CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction C | Guide explains how | to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|---|--------------------------------------|---------------------------------|---|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST John Wiley | MI W | OFFICE USE ONLY |
| IVOIVIL | NICKNAME | LAST Price | SUFFIX | Date Received ELECTRONICALLYBILED CONTROL O2/05/2024 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; 217 North I-35E | APT / SUITE #; C | TX 75115 | FEB -5 |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (214) | PHONE NUMBER 762-6992 | EXTENSION | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | _{FIRST} Zan | МІ | Receipt # Amount S Date Processed |
| | NICKNAME | LAST Holmes, Jr. | SUFFIX | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (P. O. Box 224725 | NO PO BOX PLEASE); APT / SU | UITE #, CITY; Dallas | STATE; ZIP CODE TX 75222 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER 762-6992 | EXTENSION | |
| 9 REPORT TYPE | January 15 | ✓ 30th day before e | | 15th day after campaign treasurer appointment (Officeholder Only) |
| 10 PERIOD COVERED | July 15 Month 01 | Day Year 2024 | Reporting Limit Month THROUGH 02 | Day Year / 2024 |
| 11 ELECTION | Month Day | Year Year Primary 2024 General | Runoff Other Description Special | E |
| 12 OFFICE | OFFICE HELD (if any) County Commissi | oner-District #3 | 13 OFFICE SOUGHT (If know County Commissioner-I | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFICE | EHOLDER. THESE EXPENDITURES | S MAY HAVE BEEN MADE WITHOUT THE CAI | MADE BY POLITICAL COMMITTEES TO SUPPORT NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| Additional Pages | SPECIFIC | COMMITTEE CAMPAIGN TRE | ASURER NAME | |
| | | COMMITTEE CAMPAIGN TRE | EASURER ADDRESS | |
| | 1 | GO ТО | PAGE 2 | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) | | | |
|---|--|--|--|--|--|
| John Wiley W Price | | A Feed | | | |
| 17 CONTRIBUTION TOTALS | 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) | \$ 52,649.16 | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$.00 | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 42,560.00 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | T DAY \$ 181,878.03 | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | ************************************** | | | |
| Please complete either option below: (1) Affidavit | | | | | |
| NOTARY STAMP/SEA | | | | | |
| Sworn to and subscribed | | , day of, | | | |
| 20, to certify | which, witness my hand and seal of office. | | | | |
| Signature of officer administe | ring oath Printed name of officer administering oath | Title of officer administering oath | | | |
| | OR | | | | |
| (2) Unsworn Declarati | on | | | | |
| My name is | , and my date of birth is | | | | |
| | ,, | | | | |
| | (ctreet) (city) (c | state) (zip code) (country) | | | |
| Executed in | County, State of, on the day of(month | , 20 (year) | | | |
| | Signature of Candid | late/Officeholder (Declarant) | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | 9 FILER NAME 20 Filer ID (Ethics Commission Filers | | |
|-----|---|---------------|--|
| 21 | 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$\$52,649.16 | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$\$0.00 | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$\$0.00 | |
| 4. | SCHEDULE E: LOANS | \$\$0.00 | |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$\$42,560.00 | |
| 6. | 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | |
| 7. | 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$\$0.00 | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$\$0.00 | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C | с/он \$\$0.00 | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$\$0.00 | |
| 12. | 2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | |

SCHEDULE A1

| Т | he Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|------------------------------|--|---|
| 2 FILER NAM John Wiley | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/02/2024 | 5 Full name of contributor | 7 Amount of contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Sprucewood Drive Lancaster TX 75146 | 7 |
| 8 Principal od Driver | ccupation / Job title (See Instructions) 9 | A.F. or |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$250.00 |
| Principal occ Social Advo | cupation / Job title (See Instructions) Employer (See Instructions) | ctions) |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code 1202 Joly Street Ennis TX 75119 | |
| Principal oc Union Offi | cupation / Job title (See Instructions) Employer (See Instructions) Cer Dallas AFL-CIO CLC | |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code PO Box 1027 Rockwall TX 75087 | |
| Principal oc unemploye | cupation / Job title (See Instructions) Employer (See Instructions) | ctions) |
| | · | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I | |

SCHEDULE A1

| | | • |
|---|---|--|
| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME John Wiley V | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/02/2024 | 5 Full name of contributor | 7 Amount of contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code PO Box 765245 Dallas TX 75376 | |
| 8 Principal occu Chairwoman | pation / Job title (See Instructions) 9 | ctions) |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code 1918 Olive Street #1701 Dallas TX 75201 | |
| Principal occu _l Attorney | pation / Job title (See Instructions) Employer (See Instructions) Greenberg Traurig | ctions) |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$500.00 |
| a. | Contributor address; City; State; Zip Code 3839 McKinney Ave Dallas TX 75207 #155-204 | |
| Principal occu Marketing & | pation / Job title (See Instructions) PR Employer (See Instructions) K Strategies | ctions) |
| Date 01/02/2024 | Full name of contributor out-of-state PAC (ID#:) David Lott | Amount of contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code 1012 Barclay Drive Mesquite TX 75149 | |
| Principal occu Civil Engine | pation / Job title (See Instructions) Employer (See Instructions) Self Employed | ctions) |
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| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS | |

SCHEDULE A1

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

| Th | ne Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|------------------------------|--|---|
| 2 FILER NAM John Wiley | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/02/2024 | 5 Full name of contributor | 7 Amount of contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code 2654 Lakeforest Court Dallas TX 75214 | ىر دە |
| 8 Principal oc Attorney | cupation / Job title (See Instructions) 9 | ates PC |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$519.94 |
| | Contributor address; City; State; Zip Code 4144 North Central Dallas TX 75204 Expressway #1000 | |
| Principal occ Attorney | cupation / Job title (See Instructions) Employer (See Instructions) KASTL LAW PC | ctions) |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code 325 Canyon Oaks Drive Argyle TX 76226 | |
| Principal occ Sr. Vice Pr | cupation / Job title (See Instructions) resident Employer (See Instructions) Matthews | I ctions) |
| Date 01/02/2024 | Full name of contributor out-of-state PAC (ID#:) Chris Shaw | Amount of contribution (\$) \$104.39 |
| | Contributor address; City; State; Zip Code 1715 Creekhaven Drive Duncanville TX 75116 | |
| Principal occ Officer | cupation / Job title (See Instructions) Employer (See Instructions) UNT | ctions) |
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Forms provided by Texas Ethics Commission

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SCHEDULE A1

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

| TI | ne Instruction Guide explains how to complete this | form. | Total pages Schedule A1: 10 |
|-----------------------------|---|--|---|
| 2 FILER NAM John Wiley | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/02/2024 | 5 Full name of contributor ☐ out-of-state PAC Toby Purdy | ; (ID#:) | 7 Amount of contribution (\$) \$200.00 |
| | 6 Contributor address; City; 10808 Strait Lane Dallas T. | State; Zip Code | |
| 8 Principal oc unemploye | cupation / Job title (See Instructions) | 9 Employer (See Instructive uemployed | tions) |
| Date 01/02/2024 | Full name of contributor | (ID#:) | Amount of contribution (\$) \$100.00 |
| | Contributor address; City; 2714 Grasmere St. Garland T | State; Zip Code | |
| Principal occ Banker | cupation / Job title (See Instructions) | Employer (See Instruction ANB | tions) |
| Date 01/02/2024 | Full name of contributor | (ID#:) | Amount of contribution (\$) \$750.00 |
| | Contributor address; City; 6116 North Central Dallas T Expressway | State; Zip Code | |
| Principal occ Attorney | cupation / Job title (See Instructions) | Employer (See Instruc Law Offices of Jim Bu | |
| Date 01/02/2024 | Full name of contributor □ out-of-state PAC Dapheny Fain | (ID#:) | Amount of contribution (\$) \$500.00 |
| | Contributor address; City; | State; Zip Code X 75115 | |
| Principal occ Admin | cupation / Job title (See Instructions) | Employer (See Instruc Dallas County | tions) |
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| | ATTACH ADDITIONAL COPIES (| | |

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SCHEDULE A1

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|---------------------------------|---|---|
| The | Instruction Guide explains how to complete this form. | Total pages Schedule A1: 10 |
| 2 FILER NAME John Wiley \ | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/02/2024 | 5 Full name of contributor out-of-state PAC (ID#:) Carl Shrpherd | 7 Amount of contribution (\$) \$260.22 |
| | 6 Contributor address; City; State; Zip Code 777 Lake Carolyn Prkwy Irving TX 75039 | |
| 8 Principal occu President | upation / Job title (See Instructions) 9 | itions) |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$104.39 |
| | Contributor address; City; State; Zip Code 6009 Bryan Parkway Dallas TX 75206 | |
| Principal occu Exec Director | pation / Job title (See Instructions) Employer (See Instructions) Inland Port Tranporta | |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code 3616 Rogers Avenue Fort Worth TX 76109 | |
| Principal occu Consultant | pation / Job title (See Instructions) Employer (See Instructions) Self | tions) |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code 6405 Malcolm Court Dallas TX 75214 | |
| Principal occu Attorney | pation / Job title (See Instructions) Employer (See Instructions) Self | ctions) |
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| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N | |

SCHEDULE A1

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

| | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|--------------------------------|--|---|
| 2 FILER NAME John Wiley W | / Price | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/02/2024 | 5 Full name of contributor out-of-state PAC (ID#:) Emma Rogers | 7 Amount of contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code 1322 Woodburn Trail Dallas TX 75232 | |
| B Principal occu unemployed | pation / Job title (See Instructions) 9 | l ctions) |
| Date 01/02/2024 | Full name of contributor out-of-state PAC (ID#:) Margaret James | Amount of contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code 707 Parkwood Drive Dallas TX 75224 | |
| Principal occup Self | ation / Job title (See Instructions) Employer (See Instructions) Self | tions) |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code 2921 Bryn Mawr Drive Dallas TX 75225 | |
| Principal occup Lawyer | pation / Job title (See Instructions) Employer (See Instructions) Self | ctions) |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code 1504 Joshua Court Keller TX 76248 | |
| Principal occur | pation / Job title (See Instructions) Employer (See Instructions) Self | Etions) |

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SCHEDULE A1

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| Th | ne Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|----------------------------|--|---|
| 2 FILER NAM John Wiley | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/02/2024 | 5 Full name of contributor out-of-state PAC (ID#:) Cheryl Shannon | 7 Amount of contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code P O Box 2711 Desoto TX 75123 | |
| 8 Principal occ Judge | cupation / Job title (See Instructions) 9 | ctions) |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code 7444 Stoney Pointe Drive Plano TX 75025 | |
| Principal occ Engineer | cupation / Job title (See Instructions) Employer (See Instruc | ctions) |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code 1200 East Davis Street, Suite Mesquite TX 75149 115 PMB 137 | |
| Principal occ Constable | cupation / Job title (See Instructions) Employer (See Instructions) Dallas County | ctions) |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code 8111 Lyndon B Johnson Frwy Dallas TX 75251 | |
| Principal occ Attorney | cupation / Job title (See Instructions) Employer (See Instructions) Self | ctions) |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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

| e Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: 10 |
|---|---|
| ≣ W Price | 3 Filer ID (Ethics Commission Filers) |
| 5 Full name of contributorout-of-state PAC (ID#:) Larry James 6 Contributor address; City; State; Zip Code 2710 Westbank Trail Garland TX 75042 | 7 Amount of contribution (\$) \$260.22 |
| cupation / Job title (See Instructions) 9 | tions) |
| Full name of contributor out-of-state PAC (ID#:) Paul Williams Contributor address; City; State; Zip Code 8066 Park Lane, Apt 1710 Dallas TX 75231 | Amount of contribution (\$) \$500.00 |
| upation / Job title (See Instructions) Employer (See Instructions) Priority Group | tions) |
| Full name of contributor | Amount of contribution (\$) \$250.00 |
| upation / Job title (See Instructions) Employer (See Instructions) unemployed | tions) |
| Full name of contributor out-of-state PAC (ID#:) Linda Halton Contributor address; City; State; Zip Code Mill Creek Road Lancaster TX 75146 | Amount of contribution (\$) \$50.00 |
| upation / Job title (See Instructions) Employer (See Instructions) unem | tions) |
| ATTACH ADDITIONAL CODICS OF THE COLUMN 5 4 2 2 | |
| | W Price 5 Full name of contributor |

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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: 10 |
| 2 FILER NAME John Wiley V | V Price | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/02/2024 | 5 Full name of contributor out-of-state_PAC (ID#:) Michael Villa | 7 Amount of contribution (\$) \$2,500.00 |
| | 6 Contributor address; City; State; Zip Code 901 Main Street, Suite 3700 Dallas TX 75201 | |
| 8 Principal occu Attorney | pation / Job title (See Instructions) 9 | tions) |
| Date 01/02/2024 | Full name of contributor | Amount of contribution (\$) \$5,000.00 |
| | Contributor address; City; State; Zip Code 120 Winding Creek Way Argyle TX 76226 | |
| Principal occup Self | pation / Job title (See Instructions) Employer (See Instructions) Self | tions) |
| Date 01/05/2024 | Full name of contributor | Amount of contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code 5016 Groom Lane Dallas TX 75225 | |
| Principal occup Constable | pation / Job title (See Instructions) Employer (See Instructions) Dallas County | itions) |
| Date 01/02/2024 | Full name of contributor out-of-state PAC (ID#:) Michael Russell | Amount of contribution (\$) \$1,500.00 |
| | Contributor address; City; State; Zip Code 171 17th Street NW Suite Atlanta GA 30363 1600 | |
| Principal occup Self | pation / Job title (See Instructions) Employer (See Instructions) Self | etions) |
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| | ATTACILA DOLTIONAL CODICO OF THIS COLUMN FACA | |

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

SCHEDULE A1

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: 10 | |
|-----------------------------|--|---|--|
| 2 FILER NAME John Wiley | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 01/26/2024 | 5 Full name of contributor | 7 Amount of contribution (\$) \$100.00 | |
| | 6 Contributor address; City; State; Zip Code 1700 Viridian Park Lane Euless TX 75040 | | |
| 8 Principal occi Self | upation / Job title (See Instructions) 9 | etions) | |
| Date 01/26/2024 | Full name of contributor | Amount of contribution (\$) \$1,500.00 | |
| | Contributor address; City; State; Zip Code 4608 Woodsor Ridge Dr Irving TX 75038 | | |
| Principal occu Self | upation / Job title (See Instructions) Employer (See Instructions) Self | tions) | |
| Date 01/13/2024 | Full name of contributor | Amount of contribution (\$) \$5,000.00 | |
| | Contributor address; City; State; Zip Code 801 Riverfront Blvd Dallas TX 75207 | | |
| Principal occu Oil & Gas | upation / Job title (See Instructions) Employer (See Instructions) Self | etions) | |
| Date 01/20/2024 | Full name of contributor | Amount of contribution (\$) \$25,000.00 | |
| | Contributor address; City; State; Zip Code 3811 Turtle Creek Blvd, Ste Dallas TX 75219 900 | | |
| Principal occu Self | upation / Job title (See Instructions) Employer (See Instructions) Self | otions) | |
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| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I | | |

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 Accounting/Banking

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica | | Polling Expense Printing Expense Salaries/Wages/Contract Labor | Travel In District Travel Out Of Distri | pment & Related Expense ict gory not listed above) |
|---|--|--|---|---|
| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethic | cs Commission Filers) |
| 4 | John Wiley W Price | | | |
| 4 Date | 5 Payee name | | | |
| 01/05/2024 | Communities Foundation of Texas | | | |
| 6 Amount (\$) \$8,800.00 | 7 Payee address; | City; | State; | Zip Code |
| \$6,600.00 | 5500 Caruth Haven Lane | Dallas | TX | 75224 |
| 8 | (a) Category (See Categories listed at the top of this s | chedule) (b) Description | | 0.19 |
| PURPOSE | EventExpense | City of Dallas M | 1LK Gala - Spons | orship |
| OF EXPENDITURE | | | | |
| | (c) Check if travel outside of Texas. Complete Sci | nedule T. Check if Aus | tin, TX, officeholder livir | ng expense |
| 9 Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/O | H John Wiley Price | Commissioner | Commissioner District 3 Commiss | |
| Date | Payee name | | | |
| 01/01/2024 | MMS Company Ad Specialties | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| \$700.00 | 217 North I-35E | Desoto | TX | 75115 |
| | | | | |
| 70.000 | Category (See Categories listed at the top of this so | TAXABLE DE SEVENDE : TAXABLE DE SEVENDE : | | |
| PURPOSE OF | OfficeOverheadRentalExpense | City of Dallas N | ILK Gala - Spons | orship |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Sci | nedule T. Check if Aus | ule T. Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office sought Office held | |
| expenditure to benefit C/OF | John Wiley Price | Commissioner | Commissioner District 3 Commission | |
| Date | Payee name | | | |
| 01/03/2024 | Beyond The Slogan | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| \$1,000.00 | 2710 Routh Creek #4120 | Richardso | n TX | 75082 |
| | | | | |
| | Category (See Categories listed at the top of this so | hedule) Description | | |
| PURPOSE | PollingExpense | Text Campaign | - 26k cells for K | wanzaaFest Card |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Sci | nedule T. Check if Aus | tin, TX, officeholder livi | ng expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/Oh | John Wiley Price | Commissioner | District 3 | Commissioner Distr |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | |

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

| Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services | Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form. | | Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | |
|--|--|---|---|--|----------------------|
| 1 Total pages Schedule F1: | 3000 | | prote time formi | 3 Ell - 10 /Ell: | 0 |
| 4 | John Wiley W Price | | | 3 FIIET ID (Ethic | s Commission Filers) |
| 4 Date | 5 Payee name | | | | |
| 01/12/2024 | Evans Engraving | | | | |
| 6 Amount (\$) | 7 Payee address; | | City; | State; | Zip Code |
| \$360.00 | 208 S Tyler Street | | Dallas | TX | 75208 |
| 8 | (a) Category_/See Categories listed at the top of this | s schedule) | b) Description | | |
| PURPOSE | GiftAwardsMemorialsExpense | | Memorial Framing of Resolutions | | |
| OF EXPENDITURE | | | | | |
| | (c) Check if travel outside of Texas. Complete S | Schedule T. | Check if Austin | n, TX, officeholder livin | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | | Office sought | | Office held |
| Date | Payee name | | | | |
| 01/10/2024 | MMS Company Ad Specialties | | | | |
| Amount (\$) | Payee address; | | City; | State; | Zip Code |
| \$8,500.00 | 217 North I-35E | | Desoto | TX | 75115 |
| | Category (See Categories listed at the top of this | schedule) | Description | | |
| PURPOSE OF EXPENDITURE | PrintingExpense | | Z5,000 Campaign Door Hangers T. Check if Austin, TX, officeholder living expense | | |
| | Check if travel outside of Texas. Complete S | Schedule T. | | | ng expense |
| Complete ONLY if direct | Candidate / Officeholder name | nolder name Office | | Office sought Off | |
| expenditure to benefit C/OI | John Wiley Price | | Commissioner District 3 | | Commissioner Distr |
| Date | Payee name | | | | |
| 01/15/2024 | MMS Company Ad Specialties | | | | |
| Amount (\$) | Payee address; | | City; | State; | Zip Code |
| \$1,500.00 | 217 North I-35E | | Desoto | TX | 75115 |
| | Category (See Categories listed at the top of this | schedule) | Description | | |
| PURPOSE OF EXPENDITURE | PrintingExpense | | Dedication of Mt Rose Activity Center programs | | enter programs |
| | Check if travel outside of Texas. Complete S | Schedule T. | Check if Austin | n, TX, officeholder livir | ng expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name | | Office sought | | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

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 Accounting/Banking Consulting Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain | | pense ages/Contract Labor | Travel In District Travel Out Of Distri Other (enter a categ | ct gory not listed above) |
|--|---------------------------------|--|---------------------------|---|--|------------------------------|
| 1 Total pages Schedule F1: | DECEMBER OF THE PROPERTY OF THE | IAME iley W Price | | | 3 Filer ID (Ethio | cs Commission Filers) |
| 4 Date 01/26/2024 | 5 Payee na AyersVi | | | | | |
| 6 Amount (\$) | 7 Payee a | ddress; | | City; | State; | Zip Code |
| \$500.00 | 206 Cool N | Meadows | | Red Oak | TX | 75155 |
| 8 | (a) Catego | ry (See Categories listed at the top of this | schedule) | (b) Description | | • |
| PURPOSE | Polling | Expense | | Photography for | Campaign Maile | er |
| OF EXPENDITURE | | | | | | |
| | (c) | Check if travel outside of Texas. Complete S | Schedule T. | Check if Austi | n, TX, officeholder livir | ng expense |
| 9 Complete ONLY if direct | Candidate / Officeholder name | | Office sought Office held | | Office held | |
| expenditure to benefit C/OF | H John | Wiley Price | | Commissioner District 3 Commission | | Commissioner Distr |
| Date | Payee na | ame | | | | |
| 01/31/2024 | MMS Co | ompany Ad Specialties | | | | |
| Amount (\$) | Payee a | | | City; | State; | Zip Code |
| \$3,500.00 | 217 North I | I-35E | | Desoto | TX | 75115 |
| | Categor | y (See Categories listed at the top of this | schedule) | Description | | |
| PURPOSE | PollingE | xpense | | Design and layout of Campaign brochure | | |
| OF EXPENDITURE | | | | | | |
| | | Check if travel outside of Texas. Complete S | Schedule T. | T. Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct | | date / Officeholder name | | Office sought Office held | | Office held |
| expenditure to benefit C/OF | John \ | Wiley Price | | Commissioner District 3 Commission | | Commissioner Distr |
| Date | Payee n | ame | | | | |
| 01/27/2024 | MMS Co | ompany Ad Specialties | | | | |
| Amount (\$) | Payee a | ddress; | | City; | State; | Zip Code |
| \$700.00 | 217 North | I-35E | | Desoto | TX | 75115 |
| | Categor | y (See Categories listed at the top of this | schedule) | Description | | |
| PURPOSE | OfficeO | verheadRentalExpense | | Campaign Offic | e Rent month of | February 2024 |
| OF EXPENDITURE | | | | | | 6 |
| | | Check if travel outside of Texas. Complete S | Schedule T. | Check if Austi | n, TX, officeholder livir | ng expense |
| Complete ONLY if direct | | date / Officeholder name | | Office sought | | Office held |
| expenditure to benefit C/OF | H John \ | Wiley Price | | Commissioner | District 3 | Commissioner Distr |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |

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 Accounting/Banking

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica | | Polling Expense Printing Expense Salaries/Wages/Contract Labor | Travel In District 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: | 2 FILER NAME John Wiley W Price | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 01/31/2024 | 5 Payee name MMS Company Ad Specialties | | | 174 E |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| \$8,500.00 | 217 North I-35E | Desoto | TX | 75,115 |
| 8 | (a) Category (See Categories listed at the top of this se | chedule) (b) Description | | |
| PURPOSE | SalariesWagesContractLabor | Canvassing Pro | gram Phase Two | C. Take |
| OF EXPENDITURE | | | | 36 |
| | (c) Check if travel outside of Texas. Complete Sch | nedule T. Check if Aust | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OF | John Wiley Price | Commissioner | Commissioner District 3 Commi | |
| Date | Payee name | | | |
| 01/09/2024 | Beyond The Slogan | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| \$8,500.00 | 2710 Routh Creek #4120 | Richardsor | n TX | 75082 |
| | Category (See Categories listed at the top of this sc | hedule) Description | | |
| PURPOSE OF | SalariesWagesContractLabor | Canvassing Pro | gram Phase One | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Sci | nedule T. Check if Aust | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Section 1 and 1 an | |
| experientare to belieff 6/6/ | John Wiley Price | Commissioner | Commissioner District 3 Commission | |
| Date | Payee name | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sc | nedule) Description | | |
| | Check if travel outside of Texas. Complete Sch | nedule T. Check if Aust | in, 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 | | | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule K: | | | |
|---|--|---------------------------|-----------------------------|--|--|
| 2 FILER NAME John Wiley W | Price | 3 Filer ID (Ethics | s Commission Filers) | | |
| 4 Date 01/29/2024 | 5 Name of person from whom amount is received Beyond The Slogan 6 Address of person from whom amount is received; City; Sta 2710 Routh Creek #4120 Richardson | ite; Zip Code TX 75082 | 8 Amount (\$) \$8,500.00 | | |
| | 7 Purpose for which amount is received Canvassing Check if | political contribution | returned to filer | | |
| Date | Name of person from whom amount is received Address of person from whom amount is received; City; St | ate; Zip Code | Amount (\$) | | |
| | Purpose for which amount is received Check if | political contribution | returned to filer | | |
| Date | Name of person from whom amount is received | | Amount (\$) | | |
| | Address of person from whom amount is received; City; Sta | ate; Zip Code | | | |
| | Purpose for which amount is received Check if | political contribution | returned to filer | | |
| Date | Name of person from whom amount is received | | Amount (\$) | | |
| | | ate; Zip Code | | | |
| | Purpose for which amount is received Check if | political contribution | returned to filer | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |