

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 FIRST MI
 Mr. John Wiley
 NICKNAME LAST SUFFIX
 Price

OFFICE USE ONLY

Date Received: 09 JAN 15 PM 2:51
 Date Delivered: [] Date Postmarked: []
 RECEIVED
 COUNTY CLERK
 DALLAS COUNTY
 FILED

Receipt # Amount
 Date Processed
 Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
 P. O. Box 224725 Dallas, Texas 75222
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (214) 653-6671

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: Month Day Year
 ELECTION TYPE: 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: *John Wiley Price*
 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. ***

<input type="checkbox"/> Additional pages	<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	\$ 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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8-12-08	John A Walton Cheryl Walton	250.00	
	6 Contributor address: City: State: Zip Code	(If travel outside of Texas, complete Schedule T)	
	1430 San Rafael Dr Dallas Tx 75218		

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
7-12-08	Paul Southern Jr Pam A Southern	100.00	
	Contributor address: City: State: Zip Code	(If travel outside of Texas, complete Schedule T)	
	14 Vanguard Way Dallas, Tx 75243		

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 (\$)	In-kind contribution description (if applicable)
7-17-08	Brenda L Jackson	250.00	
	Contributor address: City: State: Zip Code	(If travel outside of Texas, complete Schedule T)	
	3539 McCommas Dallas Tx 75206		

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 (\$)	In-kind contribution description (if applicable)
8-12-08	Shelia Carter-Jones	100.00	
	Contributor address: City: State: Zip Code	(If travel outside of Texas, complete Schedule T)	
	1317 Mill Wood Ln Garland, TX 75040		

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 (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code	(If travel outside of Texas, complete Schedule T)	

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 filers)	
4 Date 9-15-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HealthPAC Dallas Co. Medical Society	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code PO Box 4680 Dallas, TX 75208		(If travel outside of Texas, complete Schedule T)	
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	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3746 Shady Hill Dr. Dallas, 75229		(If travel outside of Texas, complete Schedule T)	
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# _____) Jarrood Brent Jackson	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1910 Kessler Pkwy Dallas, 75208		(If travel outside of Texas, complete Schedule T)	
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	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code P O Box 17428 Austin, TX 78760		(If travel outside of Texas, complete Schedule T)	
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	Amount of contribution (\$) 3000.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 2730 Irving Blvd Dallas, Tx 75207		(If travel outside of Texas, complete Schedule T)	
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.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Resolution Framing (If travel outside of Texas, complete Schedule T)	

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.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Valet Parking for Fundraiser (If travel outside of Texas, complete Schedule T)	

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.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Support - Donation (If travel outside of Texas, complete Schedule T)	

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.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Website updates (If travel outside of Texas, complete Schedule T)	

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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 files)
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
8 Purpose of payment (See instructions regarding type of information required.) Parkland Bond Radio Ads <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date 10-8-08	Payee name KHVN Payee address; City; State; Zip Code 5787 South Hampton Road, Suite 285 Dallas, 75232	Amount (\$) 5000.00
Purpose of payment (See instructions regarding type of information required.) Political Ads for John Price <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date 10-17-08	Payee name Teacake Kids Payee address; City; State; Zip Code P O Box 137 Hutchins, TX 75141	Amount (\$) 136.00
Purpose of payment (See instructions regarding type of information required.) Gifts for Constituents <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> Candidate / Officeholder name Office sought Office held
Date 9-3-08	Payee name Evans Engraving Payee address; City; State; Zip Code 208 S. Tyler, Tx 75208	Amount (\$) 57.50
Purpose of payment (See instructions regarding type of information required.) Resolution Engraving <small>(If travel outside of Texas, complete Schedule T)</small>		<small>-- Complete if direct expenditure to benefit C/OH --</small> 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 (\$)
9-12-08	MMS	
	6 Payee address: City: State: Zip Code	
	217 N. I35E Desoto, TX 75115	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
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Date	Payee name	Amount (\$)
9-8-08	Bob Quick State Farm	
	Payee address; City: State: Zip Code	
	PO Box 851530 Mesquite, TX 75185	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
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Date	Payee name	Amount (\$)
9-15-08	Art Expo	
	Payee address; City: State: Zip Code	
	5620 E. Mockingbird Dallas, Tx 75206	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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Date	Payee name	Amount (\$)
9-22-08	Art Expo	
	Payee address; City: State: Zip Code	
	5620 E. Mockingbird Dallas, Tx 75206	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 files)

4 Date	5 Payee name	7 Amount (\$)
11-18-08	Two Podners	
	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 <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
12-3-08	Postmaster	
	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 <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
12-2-08	Art Expo	
	Payee address; City; State; Zip Code	
	5620 E. Mockingbird Ln Dallas, 75206	80.00

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

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