CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete	this form.	1 Filer ID (Ethics (2 Total pages file	ed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIR Joh	nn		MI W	OFFICE	USE ONLY
NAME	NICKNAME LA Pri			SUFFIX	Date Received ELECTRONICAL 07/17/2023	LY FILED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT P. O. Box 224725	/ SUITE #; C Dallas	ITY; STATE;	ZIP CODE 75222		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NU (214) 653-6671		EXTENS	ION	Date Hand-delivered	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIF Dr. Zai NICKNAME LA			MI Wsuffix	Date Processed	Amount \$
		lmes		Jr.	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	P. O. Box 224725	EASE); APT / SU	JITE #; CITY		STATE;	ZIP CODE 75222
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU (214) 762-6992		EXTENS	ION		
9 REPORT TYPE		30th day before el		noff	treasurer ap (Officeholder	Only)
10 PERIOD		8th day before elec	JUOII	porting Limit		(Attach C/OH - FR)
COVERED	Month Day 01 /01 /2	Year 2023	THROUGH	Month 06	Day Year / 2023	
11 ELECTION	ELECTION DATE Month Day Year	Primary General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any) County Commissioner-District	t #3	13 OFFICE	SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL THE CANDIDATE / OFFICEHOLDER. THE CONSENT. CANDIDATES AND OFFICEHOL COMMITTEE TYPE COMMITTEE	SE EXPENDITURES DERS ARE REQUIR	MAY HAVE BEEN MADE	WITHOUT THE CAN	DIDATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE SPECIFIC COMMITTEE	ADDRESS CAMPAIGN TREA	ASURER NAME			
	COMMITTEE	CAMPAIGN TRE	ASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Co	ommission Filers)
John W Price				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAF CONTRIBUTIONS MADE ELE		\$.00	
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS)	\$ 72,650.0	00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.	\$.00	
	4. TOTAL POLITICAL EXPENI	DITURES	\$ 33,867.0	07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	\$ 161,602	79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF THE REPORTING	OF ALL OUTSTANDING LOANS AS O NG PERIOD	F THE \$.00	
(1) Affidavit NOTARY STAMP/SEA		10 1 00 = 101	A-8A05-857C2F andidate or Office old	er
Swarn to and subscribed	before me by	this the	day of	
	which, witness my hand and seal of office.	uis uie	uay u	,
Signature of officer administe	ering oath Printed name of of	ficer administering oath	Title of office	r administering oath
		OR		
(2) Unsworn Declaration	on			
My name is		, and my date of birth is	·	
My address is		,,		
	(street)	(city) (state) (zip code)	
Executed in	County, State of	, on the day of (month	, 20	÷
		Signature of Candi	date/Officeholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics		mmission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$\$72,650.00	
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 CO	NTRIBUTIONS	\$\$29,318.96	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$\$0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$\$0.00		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$\$4,548.11	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$\$0.00	
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$\$0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$\$0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$\$0.00	

SCHEDULE A1

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

	he Instruction Guide explains h	now to complete	e this form.		1 Total pages Schedule A1:19
2 FILER NAM John W Pr					3 Filer ID (Ethics Commission Filers)
4 Date 01/24/2023	5 Full name of contributor Michael Hurtt	_	te PAC (ID#:)	7 Amount of contribution (\$) \$200.00
	6 Contributor address;	City;	State;	Zip Code	
	217 S Hampton	Desoto	TX 7	5115	
8 Principal od Self Emplo	ccupation / Job title (See Instruction)	ns)	9 Em	ployer (See Instru	ctions)
Date 03/22/2023	Full name of contributor LeVis Consulting Group	_	te PAC (ID#:		Amount of contribution (\$) \$1,000.00
	Contributor address; 600 Six Flags Drive Ste 45	City; Arlington	State;		
Principal occ Consulting	cupation / Job title (See Instruction	ns)	Emp	ployer (See Instru	ctions)
Date 06/12/2023	Full name of contributor Roland Parrish	_)	Amount of contribution (\$) \$2,000.00
		_	State;		
06/12/2023	Roland Parrish Contributor address; 1256 Regents Park Court cupation / Job title (See Instruction	City; Desoto	State;	Zip Code	\$2,000.00
Principal occ Restauran	Roland Parrish Contributor address; 1256 Regents Park Court cupation / Job title (See Instruction tell) Full name of contributor Valencia Nash-McShann	City; Desoto	State; TX 7 Emp	Zip Code 5115 ployer (See Instru	\$2,000.00
Principal occ Restauran	Roland Parrish Contributor address; 1256 Regents Park Court cupation / Job title (See Instruction t Full name of contributor	City; Desoto	State; TX 7 Em	Zip Code 5115 ployer (See Instru	\$2,000.00 ctions) Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:19
2 FILER NAM John W Pi		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2023	Full name of contributor	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code	
	P O Box 25131 Dallas TX 75225	
8 Principal od	ccupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 04/13/2023	Full name of contributor out-of-state PAC (ID#:) Rosie Sorrell	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 5506 Glen Forest Lane Dallas TX 75241	
Principal oc	cupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 04/13/2023	Full name of contributor out-of-state PAC (ID#:) Pete Schenkel	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 614 N Bishop Dallas TX 75208	
Principal oc Seff	cupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 04/13/2023	Full name of contributor out-of-state PAC (ID#:) Pat Schenkel	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 4231 Belclaire Ave Dallas TX 75205	

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SCHEDULE A1

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John W Price 4 Date 5 Full name of contributor out-of-state PAC (ID#:			
John W Price 4 Date 5 Full name of contributor out-of-state PAC (ID#:	The	e Instruction Guide explains how to complete this form.	
Pauline Medrano \$250.00 \$250.00 \$250.00 \$250.00 \$2346 Douglas Ave Dallas TX 75219 \$ Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) \$250.00 \$250.00			3 Filer ID (Ethics Commission Filers)
2346 Douglas Ave Dallas TX 75219 8 Principal occupation / Job title (See Instructions) Date O4/13/2023 BillieJo Richards Contributor address; City: State: Zip Code 1517 Bar Harbor Dallas TX 75232 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$250.00 Principal occupation / Job title (See Instructions) Retired Date O4/13/2023 Pamela Dunlop Gates Contributor address: City: State: Zip Code 1357 Bar Harbor Dallas TX 75232 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$250.00 Amount of contribution (\$) \$250.00 Amount of contribution (\$) \$250.00 Contributor address: City: State: Zip Code 1357 Bar Harbor Dallas TX 75232 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$250.00		Pauline Medrano	
Date 04/13/2023 BillieJo Richards Contributor address: 1517 Bar Harbor Date 04/13/2023 Principal occupation / Job title (See Instructions) Retired Date Date 1357 Bar Harbor Date 04/13/2023 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$250.00 Amount of contribution (\$) \$250.00 Pamela Dunlop Gates Contributor address; City: State: Zip Code 1357 Bar Harbor Dallas TX 75232 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) \$250.00 Amount of contribution (\$) \$250.00 Amount of contribution (\$) \$250.00 Date Contributor address: City: State: Zip Code 1357 Bar Harbor Date Contributor address: City: State: Zip Code 1355 Thomas Rd Amount of contribution (\$)			
Date Pamela Dunlop Gates Contributor address; City; State; Zip Code Pamela Dunlop Gates Contributor address; City; State; Zip Code Date Pamela Dunlop Gates Contributor address; City; State; Zip Code 1357 Bar Harbor Date State PAC (ID#: Amount of contribution (\$) Pamela Dunlop Gates Contributor address; City; State; Zip Code 1357 Bar Harbor Date Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Contributor dorum Out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code 1355 Thomas Rd Beaumont TX 77706	8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Principal occupation / Job title (See Instructions) Retired Date O4/13/2023 Pamela Dunlop Gates Contributor address; City; State; Zip Code 1357 Bar Harbor Date O4/17/2023 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$250.00 Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$250.00 Amount of contribution (\$) Contributor address; City; State; Zip Code O4/17/2023 Amount of contribution (\$) \$250.00		BillieJo Richards	
04/13/2023 Pamela Dunlop Gates Contributor address; City; State; Zip Code 1357 Bar Harbor Dallas TX 75232 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 04/17/2023 Full name of contributor out-of-state PAC (ID#:			ctions)
Contributor address; City; State; Zip Code 1357 Bar Harbor Dallas TX 75232 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Karen & Mark Stiles Contributor address; City; State; Zip Code 1355 Thomas Rd Beaumont TX 77706		Pamela Dunlop Gates	
Date 04/17/2023 Full name of contributor		Contributor address; City; State; Zip Code	
04/17/2023 Karen & Mark Stiles Contributor address; City; State; Zip Code 1355 Thomas Rd Beaumont TX 77706	Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	ctions)
1355 Thomas Rd Beaumont TX 77706			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
I mapar decapation, dos title (see instructions)	Principal occu	upation / Job title (See Instructions) Employer (See Instru	ctions)

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SCHEDULE A1

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T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM John W Pr		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2023	Full name of contributor	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 6440 N Central Expresswau, Dallas TX 75206 Ste 601	
8 Principal od PC	coupation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date 04/17/2023	Full name of contributor	\$5,000.00
	Contributor address; City; State; Zip Code 74 Buck Trl Sadler TX 76264	
Principal occ Engineer	cupation / Job title (See Instructions) Employer (See Instru	uctions)
Date 04/13/2023	Full name of contributor	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 16304 Ranchita Drive Dallas TX 75247	
Principal oc	cupation / Job title (See Instructions) Employer (See Instru	uctions)
Date 04/17/2023	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 400 S Zang Blvd, Ste 1018 Dallas TX 75208	
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions)	uctions)

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SCHEDULE A1

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		1 Total pages Schedule A1:
Tr	he Instruction Guide explains how to complete this form.	19
2 FILER NAM John W Pr		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2023	Full name of contributor	7 Amount of contribution (\$) \$2,000.00
	6 Contributor address; City; State; Zip Code 1631 Nob Hill Circle Duncanville TX 75137	
8 Principal oc	ccupation / Job title (See Instructions) 9 Employer (See I	nstructions)
Date 04/28/2023	Full name of contributor	Amount of contribution (ϕ)
J 4 /20/2023	John Benda	\$5,000.00
	Contributor address; City; State; Zip Code 801 S Riverfront Blvd Dallas TX 75207	
Principal occ	cupation / Job title (See Instructions) Employer (See I	nstructions)
Date	Full name of contributor	
Date		Amount of contribution (\$)
	Ellen & Don Carter Williams	\$5,000.00
	_ `	7 1110 and 51 55 1111 batton (4)
	Ellen & Don Carter Williams	7 1110 and 51 50 1111 batton (4)
04/28/2023	Ellen & Don Carter Williams Contributor address; City; State; Zip Code 2801 Turtle Creek Blvd, Apt Dallas TX 75219	\$5,000.00
Principal occ	Ellen & Don Carter Williams Contributor address; City; State; Zip Code 2801 Turtle Creek Blvd, Apt Dallas TX 75219 9E	nstructions) Amount of contribution (\$)
04/28/2023 Principal occ	Ellen & Don Carter Williams Contributor address; City; State; Zip Code 2801 Turtle Creek Blvd, Apt Dallas TX 75219 9E cupation / Job title (See Instructions) Employer (See I	\$5,000.00
Principal occ	Ellen & Don Carter Williams Contributor address; City; State; Zip Code 2801 Turtle Creek Blvd, Apt Dallas TX 75219 9E cupation / Job title (See Instructions) Employer (See I	nstructions) Amount of contribution (\$)
04/28/2023 Principal occ	Ellen & Don Carter Williams Contributor address; City; State; Zip Code 2801 Turtle Creek Blvd, Apt Dallas TX 75219 9E cupation / Job title (See Instructions) Employer (See I	nstructions) Amount of contribution (\$)

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SCHEDULE A1

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Th	e Instruction Guide explains how to co	mplete this form.	1 Total pages Schedule A1: 19
2 FILER NAM John W Pri			3 Filer ID (Ethics Commission Filers)
4 Date 04/12/82023	Charles Whitaker	ut-of-state PAC (ID#:	7 Amount of contribution (\$) \$50.00
	2130 Oak Valley Lane Dallas		=
8 Principal occ	supation / Job title (See Instructions)	9 Employer (See	Instructions)
Date 04/28/2023	Full name of contributor	ut-of-state PAC (ID#:	\$50.00
		City; State; Zip Code	
Principal occ Consultant	upation / Job title (See Instructions)	Employer (See	Instructions)
Date 04/28/2023	Marcus Wood	ut-of-state PAC (ID#:	Amount of contribution (\$) \$100.00
	Contributor address; Contributor address; Dallas	City; State; Zip Code	·······
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)
Date 04/28/2023	Joycelyn Johnson		Amount of contribution (\$) \$100.00
	Contributor address; Contribut	City; State; Zip Code TX 75115	
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)

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SCHEDULE A1

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The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 19
2 FILER NAME John W Prid		3 Filer ID (Ethics Commission Filers)
4 Date 04/28/2023	5 Full name of contributor out-of-state PAC (ID#:) Dianna Broadus	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 3334 Seevers Ave Dallas TX 75216	
Principal occ Retired	supation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 4/28/2023	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 326 E Illinoise Ave Dallas TX 75216	
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	cions)
Date 4/28/2023	Full name of contributor	Amount of contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 3608 Kirkfield Ct The Colony TX 75056	
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 4/28/2023	Full name of contributor	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 3030 McKinney Ave #1803 Dallas TX 75204	
	upation / Job title (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	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAMI John W Pri		3 Filer ID (Ethics Commission Filers)
4 Date 04/28/2023	5 Full name of contributor	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 835 Timber Dell Lane Dallas TX 75232	
8 Principal occ City Counci	cupation / Job title (See Instructions) 9	tions)
Date 04/28/2023	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1160 Valley View Driive Glenn Heights TX 75154	
Principal occi	upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 04/28/2023	Full name of contributor	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 3611 Dunbar Street Dallas TX 75215	
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 04/28/2023	Full name of contributor	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 124 Wildwood Ct Desoto TX 75115	
	supation / Job title (See Instructions) Employer (See Instruc	tions)

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SCHEDULE A1

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The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME John W Prid		3 Filer ID (Ethics Commission Filers)
4 Date 04/28/2023	5 Full name of contributor	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 6405 Malcolm Ct Dallas TX 75214	
8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 04/28/2023	Full name of contributor	Amount of contribution (\$) \$250.00
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)
Date 04/28/2023	Full name of contributor	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 1113 Ashington Place Desoto TX 75115	
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)
Date 04/28/2023	Full name of contributor	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code PO Box 381756 Duncanville TX 75138	
Principal occi	upation / Job title (See Instructions) Employer (See Instruc	tions)

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SCHEDULE A1

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Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 19
2 FILER NAME John W Prid		3 Filer ID (Ethics Commission Filers)
4 Date 04/28/2023		\$250.00
8 Principal occ	upation / Job title (See Instructions) 9 Em	ployer (See Instructions)
Date 04/28/2023	Full name of contributor	\$500.00
	-	; Zip Code 5225
Principal occu	pation / Job title (See Instructions)	ployer (See Instructions)
Date 04/28/2023	Full name of contributor	\$500.00
	Contributor address; City; State; 8341 CR 108 Kaufman TX 7	
Principal occi	upation / Job title (See Instructions) Em	ployer (See Instructions)
Date 04/28/2023	Full name of contributor out-of-state PAC (ID#: Don Herring Jr	Amount of contribution (\$) \$500.00
	Contributor address; City; State	Zip Code 5214
Principal occi	upation / Job title (See Instructions) Em	ployer (See Instructions)

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SCHEDULE A1

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Т	ne Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 19
2 FILER NAM John W Pr			3 Filer ID (Ethics Commission Filers)
4 Date 04/28/2023	5 Full name of contributor out-of-state PAC (Clarence Woosley		7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; 303 Hummingbird Lane Duncanville TX	State; Zip Code	
8 Principal od	ccupation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 04/28/2023	Full name of contributor	ID#:)	Amount of contribution (\$) \$500.00
	Contributor address; City; 1730 Richlen Way Desoto TX	State; Zip Code 75115	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/28/2023	Bo Dean Slaughter	ID#:)	Amount of contribution (\$) \$500.00
	Contributor address; City; 2759 Meadow Dawn Ln Dallas TX	State; Zip Code	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 04/28/2023	Full name of contributor out-of-state PAC (D#:)	Amount of contribution (\$) \$500.00
	Contributor address; City; 1527 Bilco Dallas TX	State; Zip Code 75232	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruct	tions)

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SCHEDULE A1

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

Th		
ır	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 19
2 FILER NAM John W Pri		3 Filer ID (Ethics Commission Filers)
4 Date 4/28/2023	5 Full name of contributor out-of-state PAC (ID#: Carl Shepherd	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code PO Box 202268 Arlington TX 76006	
Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date 4/28/2023	Full name of contributor	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 2626 Howell St, 10th Floor Dallas TX 75201	
Principal occ	Employer (See Instructions) Employer (See Instructions)	uctions)
Date 4/28/2023	Full name of contributor	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 1001 Belleview St Dallas TX 75215	
Principal occ	cupation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$) \$1,000.00
4/28/2023	Willie & Sophia Johnson	Ψ1,000.00
	Willie & Sophia Johnson Contributor address; City; State; Zip Code 1001 Belleview Dallas TX 75215	

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SCHEDULE A1

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

John W Price 4 Date 5 Full name of contributor	gos Schodulo A1:
John W Price 4 Date 5 Full name of contributor	ges Schedule AT.
Barry Andrews \$1,000.	(Ethics Commission Filers)
6 Contributor address; City; State; Zip Code 2730 Irving Blvd Dallas TX 75207 8 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amoun \$1,000. Contributor address; City; State; Zip Code 2717 Meadow Dallas TX 75232 Principal occupation / Job title (See Instructions) Employer (See Instructions) Councilman Date Full name of contributor out-of-state PAC (ID#: Amoun \$1,000. Councilman Full name of contributor out-of-state PAC (ID#: Amoun \$1,000. Contributor address; City; State; Zip Code 6116 N Central Expwy Ste Dallas TX 75206 Principal occupation / Job title (See Instructions) Employer (See Instructions)	of contribution (\$)
Date 04/28/2023 Full name of contributor	
O4/28/2023 Tennell Atkins Contributor address; City; State; Zip Code 2717 Meadow Dallas TX 75232 Principal occupation / Job title (See Instructions) Councilman Date O4/28/2023 Full name of contributor out-of-state PAC (ID#: Amoun \$1,000. Contributor address; City; State; Zip Code 6116 N Central Expwy Ste Dallas TX 75206 515 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Contributor address; City; State; Zip Code 2717 Meadow Dallas TX 75232 Principal occupation / Job title (See Instructions) Councilman Date Full name of contributor out-of-state PAC (ID#: Amoun \$1,000. Contributor address; City; State; Zip Code 6116 N Central Expwy Ste Dallas TX 75206 515 Principal occupation / Job title (See Instructions) Employer (See Instructions)	t of contribution (\$)
Councilman Date Full name of contributor out-of-state PAC (ID#:) Amoun 04/28/2023 Jim Burnham \$1,000. Contributor address; City; State; Zip Code 6116 N Central Expwy Ste Dallas TX 75206 515 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
O4/28/2023 Jim Burnham Contributor address; City; State; Zip Code 6116 N Central Expwy Ste Dallas TX 75206 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Contributor address; City; State; Zip Code 6116 N Central Expwy Ste Dallas TX 75206 515 Principal occupation / Job title (See Instructions) Employer (See Instructions)	t of contribution (\$)
Data San San San San San San San San San Sa	
Date Full name of contributor out-of-state PAC (ID#:) Amoun	
04/28/2028 Hiawathia Williams \$1,000.	t of contribution (\$)
Contributor address; City; State; Zip Code 1014 Clifton Desoto TX 75115	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:19
2 FILER NAM John W P		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
)4/29/2023	North Texas Automobile Dealers PAC	\$1,500.00
	6 Contributor address; City; State; Zip Code	
	100 Decker Court, Ste 2900 Irving TX 75062	
8 Principal o	ccupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
04/28/2023	Roy Evans	\$2,000.00
	Contributor address; City; State; Zip Code	
	PO Box 25251 Dallas TX 75225	
Principal oc	cupation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
04/28/2023	Russell Wilson	\$2,000.00
	Contributor address; City; State; Zip Code	
	1910 Pacific Ave, Ste 12050 Dallas TX 75201	
	cupation / Job title (See Instructions) Employer (See Instruc	tions)
Principal od Attorney		
· ·	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Attorney	Full name of contributor out-of-state PAC (ID#:) Jack Matthews	Amount of contribution (\$) \$2,500.00
Attorney		• •
Attorney	Jack Matthews	
Attorney Date 04/28/2023	Jack Matthews Contributor address; City; State; Zip Code	\$2,500.00
Attorney Date 04/28/2023	Jack Matthews Contributor address; City; State; Zip Code 320 W. Main Lewisville TX 75057	\$2,500.00
Attorney Date 04/28/2023	Jack Matthews Contributor address; City; State; Zip Code 320 W. Main Lewisville TX 75057	\$2,500.00

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SCHEDULE A1

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

	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:19
2 FILER NAMI John W Pri		3 Filer ID (Ethics Commission Filers
4 Date 04/28/2023	5 Full name of contributor out-of-state PAC (ID#:) John Proctor	7 Amount of contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code 1524 Oak Meadows Dr Dallas TX 75232	
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date 04/23/2023	Full name of contributor out-of-state PAC (ID#:) David Lott	Amount of contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code 1012 Barclay Dr Mesquite TX 75149	
Principal occi	upation / Job title (See Instructions) Employer (See Instructi	ons)
Date 04/17/2023	Full name of contributor	Amount of contribution (\$) \$2,000.00
Principal occ	upation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Charles Bailey	Amount of contribution (\$) \$100.00
	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)

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SCHEDULE A1

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

• • •	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:19
2 FILER NAM John W Pri		3 Filer ID (Ethics Commission Filers
4 Date 04/10/2023	5 Full name of contributor	7 Amount of contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code 4047 Cochran Chapel Rd Dallas TX 75209	
8 Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instruct	ions)
Date 04/23/2023	Full name of contributor	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 5431 Pebblebrook Dr Dallas TX 75229	
Principal occ	supation / Job title (See Instructions) Employer (See Instruct	ions)
Date 04/23/2023	Full name of contributor	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 7444 Stoney Point Dr Plano TX 75025	
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 04/28/2023	Full name of contributor	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 1918 Olive St, #1701 Dallas TX 75201	
		ions)

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SCHEDULE A1

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The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 19
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/28/2023	5 Full name of contributor out-of-state PAC (ID#:) Loren Collins	7 Amount of contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code 2443 West 10th Street Dallas TX 75211	
8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 05/03/2023	Full name of contributor	Amount of contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code 6211 Northwest Highway 257 Dallas TX 75225	
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 05/03/2023	Full name of contributor out-of-state PAC (ID#:) Shari Krasner	Amount of contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code 3844 Norway Road Dallas TX 75230	
Principal occu	Lupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 05/03/2023	Full name of contributor out-of-state PAC (ID#:) Bobby Waddle Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500.00
	1015 S Cockrell Rd Desoto TX 75115	
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)

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SCHEDULE A1

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	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:19
2 FILER NAM John W Pi		3 Filer ID (Ethics Commission Filers)
4 Date 05/03/2023	Full name of contributor	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 1811 Meadow Valley Lane Dallas TX 75232	
8 Principal od Judge	ccupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 05/08/2023	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1136 E 5 Mile Pkw Dallas TX 75216	
Principal oc	cupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 05/10/2023	Full name of contributor	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 4303 N Central Exprewwsay Dallas TX 75205	
Principal oc	cupation / Job title (See Instructions) Employer (See Instruc	tions)
Date 05/10/2023	Full name of contributor out-of-state PAC (ID#:) Trelaine Mapp	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code	
	12612 Beech Tree Ln Euless TX 76040	

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SCHEDULE A1

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Th	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:19
2 FILER NAM John W Pr		3 Filer ID (Ethics Commission Filers)
4 Date 05/10/2023	5 Full name of contributor out-of-state PAC (ID#:) Franklin Crawford 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal oc	2108 Spring Mills Mesquite TX 75181 cupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 05/15/2023	Full name of contributor	Amount of contribution (\$) \$500.00
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	tions)
Date 05/20/2023	Full name of contributor	Amount of contribution (\$) \$5,000.00
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
	cupation / Job title (See Instructions) Employer (See Instruc	tions)

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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

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

Oreal Garar ayment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Eth	ics Commission Filer	s)
4 Date 01/11/2023	5 Payee name Harland Clarke				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$36.43	2805 Ridge Rd	Rockwall	TX	75032	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	AccountingBanking	Checks			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name John Price	Office sought		Office held Commissioner	Distr
Date	Payee name				
01/17/2023	USPS				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$27.08	401 Tom Landry Hwy	Dallas	TX	75260	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Shipping of Fun	eral Resolution	to Constituents	
EXI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	John Price			Commissioner I	Distr
Date	Payee name				
01/04/2023	Tea Cake Kids				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$279.20	P. O. Box 137	Hutchins	TX	75141	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Newborn Const	ituent Gift		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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

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

Travel In District
Travel Out Of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/V The Instruction Guide explains how to c	vages/Contract Labor	Other (enter a categ	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethic	s Commission Filer	s)
4 Date 01/03/2023	5 Payee name Hailee Hall				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$500.00	6309 Elder Grove	Dallas	TX	75232	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	AdvertisingExpense	Social Media Ma	arketing		
OF EXPENDITURE					
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name John Price	Office sought		Office held Commissioner	r Dist
Date	Payee name				
01/17/2023	Evans Engraving				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$360.00	208 S Tyler	Dallas	TX	75208	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Framing of Fund	eral Resolutions f	or Constituents	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
01/19/2023	MMS Company Ad Specialties LLC				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1,450.00	217 North i-35E	Desoto	TX	75115	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	GiftAwardsMemorialsExpense	Gifts for Constitu	uents Ryrkerk, Da	alton, Blue	
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

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 Salaries/Wages/Contract Labor

	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1: 19	2 FILER NAME John W Price		3 Filer ID (Ethi	cs Commission Filers)
4 Date 01/19/2023	5 Payee name MMS Company Ad Specialties LLC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1,185.00	217 North i-35E	Desoto	TX	75115
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Paintings and Artwork for South Dallas Governi Center Hallway, 2nd Floor		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name John Price	Office sought		Office held Commissioner Distr
Date	Payee name			
01/20/2023	Classic Oil & Lube			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$92.89	152 E Davis	Dallas	TX	75203
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	TransportationEquipmentAndRelatedExpense	e Oil and filter service for Campaign SUV		
EXPENDITURE		<u> </u>		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
experientale to belieff 6/01	1 John Price			Commissioner Distr
Date	Payee name			
02/09/2023	AAA Texas			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$146.00	5000 Belt Line Rd Ste 765	Dallas	TX	75254
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedExpense	Automobile Serv	vice Membership	for Campaign SUV
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name John Price	Office sought		Office held Commissioner Distr
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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 Salaries/Wages/Contract Labor

Travel In District
Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	The Instruction Guide explains how to c	complete this form.			
1 Total pages Schedule F1: 19	2 FILER NAME John W Price		3 Filer ID (Ethi	ics Commission Filers))
4 Date 02/03/2023	5 Payee name Hailee Hall				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$500.00	6309 Elder Grove	Dallas	TX	75232	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	AdvertisingExpense	Social Media Ma	arketing		
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OI	John Price			Commissioner D)istr
Date	Payee name				
02/13/2023	Evans Engraving				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$306.00	208 S Tyler	Dallas	TX	75208	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	GiftAwardsMemorialsExpense	Resolution Fram	ning for Constitu	ents	
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	1				
Date	Payee name				
02/23/2023	Mt. Rose Church				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1,000.00	7141 Field View Lane	Dallas	TX	75249	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	AdvertisingExpense	Donation for Sup	pport & Ad		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livii	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	l John Price			Commissioner D	istr
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

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

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 co	omplete this form.	,	,	
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethic	cs Commission Filers)	
4 Date 02/22/2023	5 Payee name John Ames Tax Assessor Collector				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$141.75	500 Elm Street	Dallas	TX	75202	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedExpense	Campaign SUV	Registration		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livir	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name John Price	Office sought		Office held Commissioner D	istr
Date	Payee name				
02/27/2023	Hailee Hall				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$500.00	6309 Elder Grove	Dallas	TX	75232	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	AdvertisingExpense	Social Media Marketing			
EXPENDITURE	Chashifteeus lautsida of Tours Complete School de T	Observativité Asserti	in TV office believe their		
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder livir		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name John Price	Office sought		Office held Commissioner D	istı
Date	Payee name				
03/17/2023	USPS				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$20.35	625 Missionary Ridge	Desoto	TX	75115	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Shipping of Fun	eral Resolution t	o Constituents	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	John Price			Commissioner D	isti
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

SCHEDULE F1

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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

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethi	cs Commission Filers)	
4 Date 03/21/2023	5 Payee name USPS				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$20.35	401 Tom Landry Hwy	Dallas	TX	75260	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Shipping of Fun	eral Resolution t	o Constituents	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name John Price	Office sought		Office held Commissioner Di	str
Date	Payee name				
03/21/2023	USPS				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$21.34	401 Tom Landry Hwy	Dallas	TX	75260	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	OfficeOverheadRentalExpense	Shipping of Fun	eral Resolution t	o Constituents	
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	ng expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name John Price	Office sought		Office held Commissioner Dis	stı
Date	Payee name				
03/24/2023	USPS				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$20.35	401 Tom Landry Hwy	Dallas	TX	75260	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Shipping of Fun	eral Resolution t	o Constituents	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name John Price	Office sought		Office held Commissioner Dis	stı
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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

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 c	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethics	s Commission Filers)	
4 Date 03/01/2023	5 Payee name Beaudry				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$98.51	7009 John W Carpenter Freeway	Dallas	TX	75247	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	SalariesWagesContractLabor	Framed Art mou	unt gift for Constitu	uent	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
03/02/2023	Lancaster High School				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$100.00	200 E Winntergreen	Lancaster	TX	75134	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Donation for Sa	nt		
EXI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
03/13/2023	Texas Organization of Black County Commission	oners			
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$100.00	PO Box 1393 Waco	Waco	TX	76703	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCo mmittee	Donation to Cor	nmissioner Organ	ization	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

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 Salaries/Wages/Contract Labor

	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1: 19	2 FILER NAME John W Price		3 Filer ID (Ethi	cs Commission Filers)
4 Date 03/07/2023	5 Payee name MMS Company Ad Specialties LLC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1,900.00	217 North i-35E	Desoto	TX	75115
		2 2 2 2 2 2		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PrintingExpense	Printing of Tshir	y Health Event	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/09/2023	Evans Engraving			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$414.00	208 S Tyler	Dallas	TX	75208
	-			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	GiftAwardsMemorialsExpense	Resolution Framing for Constituents		
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/Oh	Candidate / Officeholder name	Office sought		Office held
experientare to benefit of or	•			
Date	Payee name			
03/21/2023	US Postmaster			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$315.00	401 Tom Landry Hwy	Dallas	TX	75260
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Stamps for office	e	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	¹ John Price			Commissioner Distr
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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

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 c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethio	cs Commission Filers)
4 Date 03/27/2023	5 Payee name Kenneth Sykes, Jr.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$500.00	P. O. Box 610589	Dallas	TX	75261
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCo mmittee	Sponsorship Ba Program for DF	sketball Skill and W Teens	d Development
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
03/28/2023	Carolyn King Arnold Campaign			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,000.00	PO Box 765096	Dallas	TX	75376-509€
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCo mmittee	Campaign Cont	ribution	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livir	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Carolyn Arnold	Dallas City Cou	ıncil Dist	Dallas City Council
Date	Payee name			
03/30/2023	MMS Company Ad Specialties LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,300.00	217 North i-35E	Desoto	TX	75115
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PrintingExpense	Printing of JWP Envelopes and	Birthway invites, Design	Reply Cards,
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought		Office held Commissioner Distr
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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

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 John W Price		3 Filer ID (Ethics	Commission Filers)
4 Date 06/12/2023	5 Payee name USPS			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$19.90	401 Tom Landry Hwy	Dallas	TX	75260
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Shipping of Fun	eral Resolution to	Constituents
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
06/20/2023	USPS			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$83.19	401 Tom Landry Hwy	Dallas	TX	75260
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Shipping of Fun	eral Resolution to	Constituents
	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
Date	Payee name			
06/28/2023	USPS			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$20.35	401 Tom Landry Hwy	Dallas	TX	75260
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Shipping of Fun	eral Resolution to	Constituents
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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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

Travel In District Travel Out Of District Other (enter a category not listed abo

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethics	s Commission Filers)
4 Date 06/28/2023	5 Payee name USPS			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$17.10	401 Tom Landry Hwy	Dallas	TX	75260
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Shipping of Fun	eral Resolution to	Constituents
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/13/2023	USPS			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$20.35	401 Tom Landry Hwy	Dallas	TX	75260
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Shipping of Funeral Resolution to Constituents		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/20/2023	Evans Engraving			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$558.00	208 S Tyler	Dallas	TX	75208
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Resolution Fran	ning for Constitue	nts
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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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 co	omplete this form.	,	,	
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethic	cs Commission Filers)
4 Date 04/03/2023	5 Payee name Joyce Foreman Campaign				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$1,000.00	9400 N Central Expy	Dallas	TX	75231	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCo mmittee	Contribution			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livir	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Joyce Foreman	Office sought Dallas ISD Tru	stee	Office held Dallas ISD Trus	tee
Date	Payee name				
04/10/2023	Classic Oil & Lube				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$126.12	152 E Davis	Dallas	TX	75203	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedExpense				
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.				
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	^I John Price	Commissioner	District 3	Commissioner D)istı
Date	Payee name				
04/17/2023	Andre Byrd' Campaign				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1,000.00	1730 Richlen Way	Desoto	TX	75115	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCo mmittee	Contribution			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	Andre' Byrd	Desoto City Co	uncil	Desoto City Cou	ınci
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

SCHEDULE F1

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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 c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethio	cs Commission Filers	\$)
4 Date 04/19/2023	5 Payee name Mt Rose Church				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$1,000.00	7141 Field View Lane	Dallas	TX	75249	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Sponsorship			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name John Price	Office sought		Office held Commissioner I	Distr
Date	Payee name				
04/24/2023	Tennell Atkins Campaign				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1,000.00	2727 Meadow Stone	Dallas	TX	75232	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCo mmittee	Contribution			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	Tennell Atkins	City Council Dis	t 8	City Council Dis	t 8
Date	Payee name				
04/25/2023	RDK Sounds				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$700.00	333 E Greenbriar	Dallas	TX	75203	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	AdvertisingExpense	Photography for	Fundraiser		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder livir	ng expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name John Price	Office sought		Office held Commissioner [Distr
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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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

oreal card aymen	The Instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethio	cs Commission File	rs)
4 Date 04/24/2023	5 Payee name Minarva Quezada				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$1,000.00	337 E Ledbetter	Dallas	TX	75216	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedExpense	Tires for OURM	AN Campaign V	ehichle (4)	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name John Price	Office sought		Office held County Comm	issior
Date	Payee name				
04/27/2023	Darryl Ayers				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$250.00	206 Cool Meadows	Red Oaks	TX	75154	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	AdvertisingExpense	Photos for Birtho	day Fundraiser		
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	John Price			County Commi	ssior
Date	Payee name				
05/16/2023	Jeca for Grand Prairie				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$500.00	2860 S State Hwy #161	Grand Prair	rie TX	75052	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCo mmittee	Contribution to C	Campaign		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	H Jeca Williams	Judge			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

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 Salaries/Wages/Contract Labor

,	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1: 19	2 FILER NAME John W Price		3 Filer ID (Ethi	cs Commission Filer	s)
4 Date 04/28/2023	5 Payee name Blizz Food Truck				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$1,519.00	534 W Commerce St, #4582	Dallas	TX	75208	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	FoodBeverageExpense	Catering for Birt	thday Fundraiser		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livir	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name john Price	Office sought		Office held Commissioner	Distr
Date	Payee name				
05/02/2023	Hailee Hall				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$500.00	6309 Elder Grove	Dallas	TX	75232	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	AdvertisingExpense	Social Media Ma	arketing		
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livir	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	John Price			County Commis	ssior
Date	Payee name				
05/03/2023	Sheriff Marion Brown Campaign				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1,000.00	Dallas	Dallas	TX	75201	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCo mmittee	Contribution to 0	Campaign		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	_
expenditure to benefit C/OF	^I Marian Brown	County Sheriff		County Sheriff	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

SCHEDULE F1

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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 Salaries/Wages/Contract Labor

	The Instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule F1: 19	2 FILER NAME John W Price		3 Filer ID (Ethi	cs Commission Filers)	
4 Date 05/09/2023	5 Payee name John Ames Tax Assessor Collector				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$479.00	500 Elm Street	Dallas	TX	75202	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedExpense	Campaign Vehic	le Registration a	and P-Tag R MAN :	2
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name John Price	Office sought		Office held Commissioner D	istr
Date	Payee name				
05/12/2023	US Postmaster				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$600.00	401 Tom Landry Hwy	Dallas	TX	75260	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	OfficeOverheadRentalExpense	Stamps for office	Э		
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	John Price			Commissioner Di	stı
Date	Payee name				
05/10/2023	A J Auto				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$410.00	1629 Pennsylvania	Dallas	TX	75215	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedExpense	OUR MAN Repa	air Campaign Ve	hicle	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	John Price			Commissioner Di	str
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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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 co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethics	s Commission Filers)	
4 Date 05/12/2023	5 Payee name MMS Company Ad Specialties LLC				_
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	_
\$1,957.70	217 North i-35E	Desoto	TX	75115	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	AdvertisingExpense	GOTV 2023 Joi	nt Election Printin	g and Push Cards	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
05/13/2023	American's Credit Union				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$105.00	4040 N Central Expry	Dallas	TX	75204	
	Category (See Categories listed at the top of this schedule)	Description			_
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense		Graduation Gift Cards for 10 Graduates \$100 Each plus Credit Card Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				_
05/22/2023	Henry Williams				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1,000.00	440 S Marsalis	Dallas	TX	75216	
	Category (See Categories listed at the top of this schedule)	Description			_
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedExpense	Service of heate 2 Campaign	er core and air cor	nditioner for R MAN	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name John Price	Office sought		Office held Commissioner Dist	tr
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		_

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

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 c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethics	s Commission Filers	3)
4 Date 06/12/2023	5 Payee name Evans Engraving				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$594.00	208 S Tyler	Dallas	TX	75208	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Resolution Fran	ning for Constitue	nts	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
06/09/2023	Darryl Ayers				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$125.00	206 Cool Meadows	Red Oak	TX	75154	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	AdvertisingExpense	Photography and Drove Service for Ground Breakin Mesquite Govt Center			ing
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
06/20/2023	It's Tamica Made				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$300.00	3225 Fox Ridge Trail	Mesquite	TX	75181	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	FoodBeverageExpense	Catering for Dal Event	las County Comm	nissoiner junetee	th
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

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

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 John W Price		3 Filer ID (Ethic	cs Commission Filers)
4 Date 06/22/2023	5 Payee name Hallie Hall				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$800.00	6309 Elder Grove	Dallas	TX	75232	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	AdvertisingExpense	Social Media ar	nd Face Book Po	sting	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	er living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H John Price	Office sought		Office held Commissioner D)istr
Date	Payee name				
06/28/2023	Afrelyn Roberts				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$300.00	PO Box 224725	Dallas	TX	75222	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Entertainment for County Juneteeth Event			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g 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 OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

SCHEDULE F4

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

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

Expense Trave
Wages/Contract Labor Other

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wa The Instruction Guide explains how to co	ages/Contract Labor mplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD	\$ \$0.00
5 Date 01/01/2023	6 Payee name Fuel City		
7 Amount (\$) \$101.99	8 Payee address;801 S Riverfront Blvd	City; Dallas	State; Zip Code TX 75207
9 TYPE OF EXPENDITURE	Political Non-Pol	litical	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpen se	(b) Description Gas for Campaig	n Vehicle
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of John Price	ffice sought	Office held Commissioner Distr
Date 01/05/2023	Payee name Fuel City		
Amount (\$)	Payee address;	City;	State; Zip Code
\$98.23	801 S Riverfront Blvd	Dallas	TX 76207
TYPE OF EXPENDITURE	Political Non-Po	olitical	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpen se	Description Gas for OURMAN	N Campaign Vehicle
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	ffice sought	Office held Commissioner Distr
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED

SCHEDULE F4

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District

Candidate/Officeholder/Politica	l Committee Legal Services	Salaries/Wa	ages/Contract Labor	Other (enter a categor	
	The Instruction Guide explains	how to co	mplete this form.		
1 Total pages Schedule F4: 16	2 FILER NAME John W Price			3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED 1	OACR	EDIT CARD	\$ \$0.00	
5 Date	6 Payee name				
01/11/2023	Fuel City				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
\$75.00	801 S Riverfront Blvd		Dallas	TX	75207
9 TYPE OF EXPENDITURE	Political 🗸	Non-Pol	itical		
10	(a) Category (See Categories listed at the top of this so	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelate se	edExpen	Gas for OURMAN	l Campaign Vehicle	e
	(c) Check if travel outside of Texas. Complete Sc	hedule T.	Check if Aus	stin, TX, officeholder living	expense
11	Candidate / Officeholder name	Of	fice sought	Office he	eld
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	John Price		<u> </u>	Commi	issioner Distr
Date	Payee name				
01/15/2023	Fuel City				
Amount (\$)	Payee address;		City;	State;	Zip Code
\$105.11	801 S Riverfront Blvd		Dallas	TX	75207
TYPE OF EXPENDITURE	Political	Non-Pol	litical		
	Category (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelate se	dExpen	Gas for R MAN 2	Campaign Vehicle	
	Check if travel outside of Texas. Complete So	chedule T.	Check if Au	stin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Of	fice sought	Office h	eld Issioner Distr

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SCHEDULE F4

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

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

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

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) John W Price 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ \$0.00 5 Date 6 Payee name 01/17/2023 QT Fuel Station **7** Amount (\$) 8 Payee address; Citv: State: Zip Code \$100.33 3311 Pleasant Run Road TX Lancaster 75134 TYPE OF Non-Political Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Gas for OURMAN Campaign Vehicle **PURPOSE** TransportationEquipmentAndRelatedExpen OF se EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct John Price Commissioner Distr expenditure to benefit C/OH Payee name Date 01/21/2023 QT Fuel Station Amount (\$) Payee address; City; State; Zip Code \$89.79 3311 Pleasant Run Road TX 75134 Lancaster TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Gas for OURMAN Campaign Vehicle TransportationEquipmentAndRelatedExpen **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct John Price Commissioner Distr expenditure to benefit C/OH

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SCHEDULE F4

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

ng Expense Travel Out Of I es/Wages/Contract Labor Other (enter a c

Carididate/Officeriolder/Politica	·	ages/Contract Labor	Other (enter a category	y not listed above)
	The Instruction Guide explains how to co	ompiete this form.		
1 Total pages Schedule F4:16	2 FILER NAME John W Price		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD	\$ \$0.00	
5 Date	6 Payee name			
02/23/2023	Fuel City			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
\$88.14	801 S Riverfront Blvd	Dallas	TX	75207
9 TYPE OF EXPENDITURE	Political Non-Pol	itical		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedExpen se	Gas for OURMAN	N Campaign Vehicle	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of John Price	fice sought	Office he Commis	ld ssioner Distr
D 4	Payee name			
Date 02/26/2023	Fuel City			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$105.15	801 S Riverfront Blvd	Dallas	TX	75207
TYPE OF EXPENDITURE	Political Non-Po	litical		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedExpen se	Gas for R MAN 2	Campaign Vehicle	
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Of John Price	ffice sought	Office he Commis	eld ssioner Distr
	ATTACH ADDITIONAL CODIES OF THIS SO	CHEDIII E AC NE	EDED	

SCHEDULE F4

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

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

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

Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/Wa	ages/Contract Labor	Other (enter a categor	y not listed above)
	The Instruction Guid	e explains how to co	mplete this form.		
1 Total pages Schedule F4:	2 FILER NAME John W Price			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHA	RGEDTOACR	EDIT CARD	\$ \$0.00	
5 Date	6 Payee name				
02/28/2023	QT Fuel Station				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
\$95.91	3311 Pleasant Run Road		Lancaster	TX	75134
9 TYPE OF EXPENDITURE	Political	✓ Non-Pol	itical		
10	(a) Category (See Categories listed at the	e top of this schedule)	(b) Description		
PURPOSE	TransportationEquipmentA	ndRelatedExpen	Gas for OURMAN	l Campaign Vehicle	•
OF EXPENDITURE	se				
	(c) Check if travel outside of Texas	. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
11	Candidate / Officeholder n	ame Of	fice sought	Office he	eld
Complete ONLY if direct expenditure to benefit C/OH	John Price			Commi	ssioner Distr
	1				
Date	Payee name				
03/03/2023	7 Eleven				
Amount (\$)	Payee address;		City;	State;	Zip Code
\$55.35	225 E Colorado Blvd		Dallas	TX	75203
TYPE OF EXPENDITURE	Political	✓ Non-Po	litical		
	Category (See Categories listed at the	e top of this schedule)	Description		
PURPOSE	TransportationEquipmentA	ndRelatedExpen	Gas for OURMAN	l Campaign Vehicle	•
OF Expenditure	se				
-	Check if travel outside of Texas	s. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder n	ame Of	fice sought	Office he	eld
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	John Price			Commis	ssioner Distr

SCHEDULE F4

Solicitation/Fundraising Expense

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politica		iting Exp aries/Wa	eense ages/Contract Labor	Travel Out Of District Other (enter a categor	y not listed above)
	The Instruction Guide explains ho	w to co	mplete this form.		
1 Total pages Schedule F4: 16	2 FILER NAME John W Price			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO	ACRE	EDIT CARD	\$ \$0.00	
5 Date	6 Payee name				
02/12/2023	Fuel City				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
\$79.81	801 S Riverfront Blvd		Dallas	TX	75207
9 TYPE OF EXPENDITURE	Political V	Ion-Poli	itical		
10	(a) Category (See Categories listed at the top of this sched	ıle)	(b) Description		
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedE se	xpen	Gas for OURMAN	l Campaign Vehicle	
EXTENSITORE	(c) Check if travel outside of Texas. Complete Schedu	le T.	Check if Au	stin, TX, officeholder living	expense
11	Candidate / Officeholder name	Off	fice sought	Office he	ld
Complete ONLY if direct expenditure to benefit C/OH	John Price			Commi	ssioner Distr
Date	Payee name				
02/16/2023	Fuel City				
Amount (\$)	Payee address;		City;	State;	Zip Code
\$79.81	801 S Riverfront Blvd		Dallas	TX	75207
TYPE OF EXPENDITURE	Political V	Non-Pol	itical		
	Category (See Categories listed at the top of this sched	ule)	Description		
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedE se	xpen	Gas for OURMAN	l Campaign Vehicle	
	Check if travel outside of Texas. Complete Sched	ule T.	Check if Au	stin, TX, officeholder living	expense
	Candidate / Officeholder name	Of	fice sought	Office he	eld
Complete ONLY if direct expenditure to benefit C/OH	John Price			Commis	ssioner Distr
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SCHEDULE F4

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

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

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

Travel Out Of District

Candidate/Officeholder/Politica		Nages/Contract Labor	Other (enter a catego	
1 Total pages Schedule F4:	The Instruction Guide explains how to 2 FILER NAME John W Price	complete this form.	3 Filer ID (Ethics (Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A C	REDIT CARD	\$ \$0.00	
5 Date 03/07/2023	6 Payee name Fuel City			
7 Amount (\$) \$91.80	8 Payee address; 801 S Riverfront Blvd	City; Dallas	State; TX	Zip Code 75207
9 TYPE OF EXPENDITURE	Political Non-F	olitical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExperse	(b) Description Gas for R MAN 2	2 Campaign Vehicle	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder livinç	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought	Office h Comm	eld issioner Distr
Date 02/19/2023	Payee name o'Reilly Auto Parts			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$685.10	1030E Pleasant Run Rd	Desoto	TX	75115
TYPE OF EXPENDITURE	Political Non-F	Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExper se Check if travel outside of Texas. Complete Schedule T.	Campaign Vehic	epair and Maintenar cle	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<u> </u>	Office sought	Office h	
	ATTACH ADDITIONAL CODIES OF THIS	CHEDIII E AC NE	EDED	

SCHEDULE F4

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

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

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

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) John W Price 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ \$0.00 5 Date 6 Payee name 03/16/2023 QT Desoto **7** Amount (\$) 8 Payee address; City; State: Zip Code \$95.28 1235 E Beltline Road TX Desoto 75115 TYPE OF Non-Political Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Gas for OURMAN Campaign Vehicle **PURPOSE** TransportationEquipmentAndRelatedExpen OF se EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct John Price Commissioner Distr expenditure to benefit C/OH Payee name Date 01/25/2023 **Fuel City** Amount (\$) Payee address; City; State; Zip Code \$96.05 801 S Riverfront Blvd 75207 TX Dallas TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Gas for R MAN 2 Campaign Vehicle TransportationEquipmentAndRelatedExpen **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct John Price Commissioner Distr expenditure to benefit C/OH

SCHEDULE F4

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

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

ing Expense Travel Out C ries/Wages/Contract Labor Other (enter

Candidate/Officeholder/Politica	al Committee Legal Services The Instruction Guide explain		ges/Contract Labor mplete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule F4:	2 FILER NAME John W Price			3 Filer ID (Ethics C	commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACRE	EDIT CARD	\$ \$0.00	
5 Date 03/01/2023	6 Payee name Fuel City				
7 Amount (\$) \$90.51	8 Payee address; 801 S Riverfront Blvd		City; Dallas	State; TX	Zip Code 75207
9 TYPE OF EXPENDITURE	Political	Non-Poli	tical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this TransportationEquipmentAndRela se		(b) Description Gas for OURMAN	l Campaign Vehicle	•
	(c) Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Off	ice sought	Office he	eld ssioner Distr
Date 01/03/2023	Payee name Auto Zone				
Amount (\$)	Payee address;		City;	State;	Zip Code
\$108.24	605 N Hampton Rd		Desoto	TX	75115
TYPE OF EXPENDITURE	Political	Non-Pol	itical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this TransportationEquipmentAndRela		Description Antifreeze for OU	RMAN Campaign \	/ehicle
	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	ıstin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Off	ice sought	Office he Commi	eld ssioner Distr

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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		ages/Contract Labor	Other (enter a catego	
1 Total pages Schedule F4:	2 FILER NAME John W Price	implete tills form.	3 Filer ID (Ethics (Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD	\$ \$0.00	
5 Date 02/25/2023	6 Payee name Auto Zone			
7 Amount (\$) \$270.61	8 Payee address; 605 N Hampton Rd	City; Desoto	State; TX	Zip Code 75115
9 TYPE OF EXPENDITURE	Political Non-Po	litical		
10 PURPOSE OF EXPENDITURE	OF se 'se			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of John Price	ffice sought	Office h Comm	^{eld} issioner Distr
Date 01/30/2023	Payee name QT Fuel Station			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$97.53	3311 Pleasant Run Road	Lancaster	75134	
TYPE OF EXPENDITURE	Political Non-Po	litical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpen se	Description Gas for OURMAN Campaign Vehicle		е
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name O John Price	ffice sought	Office h Comm	eld issioner Distr
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED	

SCHEDULE F4

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

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

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica	,	ages/Contract Labor	Other (enter a categor	y not listed above)	
1 Total pages Schedule F4:	2 FILER NAME John W Price		3 Filer ID (Ethics C	commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD	\$ \$0.00		
5 Date 03/10/2023	6 Payee name o'Reilly Auto Parts				
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code	
\$40.01	1030 E Pleasant Run Rd	Desoto	TX	75115	
9 TYPE OF EXPENDITURE	Political Non-Pol	litical			
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedExpen se				
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living	expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of John Price	ffice sought	Office he Commi	eld ssioner Distr	
Date 04/22/2023	Payee name Fuel City				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$90.03	801 S Riverfront Blvd	Dallas	TX	75207	
TYPE OF EXPENDITURE	Political Non-Po	olitical			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedExpen se Gas for OURMAN Campaign Vehicle				
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living	expense	
Committee ONIV 'S I'	Candidate / Officeholder name O	ffice sought	Office he	eld	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	John Price		Commi	ssioner Distr	
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NE	EDED		

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense
Travel In District

Solicitation/Fundraising Expense

Contributions/Donations Made By Candidate/Officeholder/Politica		Printing Exp	ense ges/Contract Labor	Travel Out Of District Other (enter a catego		
	The Instruction Guide explain			Guior (ontor a satego	.,	
1 Total pages Schedule F4:	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TOACR	EDIT CARD	\$ \$0.00		
5 Date	6 Payee name					
04/13/2023	QT Fuel Station					
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code	
\$76.57	3311 Pleasant Run Road		Lancaster TX 75134			
9 TYPE OF EXPENDITURE	Political	Non-Poli	itical			
10	(a) Category (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedExpen Gas for OURMAN Campaign Vehicle se			e		
	(C) Check if travel outside of Texas. Complete S	Schedule T.	Check if Aus	stin, TX, officeholder living	expense	
11	Candidate / Officeholder name	Of	fice sought	Office he	eld	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	John Price			Comm	issioner Distr	
Date	Payee name					
05/12/2023	USPS					
Amount (\$)	Payee address;		City;	State;	Zip Code	
\$20.35	401 Tom Landry Hwy		Dallas	TX	75260	
TYPE OF EXPENDITURE	Political	Non-Pol	itical			
	Category (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense		Shipping of Funeral Resolution to Constituents			
	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office h	eld	
	ATTACH ADDITIONAL COPIES O	F THIS SC	CHEDULE AS NE	EDED		

SCHEDULE F4

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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 Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	, , , , , , , , , , , , , , , , , , , ,	ages/Contract Labor	Other (enter a category	y not listed above)		
1 Total pages Schedule F4:	2 FILER NAME John W Price		3 Filer ID (Ethics C	ommission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD	\$ \$0.00			
5 Date 04/28/2023	6 Payee name Paypal					
7 Amount (\$) \$1,087.71	8 Payee address; 2211 N 1st S	City; San Jose	State; CA	Zip Code 85131		
9 TYPE OF EXPENDITURE	Political Non-Po	olitical				
10 PURPOSE OF EXPENDITURE	OF Accounting Durning			on from donations		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name O John Price	ffice sought	Office he Commi	eld ssioner Distr		
Date 06/10/2023	Payee name Fuel City					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$105.10	801 S Riverfront Blvd	Dallas	TX	75207		
TYPE OF EXPENDITURE	Political Non-Po	blitical				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpen se	O f OUDMAN O				
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name O John Price	ffice sought	Office he Commis	eld ssioner Distr		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED			

SCHEDULE F4

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

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

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Candidate/Officeholder/Politic	•	alaries/Wages/Contract		Other (enter a categor	y not listed above)	
	The Instruction Guide explains I	ow to complete this	form.			
1 Total pages Schedule F4: 16	2 FILER NAME John W Price		3	Filer ID (Ethics C	commission Filers)	
4 TOTAL OF UNITER	MIZED EXPENDITURES CHARGED TO	O A CREDIT CA	RD s	\$0.00		
5 Date	6 Payee name					
06/15/2023	Fuel City					
7 Amount (\$)	8 Payee address;	Ci	ty;	State;	Zip Code	
\$98.32	801 S Riverfront Blvd	Da	allas	TX	75207	
9 TYPE OF EXPENDITURE	Political 🗸	Non-Political				
10	(a) Category (See Categories listed at the top of this sch	edule) (b) Desc	ription			
PURPOSE OF Expenditure	TransportationEquipmentAndRelated se	Expen Gas for F	en Gas for R MAN 2 Campaign Vehicle			
	(c) Check if travel outside of Texas. Complete Sche	dule T.	Check if Austin,	TX, officeholder living	expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought	t	Office he Commi	eld ssioner Distr	
Date	Payee name					
06/22/2023	QT Fuel Station					
Amount (\$)	Payee address;	Ci	ty;	State;	Zip Code	
\$90.51	3311 Pleasant Run Road	La	Lancaster TX 7513			
TYPE OF EXPENDITURE	Political 🗸	Non-Political				
	Category (See Categories listed at the top of this sch	edule) Desc	ription			
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelated se	Expen Gas for 0	Gas for OURMAN Campaign Vehicle			
EXI ENDITORE	Check if travel outside of Texas. Complete Sch	edule T.	Check if Austin,	TX, officeholder living	ı expense	
	Candidate / Officeholder name	Office sough	t	Office he	eld	
Complete ONLY if direct expenditure to benefit C/OH	John Price		Commissioner Distr			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE	AS NEED	ED		

SCHEDULE F4

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

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

ing Expense Travel Out Cories/Wages/Contract Labor Other (enter

Candidate/Officeholder/Politica	al Committee Legal Services The Instruction Guide explains	Salaries/Wages/ how to compl		Other (enter a categor	y not listed above)
1 Total pages Schedule F4: 16	2 FILER NAME John W Price			3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACRED	IT CARD	\$ \$0.00	
5 Date 06/12/2023	6 Payee name Fuel City				
7 Amount (\$) \$100.98	8 Payee address; 801 S Riverfront Blvd		City; Dallas	State; TX	Zip Code 75207
9 TYPE OF EXPENDITURE	Political 🗸	Non-Politica	I		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s TransportationEquipmentAndRelate se) Description as for R MAN 2	Campaign Vehicle	
	(c) Check if travel outside of Texas. Complete So	chedule T.	Check if Au	stin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office	sought	Office he Commi	eld ssioner Distr
Date 06/27/2023	Payee name QT Fuel Station				
Amount (\$) \$88.79	Payee address; 3311 Pleasant Run Road		City; Lancaster	State; TX	Zip Code 75134
TYPE OF EXPENDITURE	Political 🔽	Non-Politica	al		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s TransportationEquipmentAndRelate se		Description as for R MAN 2	Campaign Vehicle	
	Check if travel outside of Texas. Complete S	chedule T.	Check if Au	ıstin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office	sought	Office he Commi	eld ssioner Distr

SCHEDULE F4

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

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

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

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) John W Price 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ \$0.00 5 Date 6 Payee name 06/19/2023 QT Fuel Station **7** Amount (\$) 8 Payee address; Citv: State: Zip Code \$70.00 3311 Pleasant Run Road TX Lancaster 75134 TYPE OF Non-Political Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Gas for OURMAN Campaign Vehicle **PURPOSE** TransportationEquipmentAndRelatedExpen OF se EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct John Price Commissioner Distr expenditure to benefit C/OH Payee name Date 06/01/2023 7 Eleven Amount (\$) Payee address; City; State; Zip Code \$70.00 225 E Colorado Blvd 75203 TX Dallas TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Gas for OURMAN Campaign Vehicle TransportationEquipmentAndRelatedExpen **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct John Price Commissioner Distr expenditure to benefit C/OH

Forms provided by Texas Ethics Commission

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED