

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 filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR John Wiley NICKNAME LAST SUFFIX Price Commissioner	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 510 E 5th Street Dallas, Tx 75203	Date Received 2009 JAN 15 PM 4:03	
<input type="checkbox"/> Change of Address	<input type="checkbox"/> Date Hand-delivered or Date Postmarked	5 CANDIDATE / OFFICEHOLDER PHONE	Receipt # Amount
AREA CODE PHONE NUMBER EXTENSION 214 943-8114	6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Zan Wesley NICKNAME LAST SUFFIX Holmes, Jr.	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6910 Robin Road Dallas, Tx 75219	8 CAMPAIGN TREASURER PHONE	
AREA CODE PHONE NUMBER EXTENSION 214 943-8114	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"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED			
Month Day Year July 1, 2009 / THROUGH December 31, 2009 /			
11 ELECTION		12 OFFICE	
ELECTION DATE Month Day Year / /		OFFICE HELD (if any) County Commissioner	
ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		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			
<input type="checkbox"/> additional pages			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

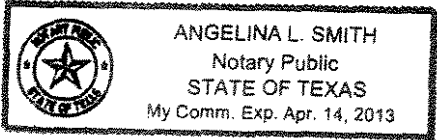
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME John Wiley Price Campaign	16 ACCOUNT # (Ethics Commission Filers)
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17 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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)	\$ 850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 236.56
	4. TOTAL POLITICAL EXPENDITURES	\$ 57,098.04
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.

John Wiley Price

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Wiley Price, this the 15th day of January, 2010, to certify which, witness my hand and seal of office.

Angelina L. Smith

Signature of officer administering oath

Angelina Smith

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: **JOHN WILEY PRICE CAMPAIGN**

3. ACCOUNT #

4. DATE 7/8/09	5. Full Name of contributor <input type="checkbox"/> out of state PAC ID# _____ SI SE Puede PAC 6. Contributor address: City State: Zip Code 1409 S Lamar #342 Dallas, TX 75215	7. Amount of Contribution: 500.00	8. In Kind Contribution.
9. Principal occupation/ Job Title:		10. Employer:	
DATE 7/5/09	Full Name of contributor <input type="checkbox"/> out of state PAC ID# _____ Peter Lewis Contributor address: City State: Zip Code 18727 Greenside Dr Dallas, TX 75252	Amount of Contribution: 100.00	In Kind Contribution (desc)
Principal occupation/ Job Title:		Employer:	
DATE 12/03/09	Full Name of contributor <input type="checkbox"/> out of state PAC ID# _____ Patrick J Kennedy Contributor address: City State: Zip Code PO Box 110145 Carrollton Tx 75011	Amount of Contribution: 100.00	In Kind Contribution (desc)
Principal occupation/ Job Title:		Employer:	
DATE 12/10/09	Full Name of contributor <input type="checkbox"/> out of state PAC ID# _____ Greg Neugebauer Contributor address: City State: Zip Code 4673 Parnell Ln Plano, Tx 75024	Amount of Contribution: 100.00	In Kind Contribution (desc)
Principal occupation/ Job Title:		Employer:	
DATE 12/29/09	Full Name of contributor <input type="checkbox"/> out of state PAC ID# _____ Charmaine Price Robert Price Contributor address: City State: Zip Code 5208 Woodsboro Ln Dalals, Tx 75232	Amount of Contribution: 50.00	In Kind Contribution (desc)
Principal occupation/ Job Title:		Employer:	
DATE	Full Name of contributor <input type="checkbox"/> out of state PAC ID# _____ Contributor address: City State: Zip Code	Amount of Contribution:	In Kind Contribution (desc)
Principal occupation/ Job Title:		Employer:	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instructions 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 #

4. DATE 10/15/09	5. Payee Name Roiberto Alonzo Campaign 6. Payee address: City State: Zip Code 400 S. Zang Bld, Dallas, Tx 75203	7. Amount 1000.00
8. Purpose of payment Campaign Promotional Items		9. Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 10/07/09	Payee Name The Original Experts Payee address: City State: Zip Code 2723 Dallas, Tx 75211	Amount 150.00
Purpose of payment Resolution Framing for Constituents		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 10/23/09	Payee Name Black Police Association National Conference Payee address: City State: Zip Code 30 Kennedy Street, Suite 101 Washington DC 20011	Amount 150.00
Purpose of payment Conference Ad		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 10/07/09	Payee Name Ike Harrison Payee address: City State: Zip Code 9426 Whitten Gate Dallas Tx	Amount 180.00
Purpose of payment: Resolution Framing		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 10/14/09	Payee Name Lake Highlands Youth Football League Payee address: City State: Zip Code 9046 Woodshore Drive Dallas, Tx 75243	Amount 200.00
Purpose of payment Donation		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 10/20/09	Payee Name Campaign Systems, Inc Payee address: City State: Zip Code 300 Sewell CT Irving, Tx 75038	Amount 105.82
Purpose of payment Campaign Phone Listing – B Nutall, Dist 9 City Council Candidate		Complete if direct expenditure to benefit C/OH Candidate: B. Nutall – Dallas City
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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 #

4. DATE 7/31/09	5. Payee Name MMS 6. Payee address: City State: Zip Code 217 North I-35E Desoto, Tx 75115	7. Amount 2940.00
8. Purpose of payment Campaign Promotional Items		9. Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 7/06/09	Payee Name Art & Frame Expo Payee address: City State: Zip Code 5620 E Mockingbird Ln Dallas, Tx 75206	Amount 90.00
Purpose of payment Resolution Framing for Constituents		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 8/15/09	Payee Name POR Mustang Youth Football Payee address: City State: Zip Code 7600 South Loop 12 Dallas, Tx 75241	Amount 50.00
Purpose of payment Donation		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 8/29/09	Payee Name Evans Engraving & Stamping Payee address: City State: Zip Code 208 S. Tyler St Dallas, Texas 75208	Amount 115.00
Purpose of payment: Engraving of Resolutions for Extreme Home Makeover		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 9-10-09	Payee Name Smiley & Sons Payee address: City State: Zip Code	Amount 300.00
Purpose of payment Donation to Paul Quinn College Movement of Furniture		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 8-17-09	Payee Name Marc Johnson, Attorney Payee address: City State: Zip Code P O Box 517 Addison, Tx 75001	Amount 10,500
Purpose of payment Legal Fees		Complete if direct expenditure to benefit C/OH Candidate:
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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 #

4. DATE 11/20/09	5. Payee Name Cheree King 6. Payee address: City Sate: Zip Code Lancaster Texas – Funeral Home	7. Amount 350.00
8. Purpose of payment Funeral Programs for Kimberly Lankford		9. Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 12/23/09	Payee Name Brianna Brown Payee address: City Sate: Zip Code 1001 Calcho Dallas, Tx 75227	Amount 184.88
Purpose of payment Office Intern -		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 12/15/09	Payee Name Ike Harrison Payee address: City Sate: Zip Code 9426 Whitten Gate Dallas, Tx	Amount 875.00
Purpose of payment Resolutions – Dallas County, Area Contractors, City of Lancaster		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 11/18/09	Payee Name Ike Harrison Payee address: City Sate: Zip Code 9426 Whitten Gate Dallas Tx	Amount 175.00
Purpose of payment: Resolution Framing		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 7/01/09	Payee Name John Warren County Clerk Campaign Payee address: City Sate: Zip Code PO Box 224725 Dallas, Tx 75222	Amount 1000.00
Purpose of payment Political Contribution		Complete if direct expenditure to benefit C/OH Candidate: John Warren Amount
DATE 7/01/09	Payee Name Mark Johnson, Attorney Payee address: City Sate: Zip Code P O Box 517 Addisom, Tx 75001	Amount 9844.00
Purpose of payment Legal Fees		Complete if direct expenditure to benefit C/OH Candidate:
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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 #

4. DATE 7/01/09	5. Payee Name Wallace Faggett 6. Payee address: City State: Zip Code PO Bo 41665 Dallas, Tx 75241	7. Amount 150.00
8. Purpose of payment Photos for Campaign		9. Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 8/29/09	Payee Name Ike Harrison Payee address: City State: Zip Code 9426 Whitten Gate Dallas, Tx	Amount 677.00
Purpose of payment Resolution Framing		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 7/1/09	Payee Name KHVN Payee address: City State: Zip Code 8787 N. Hampton Dallas, Tx 75232	Amount 3000.00
Purpose of payment Campaign Radio Ads Carolyn Davis		Complete if direct expenditure to benefit C/OH Candidate: Carolyn Davis
DATE 200.00	Payee Name Diane Abron Payee address: City State: Zip Code 500 Main Street, Dallas, Tx 75202	Amount 200.00
Purpose of payment: Summer Camp Donation		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 7/02/09	Payee Name David R. Roy Payee address: City State: Zip Code Dallas, TX 75222	Amount 75.00
Purpose of payment Campaign Vehicle Maintenance		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 7.01.09	Payee Name Clay Jenkins for County Judge Payee address: City State: Zip Code 1409 S. Lamar Dallas, Tx 75215	Amount 1000.00
Purpose of payment Contribution Campaign		Complete if direct expenditure to benefit C/OH Candidate: Clay Jenkins
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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 #

4. DATE 7/01/09	5. Payee Name St Paul Baptist Church 6. Payee address: City State: Zip Code 1600 Pear Dallas, Tx 75216	7. Amount 150.00
8. Purpose of payment Photos for Campaign		9. Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 7/1/09	Payee Name TeaCake Kids Payee address: City State: Zip Code Box 137 Hutchins, Tx	Amount 120.99
Purpose of payment Gift for Constituent		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 7/1/09	Payee Name Brake Stop Payee address: City State: Zip Code Live Oak St Dallas, Tx	Amount 425.00
Purpose of payment Brake Work – Campaign Vehicle		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 7/1/09	Payee Name Shipman Tires Payee address: City State: Zip Code 1601 N. Hampton Rd Desoto, Tx 75115	Amount 711.11
Purpose of payment: Campaign Vehicle Tires		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 7/02/09	Payee Name Lester Car Payee address: City State: Zip Code 633 E Hwy 67 Duncanville, Tx 75137	Amount 808.00
Purpose of payment Campaign Vehicle Maintenance		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 7.02.09	Payee Name Ike Harrison Payee address: City State: Zip Code 9426 Whitten Gate Dallas Tx	Amount 120.00
Purpose of payment Resolution Framing		Complete if direct expenditure to benefit C/OH Candidate:
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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 #

4. DATE 7/22/09	5. Payee Name Teacake Kids 6. Payee address: City State: Zip Code PO Box 137 Hutchins, Tx	7. Amount 64.99
8. Purpose of payment Gifts for Constituents		9. Complete if direct expenditure to benefit C/OH Candidate:
DATE 7/2/09	Payee Name Paul Drayton Lodge # 9 Payee address: City State: Zip Code 3223 Lagow Dallas, Tx 75210	Amount 105.00
Purpose of payment Donation		Complete if direct expenditure to benefit C/OH Candidate:
DATE 7/3/09	Payee Name Your Ford Payee address: City State: Zip Code 4001 East Jefferson Street Grand Prairie, TX 75051-2430	Amount 250.00
Purpose of payment Campaign Vehicle Maintenance		Complete if direct expenditure to benefit C/OH Candidate:
DATE 8/5/09	Payee Name National Black Police Association Payee address: City State: Zip Code 30 Kennedy Street, #101 Washington DC 20011	Amount 1000.00
Purpose of payment: Sponsor		Complete if direct expenditure to benefit C/OH Candidate:
DATE 7/1/09	Payee Name Ike Harrison Payee address: City State: Zip Code 9426 Whittenburg Gate Dallas, Tx	Amount 168.00
Purpose of payment Resolution Framing		Complete if direct expenditure to benefit C/OH Candidate:
DATE 8/1/09	Payee Name Millennium 2000 Payee address: City State: Zip Code	Amount 1600.00
Purpose of payment Gift for Constituent – D Brown		Complete if direct expenditure to benefit C/OH Candidate:
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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 #

4. DATE 8/5/09	5. Payee Name John R Ames Campaign 6. Payee address: City State: Zip Code 501 Wisterglen Dr. DeSoto, TX 75115	7. Amount 1000.00
8. Purpose of payment Campaign Contribution		9. Complete if direct expenditure to benefit C/OH Candidate: John Ames Amount
DATE 8/14/009	Payee Name Diane Abron Payee address: City State: Zip Code 500 Main Dallas Tx 75202	200.00
Purpose of payment Support for Camp 2		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 8/27/09	Payee Name Teacake Kids Payee address: City State: Zip Code PO Box 137 Hutchins Tx	62.97
Purpose of payment Gifts for Constituents		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 8/17/09	Payee Name Millennium 2000 Payee address: City State: Zip Code 1409 S. Lamar #245 Dallas, Tx 75215	1250.00
Purpose of payment Dallas Urban League Auction Item Donation		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 8/19/09	Payee Name Vernetta Kinnard Payee address: City State: Zip Code 2600 Lone Star Drive Dallas, Tx	100.00
Purpose of payment Donation of School Supplies		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 8/20/09	Payee Name Karen Manning Payee address: City State: Zip Code 1409 S. Lamar #245 Dallas, Tx 75215	250.00
Purpose of payment Office Intern Luncheon		Complete if direct expenditure to benefit C/OH Candidate:
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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 #

4. DATE 8/20/09	5. Payee Name Teacake Kids 6. Payee address: City State: Zip Code PO Box 137 Hutdhins Tx	7. Amount 62.97
8. Purpose of payment Campaign Contribution		9. Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 8/26/009	Payee Name Earl Owens Payee address: City State: Zip Code 334 N Hall Dallas, Tx	161.73
Purpose of payment Campaign Vehicle Maintenance		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 9/3/09	Payee Name QNET Payee address: City State: Zip Code 11325 Pegasus Suite W-126 Dallas, Texas 75238	3400.00
Purpose of payment Website Re design		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 8/15/09	Payee Name Roy Smith Payee address: City State: Zip Code 138 W Davis Dallas, Tx 75203	184.71
Purpose of payment Campaign Vehicle Repair		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 9/24/09	Payee Name Karen Manning Payee address: City State: Zip Code 1409 S. Lamar #245 Dallas, Tx 75215	1090.00
Purpose of payment Gifts for Constituents		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 8/11/09	Payee Name Richardson Rams Payee address: City State: Zip Code 2007 Greenwax Drive Richardson, Tx	250.00
Purpose of payment Donation to organization		Complete if direct expenditure to benefit C/OH Candidate:
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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 #

4. DATE 8/11/09	5. Payee Name Urban League 6. Payee address: City Sate: Zip Code 4315 S. Lancaster Rd Dallas, Tx 75216	7. Amount 500.00
8. Purpose of payment Support		9. Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 8/28/09	Payee Name St Luke Community United Church Payee address: City Sate: Zip Code 5710 E RL.Thornton Frwy Dallas, Tx	500.00
Purpose of payment Donation		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 11/21/09	Payee Name Karen Manning Payee address: City Sate: Zip Code 1409 S Lamar St #245 Dallas, Tx 75215	1345.00
Purpose of payment	Job (Nurse) Appreciation Event	Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 11/25/09	Payee Name Brianna Brown Payee address: City Sate: Zip Code 1001 Calchoate Drive Dallas, Tx 75227	485.76
Purpose of payment	Office Intern	Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 10/23/09	Payee Name USAA Savings Payee address: City Sate: Zip Code 9800 Fredericksburg Rd San Antonio Tx 78288	613.07
Purpose of payment Donation for Black Methodist Church Bread Basket		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 11/17/09	Payee Name Alpha Phi Alpha Fraternity Payee address: City Sate: Zip Code 1155 Union Circle Denton, TX	100.00
Purpose of payment Donation		Complete if direct expenditure to benefit C/OH Candidate:
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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 #

4. DATE 11/20/09	5. Payee Name Southwestern Christian College 6. Payee address: City State: Zip Code 200 Bowser Circle Terrell Tx 75160	7. Amount 250.00
8. Purpose of payment Support		9. Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 10/12/09	Payee Name Jaime Cortes Campaign Payee address: City State: Zip Code Dallas, Tx 75208	Amount 1000.00
Purpose of payment Contribution		Complete if direct expenditure to benefit C/OH Candidate: Jamie Cortes Amount
DATE 11/30/09	Payee Name Aaron McCarthy Payee address: City State: Zip Code PO Box 860 Grand Prairie, Tx 75051	Amount 1345.00
Purpose of payment	Production Work	Complete if direct expenditure to benefit C/OH Candidate:
DATE 12/4/09	Payee Name KwanzaaFest Payee address: City State: Zip Code PO Box 224725 Dallas, Tx 75222	Amount 1050.00
Purpose of payment Office Intern		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 12/9/09	Payee Name USAA Savings Payee address: City State: Zip Code 9800 Fredericksburg Rd San Antonio Tx 78288	Amount 207.18
Purpose of payment Gas and Meals for Austin		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 12/15/09	Payee Name Cartricee Washington Payee address: City State: Zip Code Dallas, Tx 75241	Amount 500.00
Purpose of payment Appreciation		Complete if direct expenditure to benefit C/OH Candidate:
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

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 #

4. DATE 12/18/09	5. Payee Name Teacake Kids 6. Payee address: City State Zip Code PO Box 137 Hutchins, Tx 75137	7. Amount 204.86
8. Purpose of payment Support		9. Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE 12/22/09	Payee Name Karen Manning Payee address: City State: Zip Code 1409 S Lamar #323 Dallas, TX 75215	Amount 2150.00
Purpose of payment Kwanzaa Gifts		Complete if direct expenditure to benefit C/OH Candidate: Jamie Cortes Amount
DATE	Payee Name Payee address: City State: Zip Code	
Purpose of payment		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE	Payee Name Payee address: City State: Zip Code	
Purpose of payment		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE	Payee Name Payee address: City State: Zip Code	
Purpose of payment		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE	Payee Name Payee address: City State: Zip Code	
Purpose of payment		Complete if direct expenditure to benefit C/OH Candidate: Amount
DATE	Payee Name Payee address: City State: Zip Code	
Purpose of payment		Complete if direct expenditure to benefit C/OH Candidate: Amount
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		