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 Co	ommission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	first John		MI W	OFFIC	E USE ONLY
NAME	NICKNAME	LAST Price		SUFFIX	Date Received ELECTRONIC 07/17/2024	ALLY FILED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 217 N I-35E	APT / SUITE #; C	CITY; STATE;	ZIP CODE 75115		ELEC 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 762-6992	EXTENSIO	ON	Date Hand-deliver	ed or Date Postmärked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Zan		W	Receipt # Date Processed	Amount \$
	NICKNAME	Holmes, Jr.		SUFFIX	Date Imaged	2 25
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (217 N I-35E	NO PO BOX PLEASE); APT / SI	UITE #; CITY; Des		STATE;	ZIP CODE 75115
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 762-6992	EXTENSIO	NC		
9 REPORT TYPE	January 15	30th day before e	100 mg/m		treasurer	after campaign appointment der Only)
and the second	July 15	8th day before ele	CHOIT	eeded Modified orting Limit	Final Rep	oort (Attach C/OH - FR)
10 PERIOD COVERED	Month 02	Day Year 26 /2024	THROUGH	Month 06	Day Ye /30 /202	ear 4
11 ELECTION	Month Day	Year Primary 2024 General	Runoff Special	Other Description	Ē	
12 OFFICE	OFFICE HELD (if any) County Commissi	oner-District #3		SOUGHT (if know mmissioner-[
14 NOTICE FROM POLITICAL COMMITTEE(S)	CONSENT. CANDIDATES	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE V	WITHOUT THE CAN	VDIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR
5. 270	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	✓ GENERAL	COMMITTEE ADDRESS		10.00		111111111111111111111111111111111111111
	SPECIFIC	COMMITTEE CAMPAIGN TRE				
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME John W Price		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS CONTRIBUTIONS MADE ELECTRONICALLY)			
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTI	\$ 118,113.33		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$1,400.85		
	4. TOTAL POLITICAL EXPENDITURES	\$ 96,996.97		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	D AS OF THE LAST DAY \$ 180,873.54		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDII LAST DAY OF THE REPORTING PERIOD	NG LOANS AS OF THE \$.00		
required to be reported by me under Title 15, Election Code. O-EF9D-4A59-98F8-E64E78 ignature 19/10/24 and id-19/24 pm Office volder Please complete either option below. (1) Affidavit NOTARY STAMP/SEAL				
Sworn to and subscribed		this the,		
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	- Inner name of officer administrating of	在1967年,2017年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日		
(2) Unsworn Declarati	o R on			
My name is	, and m	ny date of birth is		
My address is				
		(city) (state) (zip code) (country)		
Executed in	County, State of , on the	day of, 20 (month) (year)		
	Sign	gnature of Candidate/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$\$118,113.33
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$\$0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$\$0.00
4. SCHEDULE E: LOANS	\$\$0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$94,195.27
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$\$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$\$2,801.70
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$\$0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO 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 CONTRIBUTIONS RETURNED TO FILER	\$\$0.00

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2024	5 Full name of contributor out-of-state PAC (ID#:) Doc's Bail Bond 6 Contributor address; City; State; Zip Code 163 Pittsburg St A2 Dallas TX 75207	7 Amount of contribution (\$) \$500.00
8 Principal occup Bail Service	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 03/28/2024	Full name of contributor out-of-state PAC (ID#:) Allen Monroe or Monroe Farms Contributor address; City; State; Zip Code #1 Stonebriar Way Frisco TX 75034	Amount of contribution (\$) \$200.00
Principal occup Owner	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 04/01/2024	Full name of contributor	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code PO Box 25131 Dallas TX 75225	
Principal occup Self Employe	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 04/01/2024	Full name of contributor out-of-state PAC (ID#:) Todd Jones	Amount of contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code 3521 Green Acres Ter Farmers TX 75234	
Principal occup Self Employe	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report. 2

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The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 26
2 FILER NAME John W Price			3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2024	5 Full name of contributor	ID#:)	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; 15729 Nedra Way Dallas TX	State; Zip Code	
8 Principal occ	upation / Job title (See Instructions)	Employer (See Instruct Retired	ions)
Date 04/09/2024	Full name of contributor	ID#:)	Amount of contribution (\$) \$2,000.00
	Contributor address; City; 1421 Covington Drive Desoto TX	State; Zip Code	
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/09/2024	Karin Petties	20400 W 10000 900 W	Amount of contribution (\$) \$1,000.00
	Contributor address; City; 5161 Chalet Lane Dallas TX	State; Zip Code 75232	
Principal occi Executive	upation / Job title (See Instructions)	Employer (See Instruction Prism	tions)
Date 04/09/2024	Full name of contributor	(ID#:)	Amount of contribution (\$) \$1,000.00
	Contributor address; City; 614 N. Bishop Ste 3 Dallas TX	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc Dairy Farms	tions)
			TOTAL CONTRACTOR OF THE PARTY O

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SCHEDULE A1

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TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAM John W Pr		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/2024	5 Full name of contributor	7 Amount of contribution (\$) \$4,960.00
	6 Contributor address; City; State; Zip Code 720 N. Post Oak Rd, #138 Houston TX 77024	
8 Principal oc President	9 Employer (See Instructions) Self	itions)
Date 04/18/2024	Full name of contributor	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 2626 Howell St, 10th Floor Dallas TX 75204	
Principal occ Self Employ	cupation / Job title (See Instructions) Employer (See Instructions)	itions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 521 Missionary Ridge Desoto TX 75115	
Principal occ Staff	Cupation / Job title (See Instructions) Employer (See Instructions) 23rd Senate	tions)
Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:) Roy Gene Evans	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code PO Box 25251 DAllas TX 75225	
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	l otions)

SCHEDULE A1

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TI	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAM John W Pr		3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2024	5 Full name of contributor	7 Amount of contribution (\$) \$200.00
-	6 Contributor address; City; State; Zip Code 1408 Riverfront Blvd Dallas TX 75207	
8 Principal oc	ccupation / Job title (See Instructions) 9	structions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$300.00
	Contributor address; City; State; Zip Code PO Box 202268 Arlington TX 76008	
Principal occ Owner	cupation / Job title (See Instructions) Employer (See Instructions) Self	structions)
Date 04/29/2024	Full name of contributor	\$500.00
	Contributor address; City; State; Zip Code 3994 Sword Dancer Way Grand PRairie TX 75052	
Principal occ Retired	cupation / Job title (See Instructions) Employer (See Instructions)	structions)
Date 04/29/2024	Full name of contributor) Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 6108 Red Bird Lane Dallas TX 75232	
	cupation / Job title (See Instructions) Employer (See Instructions)	structions)

SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAME John W Pric		3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2024	5 Full name of contributor out-of-state PAC (ID#:) Phil & Judy Fisher	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 5002 Bilingsay Rd Seogoville TX 75159	
8 Principal occu Bailiff	upation / Job title (See Instructions) 9	tions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 3608 Kirkfield The Colony TX 75056	
Principal occu Doctor	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:) Tom Dunning Contributor address; City; State; Zip Code 9239 Hathaway Dallas TX 75220	Amount of contribution (\$) \$1,000.00
Principal occu Self Employ	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$300.00
	Contributor address; City; State; Zip Code 2913 S Houston School Rd Lancaster TX 75146	
Principal occu Retired	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS A	IFFOFF

SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2024	5 Full name of contributor	\$150.00
	6 Contributor address; City; State; Zip Code 2110 Texas Ash Dr Irving TX 75063	
8 Principal occu Retired	upation / Job title (See Instructions) 9 Employer (See	Instructions)
Date 04/29/2024	Full name of contributor	\$250.00
	Contributor address; City; State; Zip Code 2346 Douglas Dallas TX 75219	
Principal occu Treasurer	pation / Job title (See Instructions) Employer (See Dallas County	Instructions)
Date 04/29/2024	Full name of contributor	\$1,000.00
	Contributor address; City; State; Zip Code 3105 Stanford Ave Dallas TX 75225	
Principal occu Self	pation / Job title (See Instructions) Employer (See	Instructions)
Date 04/29/2024	Full name of contributor	\$5,000.00
	Contributor address; City; State; Zip Code PO BOx 249 Colleyville TX 76034	
Principal occu self	pation / Job title (See Instructions) Employer (See	Instructions)

SCHEDULE A1

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Tł	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAM John W Pr		3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2024	5 Full name of contributor out-of-state PAC (ID#:) Bobby Waddle 6 Contributor address; City; State; Zip Code 1015 S Cockrell Hill Rd Desoto TX 75115	7 Amount of contribution (\$) \$500.00
8 Principal oc retired	cupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:) Edgar & Debra Carter Contributor address; City; State; Zip Code 5603 Oak Falls Cir Dallas TX 75287	Amount of contribution (\$) \$5,000.00
Principal occ Attorney	supation / Job title (See Instructions) Employer (See Instruc	tions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$1,000.00
Principal occ Attorney	cupation / Job title (See Instructions) Employer (See Instructions) West & Associates	tions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$1,000.00
011/201202-	Contributor address; City; State; Zip Code 320 S R L Thronton Frwy Ste Dallas TX 75203 300	

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SCHEDULE A1

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Tł	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAM John W Pr		3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2024	5 Full name of contributor	7 Amount of contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code 324 N St Paul Ste 3350 Dallas TX 75218	
8 Principal oc Owner	cupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 614 N. Bishop Ste 3 Dallas TX 75208	
Principal occ Self Employ	cupation / Job title (See Instructions) /ed Employer (See Instructions) Dairy Farms	tions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2313 N Masters Dr Dallas TX 75227	
Principal occ self	cupation / Job title (See Instructions) Employer (See Instructions)	l otions)
Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:) Cedric Whitaker	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2130 Oak Valley Ln Dallas TX 75232	
Principal occ Self Emplo	cupation / Job title (See Instructions) Employer (See Instructions)	l ctions)
A CONTRACTOR OF THE PROPERTY O		

SCHEDULE A1

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

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Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAMI John W Pri		3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2024	5 Full name of contributor	7 Amount of contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code 16304 Ranchita Drive Dallas TX 75248	
8 Principal occ Executive	cupation / Job title (See Instructions) 9 Employer (See Instructions) self employed	ctions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$300.00
	Contributor address; City; State; Zip Code 2948 Vacherie Lane Dallas TX 75227	
Principal occ Retired	upation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 6908 Hunter Cove Dr. Arlington TX 76001	
Principal occ Adm	upation / Job title (See Instructions) Employer (See Instru-	Ctions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 1013 Graceland Desoto TX 75115	
Principal occ Juvenile	upation / Job title (See Instructions) Employer (See Instru Dallas County	ctions)

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SCHEDULE A1

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TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
FILER NAM John W Pr		3 Filer ID (Ethics Commission Filers)
4 Date 4/29/2024	5 Full name of contributor	7 Amount of contribution (\$) \$10,000.00
	6 Contributor address; City; State; Zip Code 5844 Norway Rd Dallas TX 75230	
Principal oc Manageme	ccupation / Job title (See Instructions) 9	ions)
Date 4/29/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 517 Palo Duro Circle Desoto TX 75115	
Principal occ Self	cupation / Job title (See Instructions) Employer (See Instructions) AGM Properties	ions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 4514 Travis Ste 326 Dallas TX 75204	
Principal occ Exe	cupation / Job title (See Instructions) Employer (See Instructions) Cienda Partners	tions)
Date 4/29/2024	Full name of contributor	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 3616 Rogers Ave Fort Worth TX 76109	
Principal occ Self Emplo	cupation / Job title (See Instructions) Employer (See Instructions)	tions)

SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAME John W Pric		3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2024	5 Full name of contributor	\$2,000.00
	6 Contributor address; City; State; Zip Code 801 S Riverfront Blvd Dallas TX 75207	
8 Principal occu owner	upation / Job title (See Instructions) 9	uctions)
Date 04/29/2024	Full name of contributor	\$100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru Self	uctions)
Date 04/29/2024	Full name of contributor	\$500.00
Principal occu Law Enforce	pation / Job title (See Instructions) Employer (See Instructions)	ictions)
Date 04/29/2024	Full name of contributor	\$50.00
	Contributor address; City; State; Zip Code 2108 Spring Mills Mesquite TX 75181	
Principal occu Accountant	pation / Job title (See Instructions) Employer (See Instructions) Dallas County	ctions)

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SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2024 5 Full name of contributor	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Auto Dealer 9 Employer (See Instruct Self	tions)
Date O4/29/2024 Full name of contributor	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Admin Employer (See Instruct Dallas County	ions)
Date 04/29/2024 Full name of contributor out-of-state PAC (ID#:) Betty Tanner Contributor address; City; State; Zip Code 1135 Pinedale Dallas TX 75241	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) Louis Lockhardt Contributor address; City; State; Zip Code 1202 Jolly Ennis TX 75119	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) See Instructions Employer (See Instructions)	tions)
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SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAM John W Pri	2005	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 04/29/2024 Jonquil Akhir		7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 217 Tessman Tr Hutchins TX 75151	
8 Principal occ Self Emplo	cupation / Job title (See Instructions) 9	tions)
Date Full name of contributor out-of-state PAC (ID#:) Andre Bryd		Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 1730 Richlen Way Desoto TX 75115	
Principal occ Councilmen	upation / Job title (See Instructions) Employer (See Instructions) City of Desoto	tions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 7010 Kira Dallas TX 75227	
Principal occupation / Job title (See Instructions) Medical Assistant Employer (See Instructions) Dr. Larkin		tions)
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 3611 Dunbar Dallas TX 75215	
Principal occupation / Job title (See Instructions) Self Employer (See Instructions) ICDC		tions)

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SCHEDULE A1

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Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAM John W P		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2024	5 Full name of contributor	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code PO BO 277 Lancaster TX 75146	
8 Principal of Construction	ccupation / Job title (See Instructions) 9	tions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 4518 Rosebud Rowlett TX 75089	
Principal oc CEO	cupation / Job title (See Instructions) Employer (See Instructions) Technology Systems	tions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 1527 Bilco Dallas TX 75232	
Principal oc JP 1-1	cupation / Job title (See Instructions) Employer (See Instructions) Dallas County	ltions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 3030 McKinney Ave #1803 Dallas TX 75204	
Principal oc Self Emple	cupation / Job title (See Instructions) Employer (See Instructions)	tions)

SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 26
2 FILER NAME John W Prid			3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 64/29/2024 Frank Duggan		7 Amount of contribution (\$) \$100.00	
	6 Contributor address; City; 9337 Old NacogdochesTrl Forney TX	State; Zip Code	
8 Principal occ N/A	upation / Job title (See Instructions) 9	Employer (See Instructi N/A	ions)
Date 04/20/2024	Full name of contributor	D#:)	Amount of contribution (\$) \$2,000.00
	Contributor address; City; 1631 Nob Hill Cir Duncanville TX	State; Zip Code	
Principal occupation / Job title (See Instructions) CEO Employer (See Instructions) Townview Realtors			ions)
Date 04/20/2024	04/20/2024 Greg Thomas		Amount of contribution (\$) \$500.00
	Contributor address; City; 6440 N Central Expwy, Ste Dallas TX 714	State; Zip Code	
Principal occu PC	upation / Job title (See Instructions)	Employer (See Instructi Greg Thomas PC	ions)
Date 04/29/2024	Full name of contributor		Amount of contribution (\$) \$500.00
	Contributor address; City; 26984 Interstate 10 Winnie TX	State; Zip Code	
Principal occu CEO	upation / Job title (See Instructions)	Employer (See Instruct Celanese	ions)

SCHEDULE A1

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

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Т	he Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 26
2 FILER NAM John W Pr			3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2024	Billy Dean	Billy Dean	
	6 Contributor address; City; 124 Wildwood Ct Desoto	State; Zip Code	
8 Principal of Supervisor	cupation / Job title (See Instructions)	9 Employer (See Instruc Dallas County	tions)
Date 04/29/2024	Full name of contributor		Amount of contribution (\$) \$2,000.00
	Contributor address; City; 100 Decker Court Ste 250 Irving	State; Zip Code TX 75062	
Principal occ Board	cupation / Job title (See Instructions)	Employer (See Instruction Auto Dealers North Te	
Date 04/29/2024	Full name of contributor		Amount of contribution (\$) \$5,000.00
	Contributor address; City; 2777 N Stemmons Fwy Dallas	State; Zip Code	
Principal occ Attorney	cupation / Job title (See Instructions)	Employer (See Instruc Linbarger Goggan Bla	
Date 04/29/2024	Full name of contributor	9 PAC (ID#:)	Amount of contribution (\$) \$500.00
	Contributor address; City; 2759 Meadow Dawn Ln Dallas	State; Zip Code TX 75237	
Principal occ Self Emplo	cupation / Job title (See Instructions) byed	Employer (See Instruc	itions)
		5 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

SCHEDULE A1

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

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The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: 26
2 FILER NAME John W Price	9		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor □ out-of-state PAC (ID#:) 04/29/2024 Loren Colllins		7 Amount of contribution (\$) \$100.00	
		State; Zip Code 75211	
8 Principal occu Attorney	pation / Job title (See Instructions) 9	Employer (See Instruction Dallas County	ons)
Date 04/29/2024	Full name of contributor	# :)	Amount of contribution (\$) \$100.00
		State; Zip Code 75275	
Principal occup N/A	pation / Job title (See Instructions)	Employer (See Instruction N/A	ons)
Date 04/29/2024	Full name of contributor		Amount of contribution (\$) \$1,000.00
		State; Zip Code 75009	
Principal occup Executive	pation / Job title (See Instructions)	Employer (See Instruction American Holdings	ons)
Date 04/29/2024	Full name of contributor		Amount of contribution (\$) \$500.00
	Contributor address; City; 5	State; Zip Code 75214	
Principal occup Juvenile Dep	pation / Job title (See Instructions)	Employer (See Instruction Dallas County	ons)

SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAM John W Pri		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2024	5 Full name of contributor	7 Amount of contribution (\$) \$2,700.00
	6 Contributor address; City; State; Zip Code 1900 McKinney Ave Dallas TX 75201	•
8 Principal occ Founder	cupation / Job title (See Instructions) 9 Employer (See Instructions LI Identical Solutions LI	
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1811 Meadow Valley Ln Dallas TX 75232	
Principal occ Retired	upation / Job title (See Instructions) Employer (See Instruc	otions)
Date 04/29/2024	Full name of contributor	Amount of contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code 751 Kessler Lake Dr Dallas TX 75208	
Principal occ CEO	upation / Job title (See Instructions) Employer (See Instructions) On Target Logistics	I ctions)
Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:) Jack Matthews	Amount of contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code 320 W Main St Lewisville TX 75057	
Principal occ President	upation / Job title (See Instructions) Employer (See Instructions) Southwest	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	

If contributor is out-of-state PAC, please see Instruction guide for addition

ELECTION FOR

MONETARY POLITICAL CONTRIBUTIONS 11 1:21 SCHEDULE A1

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

ın	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAM John W Pri	10.000	3 Filer ID (Ethics Commission Filers)
4 Date 4/29/2024	5 Full name of contributor	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 10030 Pebble Valley Ln Dallas TX 75217	
Self Employ	cupation / Job title (See Instructions) 9	tions)
Date Full name of contributor out-of-state PAC (ID#:) 84/29/2024 Ben Taylor		Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2654 Lakeforest Court Dallas TX 75214	
Principal occ Attorney	upation / Job title (See Instructions) Employer (See Instructions) Ted Lyon & Assoc.	tions)
Date 4/29/2024	Full name of contributor out-of-state PAC (ID#:) Laura Freeland Contributor address; City; State; Zip Code 6009 Bryan Pkway Dallas TX 75206	Amount of contribution (\$) \$50.00
Principal occ Consultant	upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 4/29/2024	Full name of contributor	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code PO Box 192305 Dallas TX 75219	
Principal occ	upation / Job title (See Instructions) Employer (See Instructions) Stonewall Democrats	

SCHEDULE A1

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

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2024	5 Full name of contributor	7 Amount of contribution (\$) \$200.00
8 Principal occ Health Staff	upation / Job title (See Instructions) 9	tions)
Date 05/09/2024	Full name of contributor	Amount of contribution (\$) \$1,500.00
Principal occu Exec	upation / Job title (See Instructions) Employer (See Instructions) ATT	itions)
Date 05/13/2024	Full name of contributor	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 4709 Palos Verdes Dr Mesquite TX 75150	
Principal occu retired	upation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 05/13/2024	Full name of contributor	Amount of contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 7025 Aspen Creek Dallas TX 75252	
Principal occu Self Employ	upation / Job title (See Instructions) Employer (See Instructions)	L tions)

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 26
2 FILER NAME John W Price	9		3 Filer ID (Ethics Commission Filers)
4 Date 05/13/2024	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$400.00
8 Principal occu President	pation / Job title (See Instructions)	9 Employer (See Instructi Concessionaire	ions)
Date 05/13/2024	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President Employer (See Instructions) Self			ions)
Date 05/13/2024	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$5,000.00
Principal occup President	pation / Job title (See Instructions)	Employer (See Instructi Retail	ions)
Date Full name of contributor out-of-state PAC (ID#:) 05/13/2024 Billie Jo Richards		Amount of contribution (\$) \$200.00	
	Contributor address; City; 1518 Bar Harbor Dallas T	State; Zip Code	
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions)			ions)

SCHEDULE A1

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

		n 20	350
ТІ	ne Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 26
2 FILER NAM John W Pr			3 Filer ID (Ethics Commission Filers)
4 Date 05/13/2024	5 Full name of contributor	7 Amount of contribution (\$) \$300.00	
	6 Contributor address; City; 4150 2nd Ave Dallas T.	State; Zip Code	
8 Principal oc President	cupation / Job title (See Instructions)	9 Employer (See Instruct Walker Auto Body She	
Date 05/19/2024	Full name of contributor	Amount of contribution (\$) \$500.00	
	Contributor address; City;	State; Zip Code X 75202	
Principal occ Attorney	cupation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 05/19/2024	Full name of contributor □ out-of-state PAC Henry Williams	Amount of contribution (\$) \$100.00	
	Contributor address; City; PO Box 397881 Dallas T	State; Zip Code	
Principal occ Road Supe	cupation / Job title (See Instructions) ervisor	Employer (See Instruc Dallas County	tions)
Date 05/19/2024	Full name of contributor	Amount of contribution (\$) \$300.00	
	Contributor address; City; 3714 Tioga St Dallas T	State; Zip Code X 75241	
Principal occ Attorney	cupation / Job title (See Instructions)	Employer (See Instruc Self	tions)

SCHEDULE A1

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

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAME John W Price	000	3 Filer ID (Ethics Commission Filers)
4 Date 06/15/2024	5 Full name of contributor	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 3030 Al Lipscomb Way Dallas TX 75215	
8 Principal occ	supation / Job title (See Instructions) 9	iions)
Date 06/24/2024	Full name of contributor	Amount of contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code 1914 Commerce Street Dallas TX 75201 #12050	
Principal occu Attorney	upation / Job title (See Instructions) Employer (See Instruct Self	ions)
Date 06/24/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State: Zip Code	
	Contributor address; City; State; Zip Code 5451 Wateka Drive Dallas TX 75209	
Principal occu	upation / Job title (See Instructions) Employer (See Instruct Unemployed	iions)
Date 05/10/2024	Full name of contributor	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code	
	3839 McKinney Ave Dallas TX 75204 #155-204	
Dringing Lago	upation / Job title (See Instructions) Employer (See Instruct	tions)

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26
2 FILER NAME John W Price	е	3 Filer ID (Ethics Commission Filers)
4 Date 05/21/2024	5 Full name of contributor	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 310 PARKVIEW DR, Sunnyvale TX 75182	
8 Principal occu Attorney	pation / Job title (See Instructions) 9	tions)
Date 05/02/2024	Full name of contributor	Amount of contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code 1004 Hanson Way Virgina Beach VA 23454	
Principal occup CEO	pation / Job title (See Instructions) Employer (See Instructions) Sefl	tions)
Date 05/02/2024	Full name of contributor	Amount of contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code 171 17th St, NW, Ste 1600 Atlanta GA 30363	
Principal occup CEO	pation / Job title (See Instructions) Employer (See Instructions) Self	tions)
Date 02/27/2024	Full name of contributor	Amount of contribution (\$) \$25,000.00
	Contributor address; City; State; Zip Code 1524 Oak Meadows Dr. Dallas TX 75232	
Principal occup CEO	pation / Job title (See Instructions) Employer (See Instructions) Coverall Mgt	tions)

SCHEDULE A1

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

TI	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26	
2 FILER NAM John W Pr		3 Filer ID (Ethics Commission Filers)	
4 Date 05/02/2024	5 Full name of contributor out-of-state PAC (ID#:) Jean Jackson	7 Amount of contribution (\$) \$100.00	
	6 Contributor address; City; State; Zip Code 1160 Valley View Dr. Glenn Heights TX 75154		
8 Principal oc retired	ccupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date 05/02/2024	Full name of contributor out-of-state PAC (ID#:) Ingrid Warren Contributor address; City; State; Zip Code 1201 Elm St, Ste 2200-A Dallas TX 75202	Amount of contribution (\$) \$100.00	
Principal occ Attorney	cupation / Job title (See Instructions) Employer (See Instructions) self	tions)	
Date 05/02/2024	Full name of contributor	Amount of contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code 7910 Amesbury Dr. Rowlett TX 75089		
Principal occ Information	cupation / Job title (See Instructions) Tech Employer (See Instructions) QnetIS	tions)	
Date 05/02/2024	Full name of contributor	Amount of contribution (\$) \$100.00	
	Contributor address; City; State; Zip Code 2615 South Blvd. Dallas TX 75215		
Principal occ Retired	cupation / Job title (See Instructions) Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS A	IEEDED	

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 26	
2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 05/02/2024 Carrie Marshall	7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code 12601 Natalie Drive Balch Springs TX 75180		
8 Principal occupation / Job title (See Instructions) Mayor 9 Employer (See Instructions) Balck Springs	itions)	
Date Full name of contributor out-of-state PAC (ID#:) 05/02/2024 Dianna Broadus	Amount of contribution (\$) \$100.00	
Contributor address; City; State; Zip Code 3334 Seevers Ave Dallas TX 75216		
Principal occupation / Job title (See Instructions) retired Employer (See Instructions)	itions)	
Date Full name of contributor out-of-state PAC (ID#:) 05/02/2024 Rosie Sorrells	Amount of contribution (\$) \$100.00	
Contributor address; City; State; Zip Code 5506 Glen Forest Ln Dallas TX 75241		
Principal occupation / Job title (See Instructions) Employer (See Instructions) retired	etions)	
Date Full name of contributor out-of-state PAC (ID#:) 02/24/2024 MMS Company Advertising Specialties LLC	Amount of contribution (\$) \$28.33	
Contributor address; City; State; Zip Code 217 N I-35E Desoto TX 75115		
Principal occupation / Job title (See Instructions) Employer (See Instructions) MMS Company	ctions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica Credit Card Payment	, intange	Wages/Contract Labor	Travel Out Of Distr Other (enter a cate	ict gory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethi	cs Commission Filers)	
4 Date 06/20/2024	5 Payee name DonorBox				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$338.30	1520 Belle View Blvd, #4104	Alexandria	VA	22307	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	AccountingBanking	Fees to process credit card donations			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name John Price	Office sought Commissioner [District 3	Office held Commissioner Distr	
Date	Payee name			700000	
06/20/2024	US Postal Service				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$313.97	401 Tom Landry Hwy	Dallas	TX	75260	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	OfficeOverheadRentalExpense	US Postal Mailing Service			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
experientare to benefit ever	□ John Price	Commissioner District 3 Commis		Commissioner Distr	
Date	Payee name				
02/25/2024	MMS Company Advertising Specialties LLC				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$3,500.00	217 N I-35E	Desoto	TX	75115	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	PollingExpense	Political Mailer, 0	Graphic Design	Layout	
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OI	H John Price	Commissioner [District 3	Commissioner Distr	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	3	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other Contract and Expense of Section 1

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		ages/Contract Labor	Travel Out Of Distr Other (enter a cate	ict gory not listed above)
1 Total pages Schedule F1: 2 FILER NAME 18 John W Price					3 Filer ID (Ethi	cs Commission Filers)
4 Date 02/24/2024	5 Payee na MMS Co	ime ompany Advertising Specialtie	es LLC		L	
6 Amount (\$)	7 Payee ac	Idress;		City;	State;	Zip Code
\$8,500.00	217 N I-35E	7 N I-35E Desoto				75115
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	PollingE	xpense	~~	Canvass Progra	am	
OF EXPENDITURE						
EXI ENDITORE	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	in, TX, officeholder livir	ng expense
9 Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	H John F	Price		Commissioner	District 3	Commissioner Distr
Date	Payee na	me				
02/26/2024	Darryl Ay	vers, Jr.				
Amount (\$)	Payee ac	Idress;		City;	State;	Zip Code
\$500.00	206 Cool M	eadow		Red Oak	TX	75154
	Category	(See Categories listed at the top of this s	chedule)	Description	1000-102-200-000-000-000-000-000-000-000	
PURPOSE	Advertisi	ngExpense		Photography for political brochure		
OF EXPENDITURE						Agran (St.
		Check if travel outside of Texas. Complete So	chedule T.	Check if Aust	in, TX, officeholder living	ng expense
Complete ONLY if direct		ate / Officeholder name		Office sought	***************************************	Office held
expenditure to benefit C/OI	H John P	rice		Commissioner	Commissioner Distr	
Date	Payee na	ame				
02/25/2024	Hailee H	all				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
\$500.00	3101 Elder	Oaks		Dallas	TX	75232
					1.5.5	. 5252
	Category	(See Categories listed at the top of this se	chedule)	Description		
PURPOSE	Advertisi	ngExpense		Social Media Fe	ebruary 2024	
OF EXPENDITURE					5.5a	
			200 200 200	F		-
The second secon		Check if travel outside of Texas. Complete So	chedule T.		in, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
- The second of	John P	rice		Commissioner	District 3	Commissioner Distr
	AT ⁻	TACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

	· orrination it	o net applicable, DO NOT	include t	ms page in the re	port.	
55.5 (11)60 9.55 (10)		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		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		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
		The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1: 2 FILER NAME 18 John W Price					3 Filer ID (Ethi	cs Commission Filers)
4 Date 02/28/2024	5 Payee name MMS Company Advertising Specialties LLC					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$700.00	217 N I-35	E		Desoto	TX	75115
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	OfficeO	verheadRentalExpense		Campaign Office	e Rental Februa	ry 2024
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
9 Complete ONLY if direct	Candidate / Officeholder name John Price			Office sought		Office held
expenditure to benefit C/OI				Commissioner District 3		Commissioner Distr
Date	Payee na	ame				
02/28/2024	MMS Co	ompany Advertising Specialtie	es LLC			
Amount (\$)	Payee a	ddress;		City; State;		Zip Code
\$15,000.00	217 N I-35	Ε		Desoto	TX	75115
Category (See Categories PURPOSE PollingExpense OF EXPENDITURE		y (See Categories listed at the top of this : xpense	schedule)	Description Campaign Greeter Program		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought	Office held	
experientare to belieft C/Or	John F	Price		Commissioner District 3		Commissioner Distr
Date	Payee n	ame				
03/05/2024	MMS Co	ompany Advertising Specialtie	es LLC			
Amount (\$)	Payee ad			City;	State;	Zip Code
\$6,305.00	217 N I-35E			Desoto	TX	75115
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Printing	Expense		Printing of Politic	cal signage and	push cards
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder livir	ng expense
Complete ONLY if direct		late / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	JOHN F			Commissioner I		Commissioner Distr
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULEAS NEE	DED	3

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candiclate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	7 mang E	Vages/Contract Labor	Travel Out Of Distri Other (enter a cateo	ict gory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethio	cs Commission Filers)	
4 Date 03/05/2024	5 Payee name Beyond the Slogan Consulting	-			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$4,800.00	2710 Routh Creek #4120	Richardson	TX	75082	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	PollingExpense	Voter Text Progra	am		
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livir	ng expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/Oh	John Price	Commissioner [District 3	Commissioner Distr	
Date	Payee name				
05/07/2024	US Postal Service				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$204.00	401 Tom Landry Hwy	Dallas	TX	75260	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	OfficeOverheadRentalExpense	Stamps for office			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	John Price	Commissioner D	Commissioner Distr		
Date	Payee name				
03/08/2024	Paula Biggurs				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1,450.00	7151 Field View	Dallas	TX	75249	
	Category (See Categories listed at the top of this schedule)	Description	1	- AHURAZOCIO	
PURPOSE OF	EventExpense	Watch Night Cat	ering		
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder livii	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	John Price	Commissioner D	District 3	Commissioner Distr	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNEE	DED		

SCHEDULE F1

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

			-	7.17.13.11. 4.7.	11:22		
		EXPENDITURE CATE	GORIES	OR BOX 8(a)	Eine Von		
Consulting Expense Food/Beverage Expense Pootributions/Donations Made By Gift/Awards/Memorials Expense Pri Candidate/Officeholder/Political Committee Legal Services Sal			Office Ove Polling Exp Printing Ex Salaries/W			pment & Related Expense	
0 - 20 - 10 - 10 - 10 - 10 - 10 - 10 - 1		The Instruction Guide explai	ns how to c	omplete this form.			
1 Total pages Schedule F1: 2 FILER NAME John W Price					3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee n	ame		THE STATE OF THE S			
03/22/2024	Tea Ca	ke Kids					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
\$318.25	\$318.25 217 Tassman Tr			Hutchins	TX	75141	
8		ry (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF	GiftAwa	ardsMemorialsExpense		Newborn constit	uent gifts		
EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	stin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
04/17/2024	Chi Zet	a Omega Chapter of Alpha Ka	appa Alpha	a Sorority			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$200.00	1881 Sincl	air Court		Lewisville	TX	75067	
	Categor	y (See Categories listed at the top of this					
DUDDOOF	E	ingExpense	scriedule)	Description Ad for Journal Support High School Senior			
PURPOSE OF EXPENDITURE	Advertis	пусхрепзе		Ad for Journal S	Support High Sch	ool Senior	
EXPENDITORE							
and the same of th		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
experientare to beliefit 6/01	I.						
Date	Payee n	ame					
04/08/2024	Katherin	e Hicks Campaign					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$1,500.00	PO Box 15	921		Fort Worth	TX	76119	
				TOTE WORT		70119	
	Category	/ (See Categories listed at the top of this s	chedule)	Description			
PURPOSE	ContributionsDonationsMadeByCandidateCo		idateCo	Contribution			
OF EXPENDITURE	mmittee						
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder living	g expense	
Complete ONLY if direct		late / Officeholder name		Office sought		Office held	
expenditure to benefit C/OF	Katherine Hicks		Tarrant County	Commis:	N/A		