# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction   | Guide explains how to complete this form.   | 1 Filer ID (Ethics Commission Filers)      | 2 Total pages filed:<br>34   |
|--|---|--|--|
| 3 CANDIDATE/<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR FIRST  John  NICKNAME LAST  Price   | MI<br>W<br>SUFFIX                          | OFFICE USE ONLY  Date Received  BY 2022  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE | ADDRESS / PO BOX; PO BOX; PO BOX 224725 Dallas  AREA CODE PHONE NUMBER  (214 ) 653-6671 | CITY; STATE; ZIP CODE  TX 75222  EXTENSION | Date Hand Tellivered or Date Postmarked  |
| 6 CAMPAIGN<br>TREASURER<br>NAME  | MS / MRS / MR FIRST Zan NICKNAME LAST Holmes, Jr.                                       | MI<br>W<br>SUFFIX                          | Receipt # Amount \$  Date Processed  Date Imaged   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / PO Box 224725                                  | SUITE #; CITY; STATE;  Dallas TX           | ZIP CODE<br>75222  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE PHONE NUMBER (214 ) 653-6671  | EXTENSION                                  |  |
| 9 REPORT TYPE  | January 15 30th day before  |  | 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR) |
| 10 PERIOD<br>COVERED   | Month Day Year 07 /01 /2021   | Month 12                                   | Day Year  / 31 / 2021  |
| 11 ELECTION  | ELECTION DATE  Month Day Year Primar  General   | Description                                |  |
| 12 OFFICE  | OFFICE HELD (if any)  County Commissioner-District #3                                   | 13 OFFICE SOUGHT (if known                 | n)   |
|  | GO TO   | D PAGE 2                                   |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME                                |   |  | 15 Filer ID (Ethics Commission Filers)   |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| John W Price                                |   |  |  |  |  |  |  |  |
| 16 NOTICE FROM<br>POLITICAL<br>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  | COMMITTEE NAME   |  |  |  |  |  |  |
|   | GENERAL   |  |  |  |  |  |  |  |
|   | SPECIFIC  | COMMITTEE ADDRESS  |  |  |  |  |  |  |
| Additional Pages                            |   | COMMITTEE CAMPAIGN TREASURER NAME  |  |  |  |  |  |  |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |  |  |  |  |  |
| 17 CONTRIBUTION TOTALS                      |   | L<br>POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH<br>ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI.  |  |  |  |  |  |  |
|   |   | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 12,500.00   |  |  |  |  |  |
| EXPENDITURE<br>TOTALS                       |   | POLITICAL EXPENDITURES OF \$100 OR LESS,<br>S ITEMIZED   | \$.00  |  |  |  |  |  |
|   | 4. TOTAL  | POLITICAL EXPENDITURES   | \$ 113,993.67  |  |  |  |  |  |
| CONTRIBUTION<br>BALANCE                     |   | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>PORTING PERIOD  | \$ 123,646.59  |  |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS                  | 6. TOTAL I  | THE \$.00  |  |  |  |  |  |  |
| 18 AFFIDAVIT                                |   |  |  |  |  |  |  |  |
|   |   | true and correct and includes all includes a | orgury at the accompanying report is required to be reported by me  1-8706-DD86D0  2 - 9:43 PM   |  |  |  |  |  |
|   |   | Signature of Sar   | ndidat or Officeholder   |  |  |  |  |  |
| AFFIX NOTARY STAM                           | P/SEALABOVE   |  | ACT AND ASSESSMENT OF THE PARTY |  |  |  |  |  |
| Sworn to and subsc                          | ribed before me, l  | by the said  | , this the   |  |  |  |  |  |
| day of                                      | , 20,   | to certify which, witness my hand and seal of office   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
| Signature of officer a                      | administering oath  | Printed name of officer administering oath   | Title of officer administering oath  |  |  |  |  |  |

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

| 19  | FILER NAME   | mmission Filers)   |                    |  |  |  |
|-----|--|--|--------------------|--|--|--|
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                       |  | SUBTOTAL<br>AMOUNT |  |  |  |
| 1.  | ✓ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                              |  | \$\$12,500.00      |  |  |  |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION:                  | 6  | \$\$0.00           |  |  |  |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$\$0.00   |                    |  |  |  |
| 4.  | SCHEDULE E: LOANS  | \$\$0.00   |                    |  |  |  |
| 5.  | ✓ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL                    | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  |                    |  |  |  |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                     |  | \$\$0.00           |  |  |  |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA                      | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS |                    |  |  |  |
| 8.  | ✓ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                              |  | \$\$5,197.78       |  |  |  |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL                        | -UNDS  | \$\$0.00           |  |  |  |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO                     | O A BUSINESS OF C/OH   | \$\$0.00           |  |  |  |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL                   | CONTRIBUTIONS  | \$\$0.00           |  |  |  |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE RETURNED TO FILER | BUTIONS  | \$\$0.00           |  |  |  |

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

| The                          | Instruction Guide explains how to complete this t   | form.                               | 1 Total pages Schedule A1:<br>2          |
|------------------------------|---|-------------------------------------|--|
| 2 FILER NAME<br>John W Price |   |                                     | 3 Filer ID (Ethics Commission Filers)    |
| 4 Date<br>07/08/2021         | 5 Full name of contributor  ut-of-state PAC (  Jeffrey Tillotson  | ID#:)                               | 7 Amount of contribution (\$) \$2,500.00 |
|                              | 6 Contributor address; City; State; 1807 Ross Avenue, Suite 325 Dallas TX   |                                     |  |
| 8 Principal occu             | upation / Job title (See Instructions)  | Employer (See Instructi             | ons)                                     |
| Date<br>07/18/2021           | Full name of contributor out-of-state PAC ( Anthony Farmer Contributor address; City; State;  400 S Zang Blvd, Suite 350 Dallas TX  | Zip Code                            | Amount of contribution (\$) \$1,000.00   |
| Principal occup              | pation / Job title (See Instructions)   | Employer (See Instructi<br>Self     | ons)                                     |
| Date<br>07/19/2021           | Full name of contributor out-of-state PAC ( Grady Gruder Contributor address; City; State;  1918 Olive Street, Suite 1701 Dallas TX | ·                                   | Amount of contribution (\$) \$2,500.00   |
| Principal occu<br>Consultant | pation / Job title (See Instructions)   | Employer (See Instructi             | ons)                                     |
| Date<br>07/19/2021           | Dwayne Bishop Contributor address; City; State;   | ID#:) Zip Code                      | Amount of contribution (\$) \$1,000.00   |
| Principal occu<br>Security   | pation / Job title (See Instructions)   | T5137  Employer (See Instructi Self | ons)                                     |
|                              |   |                                     |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

| The                             | Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:<br>2             |
|---------------------------------|---|---|
| 2 FILER NAME<br>John W Pric     |   | 3 Filer ID (Ethics Commission Filers)       |
| <b>4</b> Date 07/19/2021        | 5 Full name of contributor out-of-state PAC (ID#:)  Paul Williams  6 Contributor address; City; State; Zip Code  8066 Park Lane, Apt 1710 Dallas TX 75231 | 7 Amount of contribution (\$)<br>\$2,000.00 |
| 8 Principal occu<br>Real Estate | upation / Job title (See Instructions)  9   | tions)                                      |
| Date<br>07/19/2021              | Full name of contributor  | Amount of contribution (\$) \$2,500.00      |
| Principal occu<br>Consultant    | pation / Job title (See Instructions) Employer (See Instruc   | tions)                                      |
| Date<br>07/19/2021              | Full name of contributor  | Amount of contribution (\$) \$1,000.00      |
| Principal occu<br>Real Estate   | pation / Job title (See Instructions) Employer (See Instruc   | tions)                                      |
| Date                            | Full name of contributor out-of-state PAC (ID#:)  Contributor address; City; State; Zip Code  | Amount of contribution (\$)                 |
| Principal occu                  | pation / Job title (See Instructions) Employer (See Instruc   | tions)                                      |
|                                 |   |   |

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## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment                                   | The Insti                                    | ruction Guide expl           | lains how to c         | omplete this form.                |   |                   |
|---|--|------------------------------|------------------------|-----------------------------------|---|-------------------|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>John W Price                 |                              |                        |                                   | 3 Filer ID (Ethics Commiss  | ion Filers)       |
| <b>4</b> Date 07/06/2021                              | 5 Payee name<br>Jada McCowen                 |                              |                        |                                   |   |                   |
| 6 Amount (\$)   | 7 Payee address;                             | City; State;                 | Zip Code               |                                   |   |                   |
| \$275.50  | 2326 McIntosh Ct                             | Lancaster                    | TX                     | 75146                             |   |                   |
| 8<br>PURPOSE  | (a) Category (See Categor<br>SalariesWagesCo |                              | nis schedu <b>l</b> e) | (b) Description Check if travel o | utside of Texas. Complete Schedule T.                                     |                   |
| OF<br>EXPENDITURE                                     | - Julian John ag                             |                              |                        | Check if Austi                    | n, TX, officeholder living expense  |                   |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officel  John Price              | holder name                  |                        | Office sought                     | Office he<br>County   | eld<br>Commissior |
| Date  | Payee name                                   |                              |                        |                                   |   |                   |
| 07/06/2021  | Hailee Hall                                  |                              |                        |                                   |   |                   |
| Amount (\$)   | Payee address;                               | City; State;                 | Zip Code               |                                   |   |                   |
| \$500.00  | 6335 Elder Grove Dr                          | Dallas                       | TX                     | 75232                             |   |                   |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categor<br>AdvertisingExpens   |                              | nis schedule)          |                                   | utside of Texas. Complete Schedule T.     TX, officeholder living expense |                   |
| Complete ONLY if direct expenditure to benefit C/Oh   | Candidate / Officel  Jphn Price              | holder name                  |                        | Office sought                     | Office he   | ld<br>Commissior  |
| Date  | Payee name                                   |                              |                        |                                   |   |                   |
| 07/12/2021  | Brake Stop                                   |                              |                        |                                   |   |                   |
| Amount (\$)   | Payee address;                               | City; State;                 | Zip Code               |                                   |   |                   |
| \$55.00   | 4308 Live Oak                                | Dallas                       | TX                     | 75204                             |   |                   |
|   | Category (See Categor                        | ries listed at the top of th | nis schedu <b>l</b> e) | Description                       |   |                   |
| PURPOSE<br>OF<br>EXPENDITURE                          | TransportationEqui                           | ipmentAndRelat               | edExpense              |                                   | utside of Texas. Complete Schedule T.  n, TX, officeholder living expense |                   |
| Complete ONLY if direct expenditure to benefit C/Oh   | Candidate / Office  John Price               | eholder name                 |                        | Office sought                     | Office h<br>County  | eld<br>Commissior |
|   | ATTACH ADI                                   | DITIONAL COPII               | ES OF THIS             | SCHEDULE AS NE                    | EDED  |                   |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment                                   | The Inst                                    | ruction Guide exp    | lains how to d | complete this form. |  |                                  |
|---|---|----------------------|----------------|---------------------|--|----------------------------------|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>John W Price                |                      |                |                     | 3 Filer ID (Ethics   | Commission Filers)               |
| 4 Date 07/13/2021                                     | 5 Payee name<br>Evans Engraving             |                      |                |                     |  |                                  |
| 6 Amount (\$)   | 7 Payee address;                            | City; State;         | Zip Code       |                     |  |                                  |
| \$378.00  | 208 S Tyler St                              | Dallas               | TX             | 75208               |  |                                  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Catego<br>GiftAwardsMemor |                      | his schedule)  |                     | outside of Texas. Complete Sc<br>in, TX, officeholder living o |                                  |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Office  John Price              | ho <b>l</b> der name |                | Office sought       |  | Office held<br>County Commission |
| Date  | Payee name                                  |                      |                |                     |  |                                  |
| 07/12/2021  | Jada McCowen                                |                      |                |                     |  |                                  |
| Amount (\$)   | Payee address;                              | City; State;         | Zip Code       |                     |  |                                  |
| \$217.50  | 2326 McIntosh Ct                            | Lancaster            | TX             | 75146               |  |                                  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Catego<br>SalariesWagesCor    |                      | his schedule)  |                     | nutside of Texas. Complete Sci<br>n, TX, officeholder living e |                                  |
| Complete ONLY if direct expenditure to benefit C/Oh   | Candidate / Office  John Price              | holder name          |                | Office sought       |  | Office held County Commission    |
| Date  | Payee name                                  |                      |                |                     |  |                                  |
| 07/26/2021  | Patrick Worthey                             |                      |                |                     |  |                                  |
| Amount (\$)   | Payee address;                              | City; State;         | Zip Code       |                     |  |                                  |
| \$75,104.00   | 208 S Tyler St                              | Dallas               | TX             | 75208               |  |                                  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Catego<br>SalariesWagesCor    | ·                    | his schedule)  | _ =                 | outside of Texas. Complete Sc<br>in, TX, officeholder living e |                                  |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Office  John Price              | eholder name         |                | Office sought       |  | Office held<br>County Commission |
|   | ATTACH ADI                                  | DITIONAL COPI        | ES OF THIS     | SCHEDULE AS NE      | EDED   |                                  |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment  | The Instru                                      | ction Guide exp          | lains how to d | complete this form. |  |                             |
|--|---|--------------------------|----------------|---------------------|--|-----------------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>John W Price                    |                          |                |                     | 3 Filer ID (Ethics Co  | mmission Filers)            |
| 4 Date<br>10/01/2021   | 5 Payee name<br>MMS Compamy Ad                  | Specialties              |                |                     |  |                             |
| 6 Amount (\$)  | 7 Payee address;                                | City; State;             | Zip Code       |                     |  |                             |
| \$9,871.94   | 217 North I-35E                                 | Desoto                   | TX             | 75115               |  |                             |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories AdvertisingExpense | s listed at the top of t | his schedule)  |                     | utside of Texas. Complete Schedun, TX, officeholder living expe      |                             |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeho                            | lder name                |                | Office sought       |  | ce held<br>unty Commissior  |
| Date   | Payee name                                      |                          |                |                     |  |                             |
| 10/07/2021   | Tea Cake Kids                                   |                          |                |                     |  |                             |
| Amount (\$)  | Payee address;                                  | City; State;             | Zip Code       |                     |  |                             |
| \$162.28   | PO Box 137                                      | Hutchins                 | TX             | 75141               |  |                             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories<br>GiftAwardsMemorials |                          | his schedule)  |                     | ntside of Texas. Complete Schedu<br>I, TX, officeholder living exper |                             |
| Complete ONLY if direct expenditure to benefit C/Oh          | Candidate / Officeho                            | lder name                |                | Office sought       | Offi   | ce held                     |
| Date   | Payee name                                      |                          |                |                     |  |                             |
| 10/13/2021   | Glen Oaks Umited M                              | ethodist Churc           | ch             |                     |  |                             |
| Amount (\$)  | Payee address;                                  | City; State;             | Zip Code       |                     |  |                             |
| \$100.00   | 4606 S Polk                                     | Dallas                   | TX             | 75232               |  |                             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories AdvertisingExpense     | s listed at the top of t | his schedule)  | =                   | utside of Texas. Complete Schedu<br>n, TX, officeholder living exper |                             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh   | Candidate / Officeho                            | older name               |                | Office sought       |  | ice held<br>unty Commission |
|  | ATTACH ADDI                                     | TIONAL COPI              | ES OF THIS     | SCHEDULE AS NEI     | EDED   |                             |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment  | The Instruc                                     | ction Guide exp           | lains how to c | omplete this form. |   |
|--|---|---------------------------|----------------|--------------------|---|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>John W Price                    |                           |                |                    | 3 Filer ID (Ethics Commission Filers)                                       |
| 4 Date<br>10/22/2021   | 5 Payee name<br>USPS                            |                           |                |                    |   |
| 6 Amount (\$)  | 7 Payee address;                                | City; State;              | Zip Code       |                    |   |
| \$38.30  | 401 Tom Landry Hwy                              | Dallas                    | TX             | 75260              |   |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories OfficeOverheadRent |                           | his schedule)  |                    | utside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeho<br>H <b>John Price</b>     | lder name                 |                | Office sought      | Office held<br>County Commissio   |
| Date   | Payee name                                      |                           |                |                    |   |
| 07/23/2021   | USPS  |                           |                |                    |   |
| Amount (\$)  | Payee address;                                  | City; State;              | Zip Code       |                    |   |
| \$18.20  | 401 Tom Landry Hwy                              | Dallas                    | TX             | 75260              |   |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories OfficeOverheadRent     |                           | his schedule)  |                    | tside of Texas. Complete Schedule T.<br>, TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/Oh          | Candidate / Officeho  John Price                | lder name                 |                | Office sought      | Office held<br>County Commission  |
| Date   | Payee name                                      |                           |                |                    |   |
| 10/06/2021   | Hailee Hal                                      |                           |                |                    |   |
| Amount (\$)  | Payee address;                                  | City; State;              | Zip Code       |                    |   |
| \$500.00   | 6335 Elder Grove Dr                             | Dallas                    | TX             | 75232              |   |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories AdvertisingExpense     | i listed at the top of th | his schedule)  | _ =                | utside of Texas. Complete Schedule T.<br>, TX, officeholder living expense  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh   | Candidate / Officeho                            | older name                |                | Office sought      | Office held<br>County Commission  |
|  | ATTACH ADDIT                                    | TIONAL COPI               | ES OF THIS     | SCHEDULE AS NEE    | EDED  |

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment  | The Inst  | ruction Guide exp           | lains how to d         | complete this form.   |  |  |
|--|---|-----------------------------|------------------------|---|--|--|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>John W Price  |                             |                        |   | 3 Filer ID (Ethics Commission Filers)                                      |  |
| 4 Date<br>10/04/2021                                       | 5 Payee name<br>Devon Gabriel   |                             |                        |   | 1  |  |
| 6 Amount (\$)  | 7 Payee address;  | City; State;                | Zip Code               |   |  |  |
| \$120.00   | 8301 S Polk   | Dallas                      | TX                     | 75232   |  |  |
| 8<br>PURPOSE   | (a) Category (See Category SalariesWagesCo  |                             | his schedu <b>l</b> e) | (b) Description Check if travel of  | outside of Texas. Complete Schedule T.                                     |  |
| OF<br>EXPENDITURE  |   |                             |                        | Check if Aust   | in, TX, officeholder living expense  |  |
| 9 Complete ONLY if direct expenditure to benefit C/Oh      | L<br>Candidate / Office<br>H  | holder name                 |                        | Office sought   | Office held  |  |
| Date   | Payee name  |                             |                        |   |  |  |
| 10/12/2021   | Devon Gabriel   |                             |                        |   |  |  |
| Amount (\$)  | Payee address;  | City; State;                | Zip Code               |   |  |  |
| \$180.00   | 8301 S Polk   | Dallas                      | TX                     | 75232   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor |                             |                        | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |  |
| Complete ONLY if direct expenditure to benefit C/Oh        | Candidate / Office  | holder name                 |                        | Office sought   | Office held  |  |
| Date   | Payee name  |                             |                        |   |  |  |
| 10/15/2021   | Evans Engraving   |                             |                        |   |  |  |
| Amount (\$)  | Payee address;  | City; State;                | Zip Code               |   |  |  |
| \$450.00   | 208 S Tyler St  | Dallas                      | TX                     | 75208   |  |  |
|  | Category (See Catego  | ries listed at the top of t | his schedu <b>l</b> e) | Description   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | GiftAwardsMemor   | alsExpense                  |                        | _ =   | outside of Texas. Complete Schedule T. in, TX, officeholder living expense |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Office  | eholder name                |                        | Office sought   | Office held  |  |
|  | ATTACH ADI  | DITIONAL COPI               | ES OF THIS             | SCHEDULE AS NE  | EDED   |  |

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment                                   | The Inst                                | ruction Guide exp             | lains how to co        | omplete this form. |   |
|---|---|-------------------------------|------------------------|--------------------|---|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>John W Price            |                               |                        |                    | 3 Filer ID (Ethics Commission Filers)                                       |
| 4 Date<br>10/18/2021                                  | 5 Payee name<br>Adudulla Silo           |                               |                        |                    | 1   |
| 6 Amount (\$)   | 7 Payee address;                        | City; State;                  | Zip Code               |                    |   |
| \$350.00  | 3525 W Ledbetter Dr                     | ive Dallas                    | TX                     | 75233              |   |
| 8   | (a) Category (See Catego                | ries listed at the top of t   | nis schedu <b>l</b> e) | (b) Description    |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | TransportationEqu                       | uipmentAndRela                | tedExpense             |                    | nutside of Texas. Complete Schedule T.  n, TX, officeholder living expense  |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Office  John Price          | holder name                   |                        | Office sought      | Office held<br>County Commission  |
| Date  | Payee name                              |                               |                        |                    |   |
| 10/18/2021  | Devon Gabriel                           |                               |                        |                    |   |
| Amount (\$)   | Payee address;                          | City; State;                  | Zip Code               |                    |   |
| \$180.00  | 8301 S Polk                             | Dallas                        | TX                     | 75232              |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Catego<br>SalariesWagesCo |                               | nis schedule)          |                    | utside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/Oh   | Candidate / Office                      | holder name                   |                        | Office sought      | Office held   |
| Date  | Payee name                              |                               |                        |                    |   |
| 10/25/2021  | Devon Gabriel                           |                               |                        |                    |   |
| Amount (\$)   | Payee address;                          | City; State;                  | Zip Code               |                    |   |
| \$180.00  | 8301 S Polk                             | Dallas                        | TX                     | 75232              |   |
|   | Category (See Catego                    | ries listed at the top of the | nis schedule)          | Description        |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | SalariesWagesCo                         | ntractLabor                   |                        |                    | utside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/Oh   | Candidate / Office                      | eholder name                  |                        | Office sought      | Office held   |
|   | ATTACH ADI                              | DITIONAL COPI                 | ES OF THIS             | SCHEDULE AS NE     | EDED  |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment  | The Instru                                     | ction Guide expl | ains how to d | complete this form.    |                              |                               |
|--|--|------------------|---------------|------------------------|------------------------------|-------------------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>John W Price                   |                  |               |                        | 3 Filer ID (Ethics           | s Commission Filers)          |
| 4 Date 08/20/2021  | 5 Payee name<br>USPS                           |                  |               |                        |                              |                               |
| 6 Amount (\$)  | 7 Payee address;                               | City; State;     | Zip Code      |                        |                              |                               |
| \$30.50  | 401 Tom Landry Hwy                             | Dallas           | TX            | 75260                  |                              |                               |
| 8 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categorie: OfficeOverheadRen |                  | nis schedule) |                        | utside of Texas. Complete S  |                               |
| 9 Complete ONLY if direct expenditure to benefit C/Oh      | Candidate / Officeho                           | lder name        |               | Office sought          |                              | Office held County Commission |
| Date   | Payee name                                     |                  |               |                        |                              |                               |
| 08/09/2021   | Tea Cake Kids                                  |                  |               |                        |                              |                               |
| Amount (\$)  | Payee address;                                 | City; State;     | Zip Code      |                        |                              |                               |
| \$81.14  | PO Box 137                                     | Hutchins         | TX            | 75141                  |                              |                               |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categorie:<br>GiftAwardsMemorial |                  | nis schedule) |                        | itside of Texas. Complete So |                               |
| Complete ONLY if direct expenditure to benefit C/Oh        | Candidate / Officeho                           | lder name        |               | Office sought          |                              | Office held County Commission |
| Date   | Payee name                                     |                  |               |                        |                              |                               |
| 08/02/2021   | Patrick Worthey                                |                  |               |                        |                              |                               |
| Amount (\$)  | Payee address;                                 | City; State;     | Zip Code      |                        |                              |                               |
| \$76.13  | 315 Trees Drive                                | Cedar Hill       | TX            | 75104                  |                              |                               |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories SalariesWagesContr    |                  | nis schedule) |                        | ntside of Texas. Complete So |                               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeho                           | older name       |               | Office sought          |                              | Office held County Commission |
|  | ATTACH ADDI                                    | TIONAL COPIL     | ES OF THIS    | <b>SCHEDULE AS NEI</b> | EDED                         |                               |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment                                   | The Inst                                    | ruction Guide exp    | lains how to d | complete this form. |   | ·                 |
|---|---|----------------------|----------------|---------------------|---|-------------------|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>John W Price                |                      |                |                     | 3 Filer ID (Ethics Commiss  | ion Filers)       |
| 4 Date 08/02/2021                                     | 5 Payee name<br>Jada McCowan                |                      |                |                     |   |                   |
| 6 Amount (\$)   | 7 Payee address;                            | City; State;         | Zip Code       |                     |   |                   |
| \$290.00  | 2326 McIntosh                               | Lancaster            | TX             | 75146               |   |                   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Catego<br>SalariesWagesCo |                      | his schedule)  |                     | outside of Texas. Complete Schedule T. in, TX, officeholder living expense  |                   |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Office John Price               | ho <b>l</b> der name |                | Office sought       | Office he<br>County   | ld<br>Commissior  |
| Date  | Payee name                                  |                      |                |                     |   |                   |
| 08/02/2021  | Hailee Hal                                  |                      |                |                     |   |                   |
| Amount (\$)   | Payee address;                              | City; State;         | Zip Code       |                     |   |                   |
| \$500.00  | 6335 Elder Grove Dr                         | Dallas               | TX             | 75232               |   |                   |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Catego<br>SalariesWagesCor    |                      | his schedule)  |                     | utside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense |                   |
| Complete ONLY if direct expenditure to benefit C/Oh   | Candidate / Office  John Price              | holder name          |                | Office sought       | Office he<br>County (   | ld<br>Commissior  |
| Date  | Payee name                                  |                      |                |                     |   |                   |
| 08/06/2021  | Jada McCowan                                |                      |                |                     |   |                   |
| Amount (\$)   | Payee address;                              | City; State;         | Zip Code       |                     |   |                   |
| \$290.00  | 2326 McIntosh                               | Lancaster            | TX             | 75146               |   |                   |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Catego<br>SalariesWagesCor    | •                    | his schedule)  | _ =                 | utside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense |                   |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Office  John Price              | holder name          |                | Office sought       | Office he<br>County (   | eld<br>Commissior |
|   | ATTACH ADI                                  | DITIONAL COPI        | ES OF THIS     | SCHEDULE AS NE      | EDED  |                   |

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment                                   | The Inst                                    | ruction Guide exp           | lains how to d         | complete this form.              | , ,   |                               |
|---|---|-----------------------------|------------------------|----------------------------------|---|-------------------------------|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>John W Price                |                             |                        |                                  | 3 Filer ID (Ethio   | cs Commission Filers)         |
| 4 Date 08/17/2021                                     | 5 Payee name<br>Evans Engraving             |                             |                        |                                  |   |                               |
| 6 Amount (\$)   | 7 Payee address;                            | City; State;                | Zip Code               |                                  |   |                               |
| \$278.00  | 208 S Tyler St                              | Dallas                      | TX                     | 75208                            |   |                               |
| 8<br>PURPOSE  | (a) Category (See Category GiftAwardsMemory |                             | his schedu <b>l</b> e) | (b) Description  Check if travel | outside of Texas. Complete                                  | Schedule T.                   |
| OF<br>EXPENDITURE                                     |   |                             |                        | Check if Aus                     | tin, TX, officeholder livin                                 | g expense                     |
| 9 Complete ONLY if direct expenditure to benefit C/OF | <br>Candidate / Office<br>H                 | holder name                 |                        | Office sought                    |   | Office he <b>l</b> d          |
| Date  | Payee name                                  |                             |                        |                                  |   |                               |
| 08/05/2021  | Jesse Hornbuckle                            |                             |                        |                                  |   |                               |
| Amount (\$)   | Payee address;                              | City; State;                | Zip Code               |                                  |   |                               |
| \$500.00  | PO Box 227382                               | Dallas                      | TX                     | 75222                            |   |                               |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Category Advertising Expens   |                             | his schedule)          |                                  | outside of Texas. Complete in, TX, officeholder living      |                               |
| Complete ONLY if direct expenditure to benefit C/Oh   | Candidate / Officel John Price              | nolder name                 |                        | Office sought                    |   | Office held County Commission |
| Date  | Payee name                                  |                             |                        |                                  |   |                               |
| 08/16/2021  | Jada McCowan                                |                             |                        |                                  |   |                               |
| Amount (\$)   | Payee address;                              | City; State;                | Zip Code               |                                  |   |                               |
| \$268.25  | 2326 McIntosh                               | Lancaster                   | TX                     | 75146                            |   |                               |
|   | Category (See Categor                       | ries listed at the top of t | his schedu <b>l</b> e) | Description                      |   |                               |
| PURPOSE<br>OF<br>EXPENDITURE                          | SalariesWagesCor                            | ntractLabor                 |                        | _ =                              | outside of Texas. Complete :<br>in, TX, officeholder living |                               |
| Complete ONLY if direct                               | Candidate / Office                          | holder name                 |                        | Office sought                    |   | Office held                   |
| expenditure to benefit C/OF                           | John Price                                  |                             |                        |                                  |   | County Commission             |
|   | ATTACH ADD                                  | ITIONAL COPI                | ES OF THIS             | SCHEDULE AS NE                   | EDED  |                               |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment                                   | The Instruction Guide explains how to   | complete this form.   |                               |
|---|---|---|-------------------------------|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>John W Price  | 3 Filer ID  | (Ethics Commission Filers)    |
| 4 Date 08/18/2021                                     | 5 Payee name<br>Dapheny Fain  | 1   |                               |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |   |                               |
| \$259.00  | 625 Missionary Ridge Desoto TX  | 75116   |                               |
| 8   | (a) Category (See Categories listed at the top of this schedule)                        | (b) Description  Check if travel outside of Texas. Cr                             | omplete Schedule T.           |
| PURPOSE<br>OF<br>EXPENDITURE                          | FoodBeverageExpense   | Check if Austin, TX, officehold   | ·                             |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name   | Office sought   | Office held                   |
| Date  | Payee name  |   |                               |
| 08/23/2021  | Jada McCowan  |   |                               |
| Amount (\$)   | Payee address; City; State; Zip Code  |   |                               |
| \$290.00  | 2326 McIntosh Lancaster TX  | 75146   |                               |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor | Description Check if travel outside of Texas. Co Check if Austin, TX, officeholds |                               |
| Complete ONLY if direct expenditure to benefit C/Oh   | Candidate / Officeholder name  John Price   | Office sought   | Office held County Commission |
| Date  | Payee name  |   |                               |
| 08/27/2021  | USPS  |   |                               |
| Amount (\$)   | Payee address; City; State; Zip Code  |   |                               |
| \$275.00  | 401 Tom Landry Hwy Dallas TX  | 75260   |                               |
|   | Category (See Categories listed at the top of this schedule)                            | Description   |                               |
| PURPOSE<br>OF<br>EXPENDITURE                          | OfficeOverheadRentalExpense   | Check if travel outside of Texas. Co  | '                             |
| Complete ONLY if direct                               | Candidate / Officeholder name   | Office sought   | Office held                   |
| expenditure to benefit C/OF                           | John Price  |   | County Commission             |
|   | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NEEDED  |                               |

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment                                   | The Instruction Guide explains how to o   | complete this form. |  |
|---|---|---------------------|--|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>John W Price  |                     | 3 Filer ID (Ethics Commission Filers)                                  |
| 4 Date 09/22/2021                                     | 5 Payee name<br>USPS  | <u>'</u>            |  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |                     |  |
| \$36.80   | 401 Tom Landry Hwy Dallas TX  | 75260               |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)  OfficeOverheadRentalExpense |                     | side of Texas. Complete Schedule T.<br>TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name  John Price   | Office sought       | Office held County Commission  |
| Date  | Payee name  |                     |  |
| 09/09/2021  | AFL-CIO Dallas Central Labor Council  |                     |  |
| Amount (\$)   | Payee address; City; State; Zip Code  |                     |  |
| \$90.00   | 1408 N. Washington St Dallas TX   | 75204               |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)  EventExpense                    |                     | ide of Texas. Complete Schedule T.<br>TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/Oh   | Candidate / Officeholder name  John Price   | Office sought       | Office held County Commission  |
| Date  | Payee name  |                     |  |
| 09/02/2021  | Hailee Hal  |                     |  |
| Amount (\$)   | Payee address; City; State; Zip Code  |                     |  |
| \$500.00  | 6335 Elder Grove Dr Dallas TX   | 75232               |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)  AdvertisingExpense              | _ =                 | ide of Texas. Complete Schedule T.<br>TX, officeholder living expense  |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name  John Price   | Office sought       | Office held County Commissior  |
|   | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NEE     | DED  |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment  | The Instru   | ction Guide exp | lains how to co | omplete this form. |   | ,         |
|--|--|-----------------|-----------------|--------------------|---|-----------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>John W Price                       |                 |                 |                    | 3 Filer ID (Ethics Commissio  | n Filers) |
| 4 Date 09/03/2021  | 5 Payee name<br>Roy Smith                          |                 |                 |                    |   |           |
| 6 Amount (\$)  | 7 Payee address;                                   | City; State;    | Zip Code        |                    |   |           |
| \$2,451.00   | 3803 S. Lancaster Rd                               | Dallas          | TX              | 75216              |   |           |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categorie<br>TransportationEquip | ·               | ·               |                    | utside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense |           |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder  John Price               | older name      |                 | Office sought      | Office held<br>County C   | ommissior |
| Date   | Payee name   |                 |                 |                    |   |           |
| 09/13/2021   | Classic Oil Lube                                   |                 |                 |                    |   |           |
| Amount (\$)  | Payee address;                                     | City; State;    | Zip Code        |                    |   |           |
| \$68.25  | 152 E. Davis Street                                | Dallas          | TX              | 75203              |   |           |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categorie TransportationEquip        |                 |                 |                    | utside of Texas. Complete Schedule T.<br>I, TX, officeholder living expense |           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeho                               | older name      |                 | Office sought      | Office held<br>County Co  |           |
| Date   | Payee name   |                 |                 |                    |   |           |
| 09/20/2021   | Devon Gabriel                                      |                 |                 |                    |   |           |
| Amount (\$)  | Payee address;                                     | City; State;    | Zip Code        |                    |   |           |
| \$120.00   | 8301 S Polk  | Dallas          | TX              | 75232              |   |           |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categorie SalariesWagesCont          | ·               | nis schedule)   | =                  | utside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense |           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeh                                | older name      |                 | Office sought      | Office held   | d<br>     |
|  | ATTACH ADDI  | TIONAL COPI     | ES OF THIS      | SCHEDULE AS NEI    | EDED  |           |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment   | The Insti                                     | ruction Guide exp          | lains how to d | complete this form. |   |
|---|---|----------------------------|----------------|---------------------|---|
| 1 Total pages Schedule F1:  | 2 FILER NAME<br>John W Price                  |                            |                |                     | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>09/28/2021  | 5 Payee name<br>Evans Engraving               |                            |                |                     | 1   |
| 6 Amount (\$)   | 7 Payee address;                              | City; State;               | Zip Code       |                     |   |
| \$468.00  | 208 S Tyler St                                | Dallas                     | TX             | 75208               |   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categor<br>GiftAwardsMemori | •                          | his schedule)  |                     | outside of Texas. Complete Schedule T.<br>in, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officel  H John Price             | holder name                |                | Office sought       | Office held<br>County Commission  |
| Date  | Payee name                                    |                            |                |                     |   |
| 09/27/2021  | Devon Gabriel                                 |                            |                |                     |   |
| Amount (\$)   | Payee address;                                | City; State;               | Zip Code       |                     |   |
| \$120.00  | 8301 S Polk                                   | Dallas                     | TX             | 75232               |   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categor<br>SalariesWagesCor     |                            | his schedule)  |                     | utside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officel                           | nolder name                |                | Office sought       | Office held   |
| Date  | Payee name                                    |                            |                |                     |   |
| 11/10/2021  | iPromoteU                                     |                            |                |                     |   |
| Amount (\$)   | Payee address;                                | City; State;               | Zip Code       |                     |   |
| \$1,201.32  | Dept 2419 PO Box<br>122419                    | Dallas                     | TX             | 75312               |   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categor<br>EventExpense         | ies listed at the top of t | his schedule)  | _ =                 | utside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Office  John Price                | holder name                |                | Office sought       | Office held County Commission   |
|   | ATTACH ADD                                    | DITIONAL COPI              | ES OF THIS     | SCHEDULE AS NE      | EDED  |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment                                   | The Inst                                | ruction Guide exp             | lains how to d | complete this form. |   |                               |
|---|---|-------------------------------|----------------|---------------------|---|-------------------------------|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>John W Price            |                               |                |                     | 3 Filer ID (Ethio   | es Commission Filers)         |
| 4 Date<br>11/02/2021                                  | 5 Payee name<br>Devon Gabriel           |                               |                |                     |   |                               |
| 6 Amount (\$)   | 7 Payee address;                        | City; State;                  | Zip Code       |                     |   |                               |
| \$180.00  | 8301 S Polk                             | Dallas                        | TX             | 75232               |   |                               |
| 8   | (a) Category (See Category              |                               | his schedule)  | (b) Description     | outside of Texas. Complete                                  | Schedule T.                   |
| PURPOSE<br>OF<br>EXPENDITURE                          | SalariesWagesCo                         | miraciLaboi                   |                |                     | tin, TX, officeholder living                                |                               |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Office                      | holder name                   |                | Office sought       |   | Office held                   |
| Date  | Payee name                              |                               |                |                     |   |                               |
| 11/08/2021  | Evans Engraving                         |                               |                |                     |   |                               |
| Amount (\$)   | Payee address;                          | City; State;                  | Zip Code       |                     |   |                               |
| \$324.00  | 208 S Tyler St                          | Dallas                        | TX             | 75208               |   |                               |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Category GiftAwardsMemori |                               | his schedule)  |                     | outside of Texas. Complete S<br>in, TX, officeholder living |                               |
| Complete ONLY if direct expenditure to benefit C/Oh   | Candidate / Office  John Price          | holder name                   |                | Office sought       |   | Office held County Commission |
| Date  | Payee name                              |                               |                |                     |   |                               |
| 11/08/2021  | Evans Engraving                         |                               |                |                     |   |                               |
| Amount (\$)   | Payee address;                          | City; State;                  | Zip Code       |                     |   |                               |
| \$324.00  | 208 S Tyler St                          | Dallas                        | TX             | 75208               |   |                               |
|   | Category (See Categor                   | ries listed at the top of the | his schedule)  | Description         |   |                               |
| PURPOSE<br>OF<br>EXPENDITURE                          | GiftAwardsMemori                        | alsExpense                    |                | _ =                 | outside of Texas. Complete S<br>in, TX, officeholder living |                               |
| Complete ONLY if direct                               | Candidate / Office                      | holder name                   |                | Office sought       |   | Office held                   |
| expenditure to benefit C/OF                           | John Frice                              |                               |                |                     |   | County Commission             |
|   | ATTACH ADI                              | DITIONAL COPI                 | ES OF THIS     | SCHEDULE AS NE      | EDED  |                               |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment                                   | The Instr   | uction Guide exp          | lains how to c         | omplete this form. |   | ,                                  |
|---|---|---------------------------|------------------------|--------------------|---|------------------------------------|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>John W Price                            |                           |                        |                    | 3 Filer ID (Ethi  | cs Commission Filers)              |
| 4 Date<br>11/08/2021                                  | 5 Payee name<br>Devon Gabriel                           |                           |                        |                    |   |                                    |
| 6 Amount (\$)   | 7 Payee address;  | City; State;              | Zip Code               |                    |   |                                    |
| \$180.00  | 8301 S Polk   | Dallas                    | TX                     | 75232              |   |                                    |
| 8   | (a) Category (See Categori                              |                           | his schedu <b>l</b> e) | (b) Description    | outside of Texas. Complete                                | Schedule T                         |
| PURPOSE<br>OF<br>EXPENDITURE                          | SalariesWagesCor  | illacicapor               |                        |                    | tin, TX, officeholder livin                               |                                    |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officel                                     | older name                |                        | Office sought      |   | Office held                        |
| Date  | Payee name  |                           |                        |                    |   |                                    |
| 11/16/2021  | Katina Whitefield fo                                    | r Justice of Pea          | ce                     |                    |   |                                    |
| Amount (\$)   | Payee address;  | City; State;              | Zip Code               |                    |   |                                    |
| \$1,000.00  | PO Box 85297  | Mesquite                  | TX                     | 75149              |   |                                    |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categori<br>ContributionsDonat<br>mmittee |                           |                        |                    | outside of Texas. Complete in, TX, officeholder living    |                                    |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officer  Katina Whitefield                  | older name                |                        | Office sought      |   | Office held<br>Dallas County Justi |
| Date  | Payee name  |                           |                        |                    |   |                                    |
| 11/15/2021  | Donald Payton   |                           |                        |                    |   |                                    |
| Amount (\$)   | Payee address;  | City; State;              | Zip Code               |                    |   |                                    |
| \$2,500.00  | 8440 Sweetwater Driv                                    | e Dallas                  | TX                     | 75228              |   |                                    |
|   | Category (See Categori                                  | es listed at the top of t | his schedu <b>l</b> e) | Description        |   |                                    |
| PURPOSE<br>OF<br>EXPENDITURE                          | ConsultingExpense                                       |                           |                        |                    | outside of Texas. Complete<br>in, TX, officeholder living |                                    |
| Complete ONLY if direct                               | Candidate / Office                                      | nolder name               |                        | Office sought      |   | Office held                        |
| expenditure to benefit C/OF                           | John Price  |                           |                        |                    |   | County Commission                  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |   |                           |                        |                    |   |                                    |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment  | The Instru                                     | ction Guide exp           | lains how to d | complete this form. |  |                       |
|--|--|---------------------------|----------------|---------------------|--|-----------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>John W Price                   |                           |                |                     | 3 Filer ID (Ethics Comm  | nission Filers)       |
| 4 Date<br>12/06/2021   | 5 Payee name<br>USPS                           |                           |                |                     | ,  |                       |
| 6 Amount (\$)  | 7 Payee address;                               | City; State;              | Zip Code       |                     |  |                       |
| \$19.15  | 401 Tom Landry Hwy                             | Dallas                    | TX             | 75260               |  |                       |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categorie: OfficeOverheadRen |                           | nis schedule)  |                     | utside of Texas. Complete Schedule<br>n, TX, officeholder living expense   |                       |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeho                           | older name                |                | Office sought       | Office<br>Cour   | held<br>ty Commissior |
| Date   | Payee name                                     |                           |                |                     |  |                       |
| 12/03/2021   | Hailee Hal                                     |                           |                |                     |  |                       |
| Amount (\$)  | Payee address;                                 | City; State;              | Zip Code       |                     |  |                       |
| \$500.00   | 6335 Elder Grove Dr                            | Dallas                    | TX             | 75232               |  |                       |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories AdvertisingExpense    | s listed at the top of th | nis schedule)  |                     | utside of Texas. Complete Schedule T<br>n, TX, officeholder living expense |                       |
| Complete ONLY if direct expenditure to benefit C/Oh          | Candidate / Officeho                           | older name                |                | Office sought       | Office<br>Coun   | held<br>ty Commissior |
| Date   | Payee name                                     |                           |                |                     |  |                       |
| 12/10/2021   | Evans Engraving                                |                           |                |                     |  |                       |
| Amount (\$)  | Payee address;                                 | City; State;              | Zip Code       |                     |  |                       |
| \$288.00   | 208 S Tyler St                                 | Dallas                    | TX             | 75208               |  |                       |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories<br>GiftAwardsMemorial |                           | nis schedule)  | <b>⊢</b>            | utside of Texas. Complete Schedule T                                       |                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh   | Candidate / Officeho                           | older name                |                | Office sought       |  | held<br>ty Commission |
|  | ATTACH ADDI                                    | TIONAL COPI               | ES OF THIS     | SCHEDULE AS NEI     | FDFD   |                       |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment  | The Instr                                    | uction Guide exp          | lains how to d | complete this form. |  |                                  |
|--|--|---------------------------|----------------|---------------------|--|----------------------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>John W Price                 |                           |                |                     | 3 Filer ID (Ethics   | Commission Filers)               |
| 4 Date<br>12/12/0021   | 5 Payee name<br>Jesse Hornbuckle             |                           |                |                     |  |                                  |
| 6 Amount (\$)  | 7 Payee address;                             | City; State;              | Zip Code       |                     |  |                                  |
| \$300.00   | PO Box 227382                                | Dallas                    | TX             | 75222               |  |                                  |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categor<br>PrintingExpense | es listed at the top of t | his schedule)  |                     | outside of Texas. Complete So<br>in, TX, officeholder living |                                  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/Ol | Candidate / Officel John Price               | nolder name               |                | Office sought       |  | Office held<br>County Commissior |
| Date   | Payee name                                   |                           |                |                     |  |                                  |
| 12/27/2021   | USPS   |                           |                |                     |  |                                  |
| Amount (\$)  | Payee address;                               | City; State;              | Zip Code       |                     |  |                                  |
| \$870.00   | 401 Tom Landry Hwy                           | Dallas                    | TX             | 75260               |  |                                  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categor<br>OfficeOverheadRet   |                           | his schedule)  |                     | utside of Texas. Complete Sc<br>n, TX, officeholder living e |                                  |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officet  John Price              | nolder name               |                | Office sought       |  | Office held County Commission    |
| Date   | Payee name                                   |                           |                |                     |  |                                  |
| 12/12/2021   | MMS Company Ad                               | Specialties               |                |                     |  |                                  |
| Amount (\$)  | Payee address;                               | City; State;              | Zip Code       |                     |  |                                  |
| \$2,170.41   | 217 N I-35E                                  | Desoto                    | TX             | 75115               |  |                                  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categor<br>PrintingExpense     | es listed at the top of t | his schedule)  |                     | utside of Texas. Complete Sc<br>n, TX, officeholder living e |                                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh   | Candidate / Office  John Price               | holder name               |                | Office sought       |  | Office held<br>County Commission |
|  | ATTACH ADD                                   | ITIONAL COPI              | ES OF THIS     | SCHEDULE AS NE      | EDED   |                                  |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment  | The Instruc                                     | tion Guide exp           | lains how to c | omplete this form. |  |                               |
|--|---|--------------------------|----------------|--------------------|--|-------------------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>John W Price                    |                          |                |                    | 3 Filer ID (Ethi   | cs Commission Filers)         |
| 4 Date<br>12/22/2021   | 5 Payee name<br>MMS Company Ad S                | Specialties              |                |                    |  |                               |
| 6 Amount (\$)  | 7 Payee address;                                | City; State;             | Zip Code       |                    |  |                               |
| \$1,331.42   | 217 N I-35E                                     | Desoto                   | TX             | 75115              |  |                               |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories AdvertisingExpense | listed at the top of the | nis schedule)  |                    | outside of Texas. Complete<br>in, TX, officeholder livir |                               |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeho  John Price                | lder name                |                | Office sought      |  | Office held County Commission |
| Date   | Payee name                                      |                          |                |                    |  |                               |
| 12/31/2021   | Dapheny Fain                                    |                          |                |                    |  |                               |
| Amount (\$)  | Payee address;                                  | City; State;             | Zip Code       |                    |  |                               |
| \$1,443.00   | 625 Missionary Ridge                            | Desoto                   | TX             | 75116              |  |                               |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories TransportationEquipr   |                          |                |                    | utside of Texas. Complete<br>n, TX, officeholder livin   |                               |
| Complete ONLY if direct expenditure to benefit C/Oh          | Candidate / Officeho  John Price                | lder name                |                | Office sought      |  | Office held County Commission |
|  |   |                          |                |                    |  | •                             |
| Date 12/06/2021  | Payee name                                      |                          |                |                    |  |                               |
| 12/00/2021   | The Melissa Project                             |                          |                |                    |  |                               |
| Amount (\$)  | Payee address;                                  | City; State;             | Zip Code       |                    |  |                               |
| \$200.00   | 7916 Ivory Lane                                 | Dallas                   | TX             | 75216              |  |                               |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories GiftAwardsMemorials    |                          | nis schedule)  |                    | utside of Texas. Complete<br>n, TX, officeholder livin   |                               |
| Complete ONLY if direct expenditure to benefit C/Oh          | Candidate / Officeho                            | older name               |                | Office sought      |  | Office held                   |
|  | ATTACH ADDIT                                    | TIONAL COPI              | ES OF THIS     | SCHEDULE AS NE     | EDED   |                               |

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment   | The Instruction Guide explains how to o                          | complete this form. |   |
|---|--|---------------------|---|
| 1 Total pages Schedule F1:  | 2 FILER NAME<br>John W Price                                     |                     | 3 Filer ID (Ethics Commission Filers)                                       |
| <b>4</b> Date 07/30/2021  | 5 Payee name<br>Paypal Fees                                      |                     |   |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code                           |                     |   |
| \$291.80  | 2211 N 1st Street San Jose CA                                    | 68128               |   |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description     | udzida at Taura - Camalata Cahadula T                                       |
| PURPOSE<br>OF<br>EXPENDITURE  | AccountingBanking  |                     | utside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name  John Price                        | Office sought       | Office held<br>County Commission  |
| Date  | Payee name   |                     |   |
| Amount (\$)   | Payee address; City; State; Zip Code                             |                     |   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)     |                     | utside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense |
| Complete ONLY 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<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)     |                     | utside of Texas. Complete Schedule T.<br>n, TX, officeholder living 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 NEE     | EDED  |

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica                       | al Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form | Other (enter a category not listed above)   |
|---|---|---|
| 1 Total pages Schedule F4:                            | 2 FILER NAME<br>John W Price  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEM                                     | IZED EXPENDITURES CHARGED TO A CREDIT CARD  | \$ \$0.00   |
| 5 Date 07/30/2021                                     | 6 Payee name Jasper Engine Exchange   | •   |
| 7 Amount (\$)<br>\$2,638.00                           | 8 Payee address; City; State; Zip Code<br>6905 E 32 Indianapolis IN 46201   |   |
| 9 TYPE OF EXPENDITURE                                 | Political ✓ Non-Political   |   |
| 10  | (a) Category (See Categories listed at the top of this schedule) (b) Descri   | ption   |
| PURPOSE<br>OF<br>EXPENDITURE                          |   | eck if travel outside of Texas. Complete Schedule T.  |
| 11 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name Office sought  H  John Price  | Office held<br>County Commissior  |
| Date<br><b>07/13/2021</b>                             | Payee name Gulf Oil   |   |
| Amount (\$)<br>\$126.65                               | Payee address; City; State; Zip Code  801 S Riverfront Blvd Dallas TX 75207   |   |
| TYPE OF<br>EXPENDITURE                                | Political ✓ Non-Political   |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | TransportationEquipmentAndiNetatedExpense —   | ption  eck if travel outside of Texas. Complete Schedule T.  eck if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/O    | Candidate / Officeholder name Office sought  H John Price   | Office held<br>County Commission  |
|   |   |   |
|   | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS  | NEEDED  |

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/Donations Made By<br>Candidate/Officeholder/Politica |  | ,   |
|--|--|---|
| 1 Total pages Schedule F4:   | 2 FILER NAME<br>John W Price   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEM  | ZED EXPENDITURES CHARGED TO A CREDIT (   | SARD \$ \$0.00  |
| 5 Date 07/02/2021  | 6 Payee name<br>Gulf Oil   | +   |
| 7 Amount (\$)<br>\$100.00  | 8 Payee address;City; State; Zip Code801 S Riverfront BlvdDallasTX7520                                     | 7   |
| 9 TYPE OF<br>EXPENDITURE   | ☐ Political ✓ Non-Political  |   |
| 10 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  TransportationEquipmentAndRelatedExpense | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/Oh             | Candidate / Officeholder name Office sould John Price  | ght Office held County Commissior   |
| Date<br>07/01/2021   | Payee name<br>Gulf Oil   |   |
| Amount (\$)<br>\$40.00   | Payee address; City; State; Zip Code  801 S Riverfront Blvd Dallas TX 7520                                 | 07  |
| TYPE OF<br>EXPENDITURE   | Political Non-Political  |   |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)  TransportationEquipmentAndRelatedExpense     | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh         | Candidate / Officeholder name Office sou<br>John Price   | oght Office held County Commission  |
|  |  |   |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDU  | JLE AS NEEDED   |

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/Donations Made B<br>Candidate/Officeholder/Politica |  | ,   |
|---|--|---|
| 1 Total pages Schedule F4:  | 2 FILER NAME<br>John W Price   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEM   | IZED EXPENDITURES CHARGED TO A CREDIT CARD   | \$ \$0.00   |
| 5 Date 08/30/2021   | 6 Payee name Fuel City   | +   |
| 7 Amount (\$)<br>\$178.80   | 8 Payee address; City; State; Zip Code 801 S Riverfront Blvd Dallas TX 75207                               |   |
| 9 TYPE OF<br>EXPENDITURE  | Political Non-Political  |   |
| 10 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)  TransportationEquipmentAndRelatedExpense | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense          |
| 11 Complete ONLY if direct expenditure to benefit C/Oh            | Candidate / Officeholder name Office sought  John Price  | Office held County Commission   |
| Date<br>08/30/2021  | Payee name<br>QT Lancaster   |   |
| Amount (\$)<br>\$60.00  | Payee address; City; State; Zip Code  3311 W Pleasant Run Lancaster TX 75146  Rd                           |   |
| TYPE OF<br>EXPENDITURE  | Political Non-Political  |   |
| PURPOSE<br>OF<br>EXPENDITURE                                      | TransportationEquipmentAndRelatedExpense   | Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oł        | Candidate / Officeholder name Office sought  John Price  | Office held<br>County Commission  |
|   |  |   |
|   | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A  | AS NEEDED   |

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/Donations Made B<br>Candidate/Officeholder/Politica | •                       | ft/Awards/Memorials<br>gal Services | s Expense           | Printing Expen<br>Salaries/Wage | se<br>s/Contract Labor | Travel Out Of District Other (enter a category not listed above)   |
|---|-------------------------|-------------------------------------|---------------------|---------------------------------|------------------------|--|
|   | 7                       | -<br>Γhe Instruction G              | uide explain        | s how to comp                   | olete this form.       | ,  |
| 1 Total pages Schedule F4: 10                                     | 2 FILER NAM<br>John W P |                                     |                     |                                 |                        | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEM   | IIZED EXPEN             | DITURES CH                          | HARGED              | TOACRE                          | DIT CARD               | \$ \$0.00  |
| 5 Date<br>08/30/2021  | 6 Payee nam             |                                     |                     |                                 |                        |  |
| <b>7</b> Amount (\$)<br>\$70.00                                   | 8 Payee add             |                                     | ty; State;          | ·                               | 75219                  |  |
| 9 TYPE OF EXPENDITURE   | Polit                   | tical                               | <b>✓</b>            | Non-Politica                    | al                     |  |
| 10 PURPOSE OF EXPENDITURE   |                         | (See Categories listed              |                     |                                 |                        | ion  if travel outside of Texas. Complete Schedule T.  if Austin, TX, officeholder living expense        |
| <b>11</b> Complete ONLY if direct expenditure to benefit C/O      |                         | ate / Officeholde<br>Price          | er name             | Office                          | e sought               | Office held County Commission  |
| Date<br><b>09/28/2021</b>   | Payee nan<br>Gulf Oil   | ne                                  |                     |                                 |                        |  |
| Amount (\$)<br>\$58.92  | Payee add               |                                     | ty; State;<br>allas |                                 | 75207                  |  |
| TYPE OF<br>EXPENDITURE  | Polit                   | tical                               | <b>✓</b>            | Non-Politic                     | al                     |  |
| PURPOSE<br>OF<br>EXPENDITURE                                      |                         | (See Categories listed              |                     |                                 |                        | cion<br>if travel outside of Texas. Complete Schedule T.<br>c if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O         |                         | ate / Officeholde<br>rice           | er name             | Offic                           | e sought               | Office held<br>County Commission   |
|   |                         |                                     |                     |                                 |                        |  |
|   | ATTACH                  | ADDITIONAL (                        | COPIES O            | F THIS SCH                      | IEDULE AS N            | EEDED  |

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/Donations Made B<br>Candidate/Officeholder/Politica                         | I Committee Legal Services   |  | es/Contract Labor   | Travel Out Of District Other (enter a category not listed above)                                   |
|---|--|--|---------------------|--|
| 1 Total pages Schedule F4:  | 2 FILER NAME<br>John W Price   | in duride explains now to con  | ipiete tilis form.  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEM   | IZED EXPENDITURES  | CHARGED TO A CRE   | DIT CARD            | \$ \$0.00  |
| 5 Date 09/28/2021   | 6 Payee name<br>O'Reilly Auto Parts  |  |                     |  |
| 7 Amount (\$)<br>\$401.08   | 8 Payee address;<br>212 N Hampton Rd   | City; State; Zip Code  Desoto TX   | 75115               |  |
| 9 TYPE OF<br>EXPENDITURE  | Political  | ✓ Non-Politic  | cal                 |  |
| 10 PURPOSE OF EXPENDITURE   | (a) Category (See Categories li<br>TransportationEquipr  | sted at the top of this schedule) nentAndRelatedExpense                          |                     | n<br>ravel outside of Texas. Complete Schedule T.<br>Austin, TX, officeholder living expense       |
| 11 Complete ONLY if direct expenditure to benefit C/Oh                                    | Candidate / Officeho  John Price   | lder name Offic  | ce sought           | Office held County Commissior  |
|   |  |  |                     |  |
| Date<br>11/01/2021  | Payee name<br>Fuel City  |  |                     |  |
|   | · ·  | City; State; Zip Code  Dallas TX   | 75207               |  |
| 11/01/2021<br>Amount (\$)   | Fuel City Payee address;   | •  |                     |  |
| 11/01/2021  Amount (\$) \$99.35   | Fuel City  Payee address;  801 S Riverfront Blvd  Political  Category (See Categories li                       | Dallas TX  Non-Politic   | cal  Descriptio     | n<br>ravel outside of Texas. Complete Schedule T.<br>Austin, TX, officeholder living expense       |
| 11/01/2021  Amount (\$) \$99.35  TYPE OF EXPENDITURE  PURPOSE OF                          | Fuel City  Payee address;  801 S Riverfront Blvd  Political  Category (See Categories li TransportationEquipm  | Dallas TX  Non-Politic  sted at the top of this schedule)  nentAndRelatedExpense | cal  Descriptio     | ravel outside of Texas. Complete Schedule T.   |
| Amount (\$) \$99.35  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct | Fuel City  Payee address;  801 S Riverfront Blvd  Political  Category (See Categories Ii  TransportationEquipm | Dallas TX  Non-Politic  sted at the top of this schedule)  nentAndRelatedExpense | Descriptio Check if | ravel outside of Texas. Complete Schedule T.  Austin, TX, officeholder living expense  Office held |

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/Donations Made B<br>Candidate/Officeholder/Politica |  | Travel Out Of District Other (enter a category not listed above) |
|---|--|--|
|   | The Instruction Guide explains how to complete this form.  |  |
| <ul><li>1 Total pages Schedule F4:</li><li>10</li></ul>           | 2 FILER NAME<br>John W Price   | 3 Filer ID (Ethics Commission Filers)                            |
| 4 TOTAL OF UNITEM   | ZED EXPENDITURES CHARGED TO A CREDIT CARD  | \$ \$0.00  |
| 5 Date  | 6 Payee name   |  |
| 11/01/2021  | Fuel City  |  |
| 7 Amount (\$)   | 8 Payee address; City; State; Zip Code   |  |
| \$152.77  | 801 S Riverfront Blvd Dallas TX 75207  |  |
|   |  |  |
| 9 TYPE OF EXPENDITURE   | Political ✓ Non-Political  |  |
| 10  | (a) Category (See Categories listed at the top of this schedule) (b) Description   | n  |
| PURPOSE   | TransportationEquipmentAndRelatedExpense   | ravel outside of Texas. Complete Schedule T.                     |
| OF<br>EXPENDITURE   |  | Austin, TX, officeholder living expense                          |
|   |  |  |
| 11 Complete ONLY if direct  | Candidate / Officeholder name Office sought  | Office held  |
| expenditure to benefit C/O  | John Price   | County Commission  |
|   |  |  |
| Date  | Payee name   |  |
| 11/01/2021  | Quik Trip 974  |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| \$206.04  | 1235 E Belt Line Rd Desoto TX 75115  |  |
|   |  |  |
| TYPE OF EXPENDITURE   | ☐ Political ✓ Non-Political  |  |
|   | Category (See Categories listed at the top of this schedule)  Descriptio   | n  |
| PURPOSE   | The state of the s | ravel outside of Texas. Complete Schedule T.                     |
| OF<br>EXPENDITURE   |  | Austin, TX, officeholder living expense                          |
| EXPENDITURE   |  |  |
| Complete ONLY if direct   | Candidate / Officeholder name Office sought  | Office held  |
| expenditure to benefit C/O  |  | County Commission  |
|   |  | County Commission  |
|   |  |  |
|   |  |  |
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|   |  |  |
|   | ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS ME  | EDED   |
|   | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE  | רחרח   |

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/Donations Made By<br>Candidate/Officeholder/Politica |  | , , , ,   |
|--|--|---|
| 1 Total pages Schedule F4:   | 2 FILER NAME<br>John W Price   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEM  | IZED EXPENDITURES CHARGED TO A CREDIT CARD                                 | \$ \$0.00   |
| 5 Date<br>11/01/2021   | 6 Payee name<br>Shell Oil  |   |
| 7 Amount (\$)<br>\$73.87   | 8 Payee address; City; State; Zip Code 7014 N Stemmons Fwy Dallas TX 75247 |   |
| 9 TYPE OF EXPENDITURE  | ☐ Political ✓ Non-Political  |   |
| 10 PURPOSE OF EXPENDITURE  |  | ription heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense       |
| 11 Complete ONLY if direct expenditure to benefit C/Oh             | Candidate / Officeholder name Office sought  John Price                    | Office held County Commissior   |
| Date<br>12/31/2021   | Payee name<br>Acapulco Inc.  |   |
| Amount (\$)<br>\$398.00  | Payee address; City; State; Zip Code  225 E Belt Line Rd Desoto TX 75115   |   |
| TYPE OF<br>EXPENDITURE   | ☐ Political ✓ Non-Political  |   |
| PURPOSE<br>OF<br>EXPENDITURE                                       | FoodBeverageExpense  | ription<br>heck if travel outside of Texas. Complete Schedule T.<br>heck if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh         | Candidate / Officeholder name Office sought  John Price                    | Office held<br>County Commission  |
|  |  |   |
|  | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS                               | NEEDED  |

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|    | Contributions/Donations Made B<br>Candidate/Officeholder/Politica |                     | Gift/Awards/Men              |                           | Printing Expense<br>Salaries/Wages/ | Э               | Travel This little Travel Out Of District Other (enter a category not listed above) |
|----|---|---------------------|------------------------------|---------------------------|-------------------------------------|-----------------|---|
|    |   |                     | The Instruct                 | on Guide explai           | ns how to compl                     | ete this form.  |   |
| 1  | Total pages Schedule F4:  | 2 FILER<br>John \   | NAME<br>V Price              |                           |                                     |                 | 3 Filer ID (Ethics Commission Filers)   |
| 4  | TOTAL OF UNITEM   | IZED EXP            | ENDITURE                     | SCHARGED                  | TOACRED                             | ITCARD          | \$ \$0.00   |
| 5  | Date<br>12/31/2021  | 6 Payee<br>Fuel Cit |                              |                           |                                     |                 |   |
| 7  | Amount (\$)   | 8 Payee             | address:                     | City; State;              | Zip Code                            |                 |   |
| Ċ  | \$160.00  | 801 S Rive          |                              | Dallas                    | •                                   | 5207            |   |
|    | ***************************************                           |                     | mont Bird                    | Dallas                    |                                     | 0201            |   |
| 9  | TYPE OF<br>EXPENDITURE  |                     | Political                    | G                         | / Non-Political                     |                 |   |
| 10 |   | (a) Catego          | ory (See Categorie           | s listed at the top of th | nis schedu <b>l</b> e)              | (b) Description | on  |
|    | PURPOSE   | Trans               | portationEqui                | omentAndRela              | tedExpense                          | Check if        | travel outside of Texas. Complete Schedule T.                                       |
|    | OF<br>EXPENDITURE   |                     |                              |                           | ·                                   | Check           | if Austin, TX, officeholder living expense  |
|    |   |                     |                              |                           |                                     |                 |   |
| 11 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oh        | Н                   | didate / Officel<br>In Price | nolder name               | Office                              | sought          | Office held County Commission   |
|    | Date<br>12/06/2021  | Payee<br>Fuel Cit   |                              |                           |                                     |                 |   |
|    | Amount (\$)   | Payee               | address;                     | City; State;              | Zip Code                            |                 |   |
|    | \$100.00  | 801 S Rive          | erfront Blvd                 | Dallas                    | TX 7                                | 5207            |   |
|    |   |                     |                              |                           |                                     |                 |   |
|    | TYPE OF EXPENDITURE   |                     | Political                    | [                         | Non-Political                       | I               |   |
|    |   | Catego              | ory (See Categorie           | s listed at the top of th | nis schedule)                       | Description     | on  |
|    | PURPOSE   | Trans               | portationEqui                | omentAndRela              | tedExpense                          | Check if        | travel outside of Texas. Complete Schedule T.                                       |
|    | OF<br>EXPENDITURE   |                     |                              |                           |                                     | Check           | if Austin, TX, officeholder living expense  |
|    |   |                     |                              |                           |                                     |                 |   |
|    | Complete ONLY if direct   | Co.                 | didate / Officel             | nolder name               | Office                              | sought          | Office held   |
|    | expenditure to benefit C/Oh                                       | Н                   | n Price                      | loider flame              | Office                              | Sought          | County Commission   |
|    |   | 0011                |                              |                           |                                     |                 | county commission   |
|    |   |                     |                              |                           |                                     |                 |   |
|    |   |                     |                              |                           |                                     |                 |   |
|    |   |                     |                              |                           |                                     |                 |   |
|    |   |                     |                              |                           |                                     |                 |   |
|    |   | ATTA                | NI ADDITION                  | IAL CODIEC                | NE TUIC COU                         |                 |   |
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### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contribu         | tions/Donations Made By<br>late/Officeholder/Politica |                       | Gift/Awards/Memo                    | orials Expense             | _              | se<br>s/Contract Labor | Travel Out Of District Other (enter a category not listed above)                                 |
|------------------|---|-----------------------|-------------------------------------|----------------------------|----------------|------------------------|--|
| 1 Total p        | pages Schedule F4:                                    | 2 FILER<br>John \     |                                     | on Guide explair           | is now to comp | nete tills form,       | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOT.           | AL OF UNITEM  | IZED EXP              | ENDITURES                           | CHARGED                    | TOACREE        | DIT CARD               | \$ \$0.00  |
| 5 Date<br>12/06  | 6/2021  | 6 Payee<br>TG Brot    | name<br>hers BBQ                    |                            |                |                        |  |
| 7 Amou<br>\$130. | * ' '   | 8 Payee<br>3015 Gulde |                                     | City; State;<br>Dallas     | •              | 75212                  |  |
|                  | YPE OF<br>ENDITURE                                    |                       | Political                           | [v                         | Non-Politica   | ıl                     |  |
|                  | JRPOSE<br>OF<br>ENDITURE                              |                       | ory (See Categories<br>BeverageExpe |                            | is schedule)   |                        | on f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense    |
|                  | lete <u>ONLY</u> if direct<br>diture to benefit C/Oh  |                       | didate / Officeh                    | older name                 | Office         | e sought               | Office held  |
| Date<br>12/0     | 6/2021  | Payee<br>Fuel Cit     |                                     |                            |                |                        |  |
| Amou<br>\$80.0   | unt (\$)<br>00  |                       | address;<br>Elmer Weaver            | City; State;<br>Cedar Hill | •              | 75104                  |  |
|                  | YPE OF<br>ENDITURE                                    |                       | Political                           | [v                         | Non-Politica   | al                     |  |
|                  | JRPOSE<br>OF<br>ENDITURE                              |                       | ory (See Categories portationEquip  | •                          |                |                        | On  If travel outside of Texas. Complete Schedule T.  if Austin, TX, officeholder living expense |
|                  | lete <u>ONLY</u> if direct<br>diture to benefit C/OH  | 4                     | didate / Officeh<br>n Price         | older name                 | Office         | e sought               | Office held County Commission  |
|                  |   |                       |                                     |                            |                |                        |  |
|                  |   | ATTAC                 | CH ADDITION                         | AL COPIES C                | F THIS SCH     | EDULE AS NE            | EEDED  |

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/Donations Made By Candidate/Officeholder/Politica | al Committee Legal Services Salaries/Wages/Contract Labor Othe                              | el Out Of District<br>r (enter a category not listed above)            |
|---|---|--|
| 1 Total pages Schedule F4:                                      | The Instruction Guide explains how to complete this form.  2 FILER NAME John W Price 3 File | er ID (Ethics Commission Filers)                                       |
| 4 TOTAL OF UNITEM   | IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ \$0.0   | 00   |
| 5 Date<br>12/06/2021  | 6 Payee name Fuel City  |  |
| 7 Amount (\$)<br>\$60.00  | 8 Payee address; City; State; Zip Code 801 S Riverfront Blvd Dallas TX 75207                |  |
| 9 TYPE OF EXPENDITURE   | ☐ Political ✓ Non-Political   |  |
| 10 PURPOSE OF EXPENDITURE                                       |   | ide of Texas. Complete Schedule T.<br>TX, officeholder living expense  |
| 11 Complete ONLY if direct expenditure to benefit C/Oh          | Candidate / Officeholder name Office sought  H  John Price                                  | Office held<br>County Commissior                                       |
| Date<br>12/06/2021  | Payee name Texaco Station Dallas  |  |
| Amount (\$)<br>\$64.13  | Payee address; City; State; Zip Code 6808 Lake June Rd Dallas TX 75217                      |  |
| TYPE OF<br>EXPENDITURE  | ☐ Political ✓ Non-Political   |  |
| PURPOSE<br>OF<br>EXPENDITURE                                    | TransportationEquipmentAndNetatedExpense —  | side of Texas. Complete Schedule T.<br>TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF             | Candidate / Officeholder name Office sought  H  John Price                                  | Office held<br>County Commission                                       |
|   |   |  |
|   | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |  |