hutchins, TX 75141	Amount (\$) 136.00
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Purpose of payment (See instructions regarding type of information required.) Gifts for Constituents (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 9-3-08	Payee name Evans Engraving Payee address, City, State, Zip Code 208 S. Tyler, Tx 75208	Amount (\$) 57.50
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Purpose of payment (See instructions regarding type of information required.) Resolution Engraving (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME **John Wiley Price Campaign**

3 ACCOUNT # (Ethics Commission filers)

4 Date
9-12-08

5 Payee name
MMS
6 Payee address: City, State, Zip Code
217 N. I35E Desoto, TX 75115

7 Amount (\$)
948.00

8 Purpose of payment (See instructions regarding type of information required.)
Promotional Tshirts
(If travel outside of Texas, complete Schedule T)

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

Date
9-8-08

Payee name
Bob Quick State Farm
Payee address: City, State, Zip Code
PO Box 851530 Mesquite, TX 75185

Amount (\$)
547.00

Purpose of payment (See instructions regarding type of information required.)
Campaign Vehicle Insurance
(If travel outside of Texas, complete Schedule T)

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

Date
9-15-08

Payee name
Art Expo
Payee address: City, State, Zip Code
5620 E. Mockingbird Dallas, Tx 75206

Amount (\$)
80.00

Purpose of payment (See instructions regarding type of information required.)
Resolution Framing
(If travel outside of Texas, complete Schedule T)

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

Date
9-22-08

Payee name
Art Expo
Payee address: City, State, Zip Code
5620 E. Mockingbird Dallas, Tx 75206

Amount (\$)
80.00

Purpose of payment (See instructions regarding type of information required.)
Resolution Framing
(If travel outside of Texas, complete Schedule T)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME John Wiley Price Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date
11-18-08

5 Payee name
Two Podners

7 Amount (\$)

6 Payee address: City, State, Zip Code
1441 Robert B Cullum Dallas, Tx 75215

67.00

8 Purpose of payment (See instructions regarding type of information required.)
County Thanksgiving Lunch
(If travel outside of Texas, complete Schedule T)

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

Date
12-3-08

Payee name
Postmaster

Amount (\$)

Payee address: City, State, Zip Code
DFW Turnpike Dallas Tx 75222

84.00

Purpose of payment (See instructions regarding type of information required.)
Postage for political mailings
(If travel outside of Texas, complete Schedule T)

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

Date
12-2-08

Payee name
Art Expo

Amount (\$)

Payee address: City, State, Zip Code
5620 E. Mockingbird Ln Dallas, 75206

80.00

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

** Complete 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 payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

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

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