

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 53								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST John</div> <div>MI W</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Price</div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  Date Received  <b>ELECTRONICALLY FILED</b>  07/15/2025  <div style="text-align: center; margin-top: 10px;"> <b>FILED</b>  2025 JUL 16 PM 1:34  JOHN F. WAHLEN  COUNTY CLERK  DALLAS COUNTY  REPUTY </div> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; 217 N I-35E</div> <div>APT / SUITE #; Desoto</div> <div>CITY; TX</div> <div>STATE; TX</div> <div>ZIP CODE 75115</div> </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (469 )</div> <div>PHONE NUMBER 371-5518</div> <div>EXTENSION</div> </div>	<div style="display: flex; justify-content: space-between;"> <div>Date Hand Delivered</div> <div>Date Postmarked</div> </div>									
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST Zan</div> <div>MI</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Holmes</div> <div>SUFFIX Jr.</div> </div>	<div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount</div> </div>									
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); PO Box 224725</div> <div>APT / SUITE #;</div> <div>CITY; Dallas</div> <div>STATE; TX</div> <div>ZIP CODE 75222</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (214 )</div> <div>PHONE NUMBER 762-6992</div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month      Day      Year  01      /01      /2025 </div> <div>THROUGH</div> <div> Month      Day      Year  06      /30      /2025 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month      Day      Year  /      /      </div> <div> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any) County Commissioner-District #3	13 OFFICE SOUGHT (if known)									
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-right: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

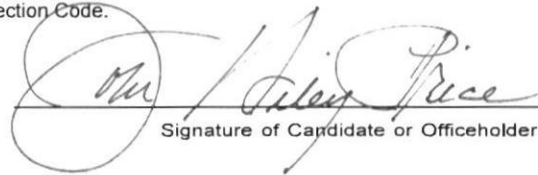
**GO TO PAGE 2**

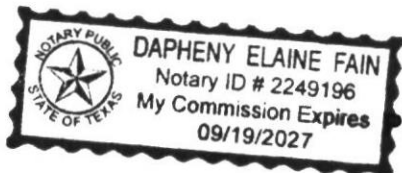
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> John W. Price		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ .00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 134,075.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ .00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 64,474.43
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 208,605.32
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ .00

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder

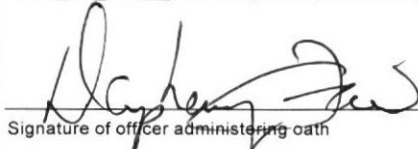


**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by John Wiley Price this the 16 day of July,  
20 25, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Dapheny Fain

Printed name of officer administering oath

Notary Public

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_. My address is \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ 25 \_\_\_\_\_ (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

John W.Price

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 134,075.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 64,474.43
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 818.35
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 35
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jack and Laura Matthews <hr/> <b>6</b> Contributor address; City; State; Zip Code 120 Winding Creek Way Argyle, TX 76226-9569	<b>7</b> Amount of contribution (\$) \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 03/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Gaubert <hr/> <b>Contributor address; City; State; Zip Code</b> 1120 N Westmoreland Rd Desoto TX 75115	<b>Amount of contribution (\$)</b> \$7,500.00
<b>Principal occupation / Job title (See Instructions)</b> Real Estate		<b>Employer (See Instructions)</b> Self
<b>Date</b> 04/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Rader <hr/> <b>Contributor address; City; State; Zip Code</b> PO Box 249 Colleyville TX 76034	<b>Amount of contribution (\$)</b> \$10,000.00
<b>Principal occupation / Job title (See Instructions)</b> Develop		<b>Employer (See Instructions)</b> Self
<b>Date</b> 04/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Morgan Jones <hr/> <b>Contributor address; City; State; Zip Code</b> 1785 East Interstate 30 Garland TX 75043	<b>Amount of contribution (\$)</b> \$5,000.00
<b>Principal occupation / Job title (See Instructions)</b> SuperStore		<b>Employer (See Instructions)</b> Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 35
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M-Real Estate  <b>6</b> Contributor address; City; State; Zip Code 257 S Riverfront Vlvd Dallas TX 75207	<b>7</b> Amount of contribution (\$) \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Farm		<b>9</b> Employer (See Instructions) Self
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Schenkel  Contributor address; City; State; Zip Code 614 N Bishop Dallas TX 75208	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Store		Employer (See Instructions) Self
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy Evans  Contributor address; City; State; Zip Code PO Box 25225 Dallas TX 75225	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Wilson  Contributor address; City; State; Zip Code 1910 Pacific Ave #12050 Dallas TX 75201	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

### 3 Filer ID (Ethics Commission Filers)

Employer (See Instructions)  
Self

Revised 1/1/2025

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 35
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat Schenkel <hr/> <b>6</b> Contributor address; City; State; Zip Code PO Box 703806 Dallas TX 75370	<b>7</b> Amount of contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retiree
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacqueline Ragland <hr/> Contributor address; City; State; Zip Code 6908 Hunter Cove Arlington TX 76001	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Self
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Evans <hr/> Contributor address; City; State; Zip Code PO Box 25131 Dallas TX 75225	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pauline Medrano <hr/> Contributor address; City; State; Zip Code 2346 Douglas Ave Dallas TX 75219	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Dallas County		Employer (See Instructions) Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 35
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Tapscott Jr. <hr/> <b>6</b> Contributor address; City; State; Zip Code 310 Parkiew Dr Sunnyvale TX 75182	<b>7</b> Amount of contribution (\$) \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nannie Puryear <hr/> Contributor address; City; State; Zip Code 1004 Hanson Way Virginia Beach VA 23454	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott Chase <hr/> Contributor address; City; State; Zip Code 1700 Pacific Ave Ste 3700 Dallas TX 75201	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nettiestine Smith <hr/> Contributor address; City; State; Zip Code 1643 South Corinth St Dallas TX 75203	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retiree		Employer (See Instructions) Retiree
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 35
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Donovan  <b>6</b> Contributor address; City; State; Zip Code 6509 Malcolm Dr Dallas TX 75241	<b>7</b> Amount of contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Self
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis Johnson  Contributor address; City; State; Zip Code 1001 Belview #1001 Dallas TX 75215	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) Self
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendy Lopez  Contributor address; City; State; Zip Code 3707 W Beverly Dr Dallas TX 75209	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Jackson  Contributor address; City; State; Zip Code 2605 Winding Hollow Arlington TX 76006	Amount of contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

Employer (See Instructions)  
Self

Revised 1/1/2025

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 35
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Moye  <b>6</b> Contributor address; City; State; Zip Code Address Hidden Dallas TX 75202	<b>7</b> Amount of contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Dallas County		<b>9</b> Employer (See Instructions) Dallas County
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al Ellis  Contributor address; City; State; Zip Code 3811 Turtle Creek Blvd, Dallas TX 75219 #1400	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Self
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Waddle  Contributor address; City; State; Zip Code 1015 s. Cockrell Hill Desoto TX 75115	Amount of contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Harris  Contributor address; City; State; Zip Code 813 Ryan Rd Dallas TX 75224	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retire
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Geraldine Wilson <hr/> <b>6</b> Contributor address; City; State; Zip Code 1136 Hemlock Dr Desoto TX 75115	<b>7</b> Amount of contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) retiree		<b>9</b> Employer (See Instructions) retiree
<b>Date</b> 04/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Clara Sayles <hr/> <b>Contributor address; City; State; Zip Code</b> 7106 Rolling Fork Dr Dallas TX 75227	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Retiree		<b>Employer (See Instructions)</b> Retiree
<b>Date</b> 06/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Johnny Clark <hr/> <b>Contributor address; City; State; Zip Code</b> 1641 Wagon Wheels Trl Dallas TX 75241	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Retiree		<b>Employer (See Instructions)</b> Retiree
<b>Date</b> 04/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Vonciel Hill <hr/> <b>Contributor address; City; State; Zip Code</b> 1627 Acapulco Dr Dallas TX 75232	<b>Amount of contribution (\$)</b> \$150.00
<b>Principal occupation / Job title (See Instructions)</b> Retiree		<b>Employer (See Instructions)</b> Retiree
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori Ryerkerk  <b>6</b> Contributor address; City; State; Zip Code 26985 Interstate 10 Winnie TX 77665	<b>7</b> Amount of contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 04/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans Engraving  <b>Contributor address; City; State; Zip Code</b> 208 S Tyler St Dallas TX 75208	<b>Amount of contribution (\$)</b> \$500.00
<b>Principal occupation / Job title (See Instructions)</b> Owner		<b>Employer (See Instructions)</b> Self
<b>Date</b> 04/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Mitchell  <b>Contributor address; City; State; Zip Code</b> 2525 Knight St, Ste 425 Dallas TX 75219	<b>Amount of contribution (\$)</b> \$2,500.00
<b>Principal occupation / Job title (See Instructions)</b> Entertainment		<b>Employer (See Instructions)</b> Self
<b>Date</b> 04/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) West & Associates LLP  <b>Contributor address; City; State; Zip Code</b> 320 S R L Thornton Dallas TX 75203	<b>Amount of contribution (\$)</b> \$500.00
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Partner
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 35
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dorothy Jackson <hr/> <b>6</b> Contributor address; City; State; Zip Code 1940 Gaylord Dr Dallas TX 75217	<b>7</b> Amount of contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retiree		<b>9</b> Employer (See Instructions) Retiree
<b>Date</b> 04/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Printice Gary <hr/> <b>Contributor address; City; State; Zip Code</b> 16304 Ranchita Dr. Dallas TX 75248	<b>Amount of contribution (\$)</b> \$1,000.00
<b>Principal occupation / Job title (See Instructions)</b> Finance		<b>Employer (See Instructions)</b> Self
<b>Date</b> 04/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Effie Dennison <hr/> <b>Contributor address; City; State; Zip Code</b> 1303 Woodlawn Ave Dallas TX 75208	<b>Amount of contribution (\$)</b> \$200.00
<b>Principal occupation / Job title (See Instructions)</b> Real Estate		<b>Employer (See Instructions)</b> Self
<b>Date</b> 04/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Heller <hr/> <b>Contributor address; City; State; Zip Code</b> 13806 Wooded Creek Dr. Farmers TX 75244	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Self		<b>Employer (See Instructions)</b> Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Charity Simmonds <hr/> <b>6</b> Contributor address; City; State; Zip Code 939 Fairway Dr. Duncanville TX 75137	<b>7</b> Amount of contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retiree		<b>9</b> Employer (See Instructions) Retiree
<b>Date</b> 04/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Omar-Davis <hr/> <b>Contributor address; City; State; Zip Code</b> 408 Glenwick Dr. Desoto TX 75115	<b>Amount of contribution (\$)</b> \$200.00
<b>Principal occupation / Job title (See Instructions)</b> Nurse		<b>Employer (See Instructions)</b> Self
<b>Date</b> 04/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Phll & Judy Fisher <hr/> <b>Contributor address; City; State; Zip Code</b> 5002 Bilindsay Rd Seogoville TX 75159	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Bailliff		<b>Employer (See Instructions)</b> Dallas County
<b>Date</b> 04/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy Dean <hr/> <b>Contributor address; City; State; Zip Code</b> 129 Wildwood Ct Desoto TX 75115	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Self		<b>Employer (See Instructions)</b> Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Afisu Olabimtan <hr/> <b>6</b> Contributor address; City; State; Zip Code 74 Buck Trl Sadler TX 76264	<b>7</b> Amount of contribution (\$) \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 04/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Rosie Sorrells <hr/> <b>Contributor address; City; State; Zip Code</b> 5506 Glen Forest Ln Dallas TX 75241	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Retiree		<b>Employer (See Instructions)</b> Retiree
<b>Date</b> 04/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas Dunning <hr/> <b>Contributor address; City; State; Zip Code</b> 2100 Ross Ave, Ste 1200 Dallas TX 75201	<b>Amount of contribution (\$)</b> \$1,000.00
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Self
<b>Date</b> 04/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Roland Parrish <hr/> <b>Contributor address; City; State; Zip Code</b> 1654 Handley Drive Dallas TX 75208	<b>Amount of contribution (\$)</b> \$2,500.00
<b>Principal occupation / Job title (See Instructions)</b> Owner Food		<b>Employer (See Instructions)</b> Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori Isenberg <hr/> <b>6</b> Contributor address; City; State; Zip Code 6820 Prestonshire Ln Dallas TX 75225	<b>7</b> Amount of contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Tesmer <hr/> Contributor address; City; State; Zip Code 800 Van Cliburn Way Fort Worth TX 76107	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Medical		Employer (See Instructions) CEO
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Armstrong <hr/> Contributor address; City; State; Zip Code 3030 Al Lipcomb Way Dallas TX 75215	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Self
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig & Joy Lentzsch <hr/> Contributor address; City; State; Zip Code 6606 Waggoner Dr Dallas TX 75230	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
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<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Phinney <hr/> <b>6</b> Contributor address; City; State; Zip Code PO Box 146 Wilmer TX 75172	<b>7</b> Amount of contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retiree		<b>9</b> Employer (See Instructions) Retiree
<b>Date</b> 04/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Nelson <hr/> <b>Contributor address; City; State; Zip Code</b> 1842 Morris Dallas TX 75212	<b>Amount of contribution (\$)</b> \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Retiree		<b>Employer (See Instructions)</b> Retiree
<b>Date</b> 04/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Brenda Jamison <hr/> <b>Contributor address; City; State; Zip Code</b> 9115 Sweetwater Dr Dallas TX 75228	<b>Amount of contribution (\$)</b> \$75.00
<b>Principal occupation / Job title (See Instructions)</b> retiree		<b>Employer (See Instructions)</b> retiree
<b>Date</b> 04/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Elena Jaxon <hr/> <b>Contributor address; City; State; Zip Code</b> 2835 Bonnie View Rd Dallas TX 75216	<b>Amount of contribution (\$)</b> \$200.00
<b>Principal occupation / Job title (See Instructions)</b> Health		<b>Employer (See Instructions)</b> Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



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<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Bowser  <b>6</b> Contributor address; City; State; Zip Code 1013 Graceland Desoto TX 75115	<b>7</b> Amount of contribution (\$) \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Retiree		<b>9</b> Employer (See Instructions) Retiree
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifton Miller  Contributor address; City; State; Zip Code 30 Meadowbrook Ln Trophy Club TX 76262	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley Davidson  Contributor address; City; State; Zip Code 123 Deepwood St Dallas TX 75217	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retiree		Employer (See Instructions) Retiree
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivan Freeman  Contributor address; City; State; Zip Code 3724 Rugged Dr Dallas TX 75224	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retiree		Employer (See Instructions) Retiree
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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<b>4</b> Date 04/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph Kemp  <b>6</b> Contributor address; City; State; Zip Code 1624 Promontory Dr. Cedar Hill TX 75104	<b>7</b> Amount of contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO/Owner		<b>9</b> Employer (See Instructions) Self
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perro Henson  Contributor address; City; State; Zip Code 2948 Vacherie Lane Dallas TX 75227	Amount of contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Peace Officer		Employer (See Instructions) Dallas City
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Gibson-Bennett  Contributor address; City; State; Zip Code 2323 Hickman Dallas TX 75215	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retiree		Employer (See Instructions) Retiree
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vanessa Harris  Contributor address; City; State; Zip Code 333 East Ct San Jose CA 95116	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joyce Foreman  <b>6</b> Contributor address; City; State; Zip Code 6317 Rock Canyon Trail Dallas TX 75232	<b>7</b> Amount of contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) DISD Trustee		<b>9</b> Employer (See Instructions) Self
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hymen & Sharon Childs  Contributor address; City; State; Zip Code 5316 Lyoncrest Court Dallas TX 75287	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Ent/Radio		Employer (See Instructions) Self
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert De Los Santo  Contributor address; City; State; Zip Code 335 E Sandra Lane Grand Prairie TX 75052	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Dallas County
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Pokolsky  Contributor address; City; State; Zip Code 7337 Woodfin Dallas TX 75220	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Medical		Employer (See Instructions) CEO
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe & DeLoris Tave <hr/> <b>6</b> Contributor address; City; State; Zip Code 3330 Shady Holly Ct Dallas TX 75233	<b>7</b> Amount of contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 04/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Ingrid Warren <hr/> <b>Contributor address; City; State; Zip Code</b> 600 Commerce St Dallas TX 75202	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Self
<b>Date</b> 04/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Tennell Atkins Campaign Fund <hr/> <b>Contributor address; City; State; Zip Code</b> 2717 Meadow Stone Ln Dallas TX 75237	<b>Amount of contribution (\$)</b> \$500.00
<b>Principal occupation / Job title (See Instructions)</b> Council member		<b>Employer (See Instructions)</b> City of Dallas
<b>Date</b> 04/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Kenneth Medlock <hr/> <b>Contributor address; City; State; Zip Code</b> 1631 Nob Hill Circle Duncanville TX 75137	<b>Amount of contribution (\$)</b> \$2,800.00
<b>Principal occupation / Job title (See Instructions)</b> Real Estate		<b>Employer (See Instructions)</b> Owner
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Canady III <b>6</b> Contributor address; City; State; Zip Code 476 Boulder Ln Sunnyvale TX 75182	<b>7</b> Amount of contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Pastor		<b>9</b> Employer (See Instructions) Self
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Lott Contributor address; City; State; Zip Code 1012 Barclay Mesquite TX 75149	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Self
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry & Sharon Hall Contributor address; City; State; Zip Code 4518 Rosebud Rowlett TX 75089	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Info Technology		Employer (See Instructions) Self
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lashonda Worthey Contributor address; City; State; Zip Code 315 Trees Dr Cedar Hill TX 75104	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) Dallas County
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**3 Filer ID (Ethics Commission Filers)**

Employer (See Instructions)  
Self

Revised 1/1/2025

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Benda <b>6</b> Contributor address; City; State; Zip Code 801 S Riverfront Blvd Dallas TX 75207	<b>7</b> Amount of contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Founder Convenience Store		<b>9</b> Employer (See Instructions) Self
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank & Renee Duggan Contributor address; City; State; Zip Code 9337 Old Nacagdoches Trl Forney TX 75126	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner/Beauty		Employer (See Instructions) Self
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehrshad Ashja Contributor address; City; State; Zip Code 14902 Preston Rd Dallas TX 74254	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Info Tech/ Professor		Employer (See Instructions) Self
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T Smith's Lawn Service LLC Contributor address; City; State; Zip Code 3315 Daniieldale Lancaster TX 75134	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Lawn Service		Employer (See Instructions) Self
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**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valencia Nash  <b>6</b> Contributor address; City; State; Zip Code 3714 Tioga Dallas TX 75241	<b>7</b> Amount of contribution (\$) \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Billy Redmond  Contributor address; City; State; Zip Code 3316 Illonois Dallas TX 75214	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Owner Car Dealer		Employer (See Instructions) Self
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeffrey Dalton  Contributor address; City; State; Zip Code 3240 Mariland Rd McKinney TX 75071	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick & Dianna Jackson  Contributor address; City; State; Zip Code 548 Missionary Ridge Desoto TX 75115	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Security		Employer (See Instructions) AAA Center
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

### 3 Filer ID (Ethics Commission Filers)

Employer (See Instructions)  
Self

Revised 1/1/2025

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 35
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anthony Benson  6 Contributor address; City; State; Zip Code 1443 Michigan Ave Dallas TX 75216	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Transportation/Owner		9 Employer (See Instructions) Self
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Williams  Contributor address; City; State; Zip Code 8066 Park Ln #1710 Dallas TX 75231	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Self
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daphne Hornbuckle  Contributor address; City; State; Zip Code 411 S Willomet Ave Dallas TX 75208	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Media		Employer (See Instructions) Self
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jim Burham  Contributor address; City; State; Zip Code 6116 N Central Expwy, #515 Dallas TX 75206	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 35
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edward Lopez  <b>6</b> Contributor address; City; State; Zip Code 4719 Byron Circle Irving TX 75038	<b>7</b> Amount of contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jack & Laura Matthews  Contributor address; City; State; Zip Code 120 Winding Creek Way Argyle TX 76226	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ruel Hamilton  Contributor address; City; State; Zip Code 325 St Paul Ste 3350 Dallas TX 75218	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: North Texas Automobile Dealers PAC  Contributor address; City; State; Zip Code 100 Decker Court, Ste 290 Irving TX 75062	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Auto Dealers		Employer (See Instructions) North Texas Auto Dealers PAC
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 35
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diane Miles  <b>6</b> Contributor address; City; State; Zip Code 5600 West Lovers Lane, Ste Dallas TX 75209 116-335	<b>7</b> Amount of contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Self Employed		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 04/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Henry Williams  <b>Contributor address; City; State; Zip Code</b> P. O. Box 397881 Dallas TX 75339	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Shop Manager		<b>Employer (See Instructions)</b> Dallas County
<b>Date</b> 04/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Laura Freeland  <b>Contributor address; City; State; Zip Code</b> 6009 Bryan Parkway Dallas TX 75206	<b>Amount of contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Executive Director		<b>Employer (See Instructions)</b> Inland Port
<b>Date</b> 04/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Violetta Forsythe-Lill  <b>Contributor address; City; State; Zip Code</b> 622 Blair Blvd Dallas TX 75223	<b>Amount of contribution (\$)</b> \$250.00
<b>Principal occupation / Job title (See Instructions)</b> Lawyer		<b>Employer (See Instructions)</b> Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 35
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alma Langrum <b>6</b> Contributor address; City; State; Zip Code 767 Village Green Deosto TX 75115	<b>7</b> Amount of contribution (\$) \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Child Care		<b>9</b> Employer (See Instructions) Self
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce Tapley Contributor address; City; State; Zip Code 2509 Jackson Drive Lewisville TX 75067	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) English Profession		Employer (See Instructions) Dalla College
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Pierre-Auguste Contributor address; City; State; Zip Code 7910 Amesbury Dr. Rowlett TX 75089	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Infomation Systems Tech		Employer (See Instructions) Qnet
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracey Gulley Contributor address; City; State; Zip Code 203 Satinwood Dallas TX 75217	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) Dallas County
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**3 Filer ID (Ethics Commission Filers)**

Employer (See Instructions)  
Parkland

Revised 1/1/2025



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 35
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brianna Brown <b>6</b> Contributor address; City; State; Zip Code 507 Curtiss Dr Rockwall TX 75087	<b>7</b> Amount of contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse Practitioner		<b>9</b> Employer (See Instructions) Contractor
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim Mitchell Contributor address; City; State; Zip Code 930 Poinsettia Dr. Dallas TX 75146	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Self Employed
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dora Morris Contributor address; City; State; Zip Code 1404 Mantlebrook Dr. Desoto TX 75115	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retiree		Employer (See Instructions) Retiree
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cynthia Northcutt Contributor address; City; State; Zip Code 2208 Trinidad Dr. Dallas TX 75232	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 35
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sonja Baty <b>6</b> Contributor address; City; State; Zip Code 2626 Garnet Pearland TX 77584	<b>7</b> Amount of contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 05/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) David Carlock <b>Contributor address; City; State; Zip Code</b> 5451 Wateka Drive Dallas TX 75209	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 04/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Jesse Jones <b>Contributor address; City; State; Zip Code</b> 1353 Mantelbrook Desoto TX 75115	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Educator		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 05/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Jacqueline & Andre Byrd <b>Contributor address; City; State; Zip Code</b> 1730 Richlen Way Desoto TX 75115	<b>Amount of contribution (\$)</b> \$500.00
<b>Principal occupation / Job title (See Instructions)</b> Pastor		<b>Employer (See Instructions)</b> Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 35
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virgie Brooks  <b>6</b> Contributor address; City; State; Zip Code PO Box 140092 Irving TX 75014	<b>7</b> Amount of contribution (\$) \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Financial Svc Specialist		<b>9</b> Employer (See Instructions) Self
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Rona McKinney  Contributor address; City; State; Zip Code 1436 Country Ridge Dr. Desoto TX 75115	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Busines Services		Employer (See Instructions) Self
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shotzie Price  Contributor address; City; State; Zip Code 3135 Quail Valley E Drive Missouri City TX 77489	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecil Whitaker  Contributor address; City; State; Zip Code 2130 Oak Valley Lane Dallas TX 75232	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Media/News		Employer (See Instructions) Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeMetrius McDaniel <hr/> <b>6</b> Contributor address; City; State; Zip Code 7749 Escala Dr Austin TX 78736	<b>7</b> Amount of contribution (\$) \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Co-Regional Operating Shareholder		<b>9</b> Employer (See Instructions) Greenberg Traurig
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lavern Littmon <hr/> Contributor address; City; State; Zip Code 4806 Collins Ave Dallas TX 75210	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retiree		Employer (See Instructions) Retiree
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Malone <hr/> Contributor address; City; State; Zip Code 2507 Dowd Lane Ausitn TX 78728	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retiree		Employer (See Instructions) Retiree
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Regina Watts <hr/> Contributor address; City; State; Zip Code 1531 Boshier Cedar Hill TX 75104	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) AT&T
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 35
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cleotha Montgomery <b>6</b> Contributor address; City; State; Zip Code 1801 Crape Myrtle Circle Irving TX 75063	<b>7</b> Amount of contribution (\$) \$10,000.00
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) Montgomery
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Victor Elmore Contributor address; City; State; Zip Code 3316-A S Cobb SE #185 Smyrna GA 30080	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Self
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellen Williams Contributor address; City; State; Zip Code 9330 LBJ Freeway Ste 900 Dallas TX 75243	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Foundaton of Community Empowerment
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brenda Jackson Contributor address; City; State; Zip Code PO Box 901149 Dallas TX 75360	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Oncor		Employer (See Instructions) VP
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebargar Goggan Blair Sampson LLP <b>6</b> Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760	<b>7</b> Amount of contribution (\$) \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Law Firm		<b>9</b> Employer (See Instructions) Linebarger Goggan Blair
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jonquil Akhir Contributor address; City; State; Zip Code 217 Tessman Trl Hutchins TX 75141	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner-Clothing		Employer (See Instructions) Self
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Betty Tanner Contributor address; City; State; Zip Code 1135 Pinedale Ln Dallas TX 75241	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joycelyn Johnson Contributor address; City; State; Zip Code 521 Missionary Ridge Desoto TX 75115	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Admin Assistant		Employer (See Instructions) West & West
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 15	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 01/09/2025	5 Payee name Paypal	
6 Amount (\$) \$555.89	7 Payee address; 2211 N 1st St.	City; State; Zip Code San Jose CA 95131
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Credit Card Processing Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Distr
Date 01/21/2025	Payee name US Postal Service	
Amount (\$) \$28.51	Payee address; 401 Tom Landry Frwy	City; State; Zip Code Dallas TX 75260
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description Shipping Funeral Resolutions for Constituents
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/03/2025	Payee name Hallee Hall	
Amount (\$) \$500.00	Payee address; 6309 Elder Oaks	City; State; Zip Code Dallas TX 75232
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Socal Media Outreach
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living 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 NEEDED		



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 15	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)		
4 Date 01/07/2024	5 Payee name MMS Company Ad Specialties			
6 Amount (\$) \$725.00	7 Payee address; 217 N I-35E	City; Desoto	State; TX	Zip Code 75115
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		(b) Description Campaign Office Rent	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought	Office held Commissioner Distr	
Date 01/07/2025	Payee name Evans Engraving			
Amount (\$) \$564.00	Payee address; 208 S Tyler St	City; Dallas	State; TX	Zip Code 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense		Description Funeral Resolution Framing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 01/27/2024	Payee name Classic Oil & Lube			
Amount (\$) \$97.26	Payee address; 152 E Davis	City; Dallas	State; TX	Zip Code 75203
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense		Description Oil Maintenance R MAN 2	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living 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 NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 15		<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)																																				
<b>4</b> Date 02/26/2025		<b>5</b> Payee name US Postal Service																																						
<b>6</b> Amount (\$) \$55.00		<b>7</b> Payee address; 401 Tom Landry Frwy		City; Dallas	State; TX																																			
				Zip Code 75260																																				
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		<b>(b)</b> Description Shipping Funeral Resolutions for Constituents																																					
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense																																					
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH																																								
Candidate / Officeholder name		Office sought		Office held																																				
<table border="1"> <tr> <td>Date 02/03/2025</td> <td colspan="5">Payee name Hallee Hall</td> </tr> <tr> <td>Amount (\$) \$500.00</td> <td colspan="2">Payee address; 6309 Elder Oaks</td> <td>City; Dallas</td> <td>State; TX</td> <td>Zip Code 75232</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See Categories listed at the top of this schedule) AdvertisingExpense</td> <td colspan="3">Description Social Media Outreach</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</td> <td colspan="3"><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td colspan="6">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> </tr> <tr> <td colspan="2">Candidate / Officeholder name John Price</td> <td colspan="2">Office sought</td> <td colspan="2">Office held Commissioner Distr</td> </tr> </table>						Date 02/03/2025	Payee name Hallee Hall					Amount (\$) \$500.00	Payee address; 6309 Elder Oaks		City; Dallas	State; TX	Zip Code 75232	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description Social Media Outreach			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			Complete <u>ONLY</u> if direct expenditure to benefit C/OH						Candidate / Officeholder name John Price		Office sought		Office held Commissioner Distr	
Date 02/03/2025	Payee name Hallee Hall																																							
Amount (\$) \$500.00	Payee address; 6309 Elder Oaks		City; Dallas	State; TX	Zip Code 75232																																			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description Social Media Outreach																																					
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH																																								
Candidate / Officeholder name John Price		Office sought		Office held Commissioner Distr																																				
<table border="1"> <tr> <td>Date 02/02/2025</td> <td colspan="5">Payee name MMS Company Ad Specialties</td> </tr> <tr> <td>Amount (\$) \$432.00</td> <td colspan="2">Payee address; 217 N I-35E</td> <td>City; Desoto</td> <td>State; TX</td> <td>Zip Code 75115</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td colspan="2">Category (See Categories listed at the top of this schedule) AdvertisingExpense</td> <td colspan="3">Description Black History Books</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</td> <td colspan="3"><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td colspan="6">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> </tr> <tr> <td colspan="2">Candidate / Officeholder name</td> <td colspan="2">Office sought</td> <td colspan="2">Office held</td> </tr> </table>						Date 02/02/2025	Payee name MMS Company Ad Specialties					Amount (\$) \$432.00	Payee address; 217 N I-35E		City; Desoto	State; TX	Zip Code 75115	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description Black History Books			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			Complete <u>ONLY</u> if direct expenditure to benefit C/OH						Candidate / Officeholder name		Office sought		Office held	
Date 02/02/2025	Payee name MMS Company Ad Specialties																																							
Amount (\$) \$432.00	Payee address; 217 N I-35E		City; Desoto	State; TX	Zip Code 75115																																			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description Black History Books																																					
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense																																					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH																																								
Candidate / Officeholder name		Office sought		Office held																																				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED																																								

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 15	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2025	5 Payee name Evans Engraving	
6 Amount (\$) \$540.00	7 Payee address; 208 S Tyler St	City; Dallas
		State; TX
		Zip Code 75208
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	(b) Description F
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date 02/27/2025	Payee name Darryl Ayers, Jr.	
Amount (\$) \$500.00	Payee address; 206 Cool Meado	City; Red Oak
		State; TX
		Zip Code 75154
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Photography Black History
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought
		Office held Commissioner Distr
Date 02/26/2025	Payee name MMS Company Ad Specialties	
Amount (\$) \$10,953.00	Payee address; 217 N I-35E	City; Desoto
		State; TX
		Zip Code 75115
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description !0,000 Custom Pens, GOTV Canvass Program
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living 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 NEEDED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 15	<b>2</b> FILER NAME John W Price	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date 02/27/2025	<b>5</b> Payee name Roy Smth Auto			
<b>6</b> Amount (\$) \$1,250.00	<b>7</b> Payee address; 3803 S Lancaster Rd	City; Dallas	State; TX	Zip Code 75216
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense		<b>(b)</b> Description Transmission for RMAN2	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price		Office sought	Office held Commissioner Distr
Date 03/25/2025	Payee name US Postal Service			
Amount (\$) \$72.79	Payee address; 401 Tom Landry Frwy	City; Dallas	State; TX	Zip Code 75260
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description Shipping Funeral Resolutions for Constituents	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date 03/03/2025	Payee name AAEAHP Educators Hall of Fame			
Amount (\$) \$1,200.00	Payee address; P.O. Box 411091	City; Dallas	State; TX	Zip Code 75241
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description Advertisement in Program Book - Back Cover	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living 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 NEEDED				

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 15		<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/11/2025		<b>5</b> Payee name Lorie Blair Campaign			
<b>6</b> Amount (\$) \$1,000.00		<b>7</b> Payee address; P.O. Box 764101		City; Dallas	State; TX
				Zip Code 75376	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ContributionsDonationsMadeByCandidateCo mmittee		<b>(b)</b> Description Campaign Donation		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Lorie Blair		Office sought Dallas City Council Dist	Office held
Date 03/25/2025		Payee name Texas Organization of Black County Commissioners			
Amount (\$) \$100.00		Payee address; 10219 Glenswood		City; Navasota	State; TX
				Zip Code 77686	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description Annual Membership Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name John Price		Office sought	Office held Commissioner Distr
Date 03/05/2025		Payee name MMS Company Ad Specialties			
Amount (\$) \$1,225.00		Payee address; 217 N I-35E		City; Desoto	State; TX
				Zip Code 75115	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description Campaign Rent, Plus Office Repairs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name John Price		Office sought	Office held Commissioner Distr

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 15	<b>2</b> FILER NAME John W Price	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date 03/07/2025	<b>5</b> Payee name Hallee Hall			
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; 6309 Elder Oaks	City; Dallas	State; TX	Zip Code 75232
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) AdvertisingExpense		<b>(b)</b> Description Socal Media Outreach	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought	Office held Commissioner Distr	
Date 03/19/2025	Payee name Mount Rose Church			
Amount (\$) \$1,000.00	Payee address; 7151 Fieldview	City; Dallas	State; TX	Zip Code 75248
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense		Description Donation for Communy Programs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 03/17/2025	Payee name Evans Engraving			
Amount (\$) \$564.00	Payee address; 208 S Tyler St	City; Dallas	State; TX	Zip Code 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense		Description Funeral Resolution Framing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 15	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2025	5 Payee name US Postal Service	
6 Amount (\$) \$293.99	7 Payee address; 401 Tom Landry Frwy	City: Dallas State: TX Zip Code: 75260
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	(b) Description Stamps for office
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Distr
Date 03/24/2025	Payee name Hallee Hall	
Amount (\$) \$500.00	Payee address; 6309 Elder Oaks	City: Dallas State: TX Zip Code: 75232
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Socal Media Outreach
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Distr
Date 03/23/2025	Payee name MMS Company Ad Specialties	
Amount (\$) \$2,000.00	Payee address; 217	City: Desoto State: TX Zip Code: 75115
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Print Material Design Graphics Promo Bags
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Distr

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 15	<b>2</b> FILER NAME John W Price	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date 03/28/2025	<b>5</b> Payee name MMS Company Ad Specialties			
<b>6</b> Amount (\$) \$1,827.74	<b>7</b> Payee address; 217	City; Desoto	State; TX	Zip Code 75115
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) EventExpense		<b>(b)</b> Description Cocktail Tables, Plants, for JWP Event	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price		Office sought	Office held Commissioner Distr
Date 03/28/2025	Payee name US Postal Service			
Amount (\$) \$766,500.00	Payee address; 401	City; Dallas	State; TX	Zip Code 75260
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description Permit Fee plus Postage for Campaign	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price		Office sought	Office held Commissioner Distr
Date 03/25/2025	Payee name Yanira Ascencio			
Amount (\$) \$700.00	Payee address; 500 Elm Street 7th Floor	City; Dallas	State; TX	Zip Code 75203
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description Reimbursement for office supplies	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living 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 NEEDED				

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 15	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2025	5 Payee name Bryd Racing	
6 Amount (\$) \$561.00	7 Payee address; 1223 Crestdell Dr	City; State; Zip Code Duncanville TX 75137
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	(b) Description OUR MAN Campaign SUV Water Pump, Altern
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Distr
Date 04/07/2025	Payee name Dapheny Fain	
Amount (\$) \$700.00	Payee address; 625 Missionary Ridge	City; State; Zip Code Desoto TX 75115
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PollingExpense	Description Reimbursement for Texting program
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Distr
Date 04/09/2025	Payee name Evans Engraving	
Amount (\$) \$893.00	Payee address; 208 S Tyler St	City; State; Zip Code Dallas TX 75208
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description Framing of Funeral Resolutions
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 15	<b>2</b> FILER NAME John W Price	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/10/2025	<b>5</b> Payee name John Ames Tax Assessor Collector	
<b>6</b> Amount (\$) \$78.75	<b>7</b> Payee address; 500 Elm Street 1st Floor	City; State; Zip Code Dallas TX 75203
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	<b>(b)</b> Description RMAN 2 License Tags
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Distr
Date 04/11/2025	Payee name Dallas County	
Amount (\$) \$5,000.00	Payee address; 500 Jackson	City; State; Zip Code Dallas TX 75203
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description Rental of 500 Jackson Street for Comm Price Birthday Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Distr
Date 04/15/2025	Payee name Nana B's Catering	
Amount (\$) \$2,700.00	Payee address; 4705 Yancy St	City; State; Zip Code Dallas TX 75216
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FoodBeverageExpense	Description Catering for Commissioner Price Birthday Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Distr

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 15	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2025	5 Payee name MMS Company Ad Specialties	
6 Amount (\$) \$1,500.00	7 Payee address; 217 N I-35E	City; Desoto
	State; TX	Zip Code 75115
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EventExpense	(b) Description Proctor Campaign Operations
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Rachel Proctor	Office sought Mayor, City of Desoto
		Office held Mayor City of Deso
Date 05/21/2025	Payee name US Postal Service	
Amount (\$) \$70.66	Payee address; 401 Tom Landry Frwy	City; Dallas
	State; TX	Zip Code 75260
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description Shipping Funeral Resolutions for Constituents
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date 05/01/2025	Payee name Darryl Ayers, Jr.	
Amount (\$) \$500.00	Payee address; 206 Cool Meadows	City; Red Oak
	State; TX	Zip Code 75154
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description Photography for Comm Price's Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought
		Office held Commissioner Distr

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 15		<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 05/20/2025		<b>5</b> Payee name Anthony Garrett			
<b>6</b> Amount (\$) \$432.00		<b>7</b> Payee address; 1629 Pennsylvania Ave		City; Dallas	State; TX
				Zip Code 75216	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense		<b>(b)</b> Description RMAN 2 Tune Up		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name John Price		Office sought	Office held Commissioner Distr
Date 05/29/2025		Payee name Minerva Quesada Tire Shop			
Amount (\$) \$490.00		Payee address; 337 E Ledbetter		City; Dallas	State; TX
				Zip Code 75232	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense		Description Front End Alignment RMAN 2 and OUR MAN wheel Repair		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name John Price		Office sought	Office held Commissioner Distr
Date 05/25/2025		Payee name MMS Company Ad Specialties			
Amount (\$) \$4,425.00		Payee address; 217 N I-35E		City; Desoto	State; TX
				Zip Code 75115	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ConsultingExpense		Description Desoto Candidates Operations		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 15	<b>2</b> FILER NAME John W Price	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date 04/29/0225	<b>5</b> Payee name Chrystal Chism			
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; Silver Creek	City; Desoto	State; TX	Zip Code 75115
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ContributionsDonationsMadeByCandidateCo mmittee		<b>(b)</b> Description Crystal Chism Campaign	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Crystal Chism	Office sought	Office held Desoto City Council	
Date 05/06/2025	Payee name MMS Company Ad Specialties			
Amount (\$) \$3,200.00	Payee address; 217 N I-35E	City; Desoto	State; TX	Zip Code 75115
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PollingExpense		Description Election Day Canvass for GOTV	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 05/09/2027	Payee name Hallee Hall			
Amount (\$) \$860.00	Payee address; 6309 Elder Oaks	City; Dallas	State; TX	Zip Code 75232
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description Socal Media Outreach	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought	Office held Commissioner Distr	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 15	<b>2</b> FILER NAME John W Price	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date 05/09/2025	<b>5</b> Payee name MMS Company Ad Specialties			
<b>6</b> Amount (\$) \$5,997.00	<b>7</b> Payee address; 217 N I-35E	City; Desoto	State; TX	Zip Code 75115
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) AdvertisingExpense		<b>(b)</b> Description Production of Mothers Day Cards, Print and Design	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Sonja Price		Office sought	Office held Commissioner Distr
Date 05/27/2024	Payee name Evans Engraving			
Amount (\$) \$399.50	Payee address; 208 S Tyler St	City; Dallas	State; TX	Zip Code 75208
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense		Description Funeral Resolution Framing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held

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# EXPENDITURES MADE BY CREDIT CARD

## 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES</b> SCHEDULE F4: 2	<b>2 FILER NAME</b> John W. Price	<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>		\$ 818.35
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution USAA Savings Bank	
<b>6 PAYMENT</b>	(a) Amount Charged \$ 198.65	(b) Date Expenditure Charged 12/26/24
		(c) Date(s) Credit Card Issuer Paid 01/03/25
<b>7 PAYEE</b>	(a) Payee name Roys Auto Service	(b) Payee address; City, State, Zip Code 3807 S Lancaster Rd, Dallas, TX 75216
<b>8 PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation	(b) Description Campaign Engine Work
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name John W. Price	Office Sought Office Held Commissioner District 3
<b>PAYMENT</b>	(a) Amount Charged \$ 278.00	(b) Date Expenditure Charged 01/24/25
		(c) Date(s) Credit Card Issuer Paid 02/03/25
<b>PAYEE</b>	(a) Payee name Fuel City	(b) Payee address; City, State, Zip Code 801 S Riverfront Blvd Dallas, Tx 75207
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation	(b) Description Gas for RMAN 2 Campaign SUV plus fluids
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name John W. Price	Office Sought Office Held Commissioner, District 3
<b>PAYMENT</b>	(a) Amount Charged \$ 226.99	(b) Date Expenditure Charged 03/31/25
		(c) Date(s) Credit Card Issuer Paid 04/08/25
<b>PAYEE</b>	(a) Payee name Brake Stop	(b) Payee address; City, State, Zip Code 4308 Live Oak Dallas, Tx 75204
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation	(b) Description Campaign SUV Rotor/Brake Work
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name John W. Price	Office Sought Office Held Commissioner District 3

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# EXPENDITURES MADE BY CREDIT CARD

## 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES</b> SCHEDULE F4: 2	<b>2 FILER NAME</b> John W. Price	<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>		\$ 818.35
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution USAA Savings Bank	
<b>6 PAYMENT</b>	(a) Amount Charged \$ 114.71	(b) Date Expenditure Charged 03/31/25 (c) Date(s) Credit Card Issuer Paid 04/08/25/03/25
<b>7 PAYEE</b>	(a) Payee name Fuel City	(b) Payee address; City, State, Zip Code 801 S Riverfront Blvd, Dallas, Tx 75207
<b>8 PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation (b) Description Campaign Gas for RMAN 2 Campaign SUV Work (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name John W. Price Office Sought Office Held Commissioner District 3	
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office Sought Office Held	
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office Sought Office Held	

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