

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

OFFICE USE ONLY

Date Received
ELECTRONICALLY FILED
07/15/2026

JUL 16 '26 AM 8:45

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

John

MI

W

NICKNAME

LAST

Price

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

217 North I-35E

Suite 217 Desoto

TX

75115

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

762-6992

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

Zan

MI

W

NICKNAME

LAST

Wesley

Holmes, Jr.

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 224725

Dallas

TX

75222

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

762-6992

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01

/01

/2026

THROUGH

Month

Day

Year

06

/30

/2026

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

County Commissioner-District #3

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ Additional Pages

☐ GENERAL

COMMITTEE ADDRESS

☐ 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**

15 C/OH NAME

John W Price

16 Filer ID (Ethics Commission Filers)

**17 CONTRIBUTION
TOTALS**

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$.00

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 133,409.11

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$.00

4. **TOTAL POLITICAL EXPENDITURES**

\$ 169,630.49

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 141,709.62

**OUTSTANDING
LOAN TOTALS**

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 _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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 _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

John Price

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$\$133,409.11
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$\$0.00
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$\$0.00
4.	☐	SCHEDULE E: LOANS	\$\$0.00
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$169,418.09
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$\$0.00
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
8.	☒	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$\$212.40
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$\$0.00
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$\$0.00
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$\$0.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
28**2** FILER NAME
John W Price**3** Filer ID (Ethics Commission Filers)**4** Date
01/02/2026**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Sandra Malone**7** Amount of contribution (\$)
\$100.00**6** Contributor address; City; State; Zip Code
1907 Matagorda Dr. Dallas TX 75232**8** Principal occupation / Job title (See Instructions)
retired**9** Employer (See Instructions)Date
01/20/2026Full name of contributor ☐ out-of-state PAC (ID#: _____)
PayPal ReimbursementAmount of contribution (\$)
\$32.11Contributor address; City; State; Zip Code
2211 North First Street San Jose CA 95131

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/22/2026Full name of contributor ☐ out-of-state PAC (ID#: _____)
Morgan JonesAmount of contribution (\$)
\$5,000.00Contributor address; City; State; Zip Code
1785 East I-30 Garland TX 75043Principal occupation / Job title (See Instructions)
CEOEmployer (See Instructions)
OwnerDate
04/22/2026Full name of contributor ☐ out-of-state PAC (ID#: _____)
Wynn DillardAmount of contribution (\$)
\$1,000.00Contributor address; City; State; Zip Code
163 Pittsburg St. A2 Dallas TX 75207Principal occupation / Job title (See Instructions)
PresidentEmployer (See Instructions)
Self**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
28

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
04/22/2026

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Barbara Bass

7 Amount of contribution (\$)
\$150.00

6 Contributor address; City; State; Zip Code
1013 Graceland Desoto TX 75115

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
04/22/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Naomi Jackson

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
3507 Alaska Ave Dallas TX 75216

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
04/22/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Claude & Terri Williams

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
1501 Parrott Desoto TX 75115

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
04/22/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Marvin Dulaney, PHD

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
P O Box 973 Desoto TX 75123

Principal occupation / Job title (See Instructions)
African American Studies

Employer (See Instructions)
Owner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Winfred Parnell, MD 6 Contributor address; City; State; Zip Code 6743 Talmadge Lane Dallas TX 75230	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 04/22/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bobby Waddle Contributor address; City; State; Zip Code 1015 S. Cockrell Hill Rd Desoto TX 75115	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/22/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hiawatha Williams Contributor address; City; State; Zip Code 1014 Clifton Desoto TX 75115	Amount of contribution (\$) \$1,076.00
Principal occupation / Job title (See Instructions) Restaurant/CEO		Employer (See Instructions) Owner
Date 04/22/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Henry Williams Contributor address; City; State; Zip Code PO Box 397881 Dallas TX 75339	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Shop Supervisor		Employer (See Instructions) Road and Bridge 3
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Mary Gibson-Bennett 6 Contributor address; City; State; Zip Code 2323 Hickman Dallas TX 75215	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) restired		9 Employer (See Instructions)
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Michael Rader Contributor address; City; State; Zip Code PO Box 248 Colleyville TX 76034	Amount of contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Self
Date 04/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Erle Nye Contributor address; City; State; Zip Code 8523 Thackery St. Dallas TX 75225	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ivette Norman Contributor address; City; State; Zip Code PO Box 764185 Dallas TX 75376	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
28

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
04/27/2026

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Michael Williams

7 Amount of contribution (\$)
\$1,000.00

6 Contributor address; City; State; Zip Code
1111 W. Mockingbird Lane Dallas TX 75247

8 Principal occupation / Job title (See Instructions)
Management

9 Employer (See Instructions)
CEO

Date
04/27/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Cjopp Stephone

Amount of contribution (\$)
\$1,000.00

Contributor address; City; State; Zip Code
2448 Club Manor Dr. Dallas TX 75237

Principal occupation / Job title (See Instructions)
Management

Employer (See Instructions)
Coverall

Date
04/27/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Helen Giddings

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
400 S Zang Blvd Dallas TX 75208

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
Concessions

Date
04/27/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Medrshad Ashja

Amount of contribution (\$)
\$400.00

Contributor address; City; State; Zip Code
14902 Preston Rd. Ste 404-927 Dallas TX 75254

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)
President

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Dwayne Hall 6 Contributor address; City; State; Zip Code PO Box 131461 Dallas TX 75313	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Law		9 Employer (See Instructions) Self
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ynonne Davis Contributor address; City; State; Zip Code 718 N Hampton Rd Desoto TX 75115	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Self
Date 04/24/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hyman Childs Contributor address; City; State; Zip Code 5316 Lyoncrest Dallas TX 75289	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO Broadcasting		Employer (See Instructions) Owner
Date 04/26/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Majorie Walstad Contributor address; City; State; Zip Code 222 West Commerce Dallas TX 75206	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO/President		Employer (See Instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Tennell Atkins 6 Contributor address; City; State; Zip Code 2717 Meadow Stone Lane Dallas TX 75232	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Self
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Valencia Nash-McShann Contributor address; City; State; Zip Code 3714 Tioga Dallas TX 75241	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) JP		Employer (See Instructions) Dallas County
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tom Collins Contributor address; City; State; Zip Code 3320 Lovers Lane Dallas TX 75225	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 04/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Craig Evans Contributor address; City; State; Zip Code PO Box 25131 Dallas TX 75225	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Samuel & Rose Pierre-Auguste 6 Contributor address; City; State; Zip Code 518 Shadwell Garland TX 75041	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) IT		9 Employer (See Instructions) Qnet
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Greg Thomas, PC Contributor address; City; State; Zip Code 2921 Bryn Mawr Dallas TX 75225	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Debra Brown-Sturns Contributor address; City; State; Zip Code 612 Higwoods Trl Fort Worth TX 76112	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Joan Smotzer Contributor address; City; State; Zip Code 3030 McKinney Ave #1803 Dallas TX 75204	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
28

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
04/27/2026

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
David Cain

7 Amount of contribution (\$)
\$200.00

6 Contributor address; City; State; Zip Code
6307 Club Lake Court Dallas TX 75214-1323

8 Principal occupation / Job title (See Instructions)
retired

9 Employer (See Instructions)

Date
04/27/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Jackie Ragland

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
6908 Hunter Cove Dr. Arlington TX 76001

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
self

Date
04/27/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Diane Ragsdale

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
3611 Dunbar Dallas TX 75215

Principal occupation / Job title (See Instructions)
President/CEO

Employer (See Instructions)
ICDC

Date
04/27/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Larry Hall

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
4518 Rosebud Rowlett TX 75089

Principal occupation / Job title (See Instructions)
CEO/Pres

Employer (See Instructions)
Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Robert De Los Santos 6 Contributor address; City; State; Zip Code Owner withheld per Sec.# 25.025 or 25.026 of Texas Grand Prairie TX 75052	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Law Enforcement/Safety		9 Employer (See Instructions) DC
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lisa Hembry Contributor address; City; State; Zip Code 816 Blaylark Dalla TX 75203	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) President/Ceo		Employer (See Instructions) iMedia Network
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tammy & Frank Crawford Contributor address; City; State; Zip Code 2108 Spring Mills Mesquite TX 75181	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Road & Bridge 3
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) David & Joan Bouldin Contributor address; City; State; Zip Code 1510 Seevers Dr. Dallas TX 75216	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retirees		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

Revised 1/1/2026

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Lucy Cain 6 Contributor address; City; State; Zip Code 4308 Spring Ave. Dallas TX 75210	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Communications Consultant		9 Employer (See Instructions) LJC & Associates
Date 04/25/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Shirley Watts Contributor address; City; State; Zip Code 1305 Timberlake St. Nacogdoches TX 75961	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retiree		Employer (See Instructions)
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Petro Henson Contributor address; City; State; Zip Code 2948 Vacherie Lane Dallas TX 75227	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Self
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Patricia Armstrong Contributor address; City; State; Zip Code 3030 Al Lipscomb Way Dallas TX 75215	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Ebony Bonds
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Michael Rader 6 Contributor address; City; State; Zip Code PO Box 249 Colleyville TX 76034	7 Amount of contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Self
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Huel Hamilton Contributor address; City; State; Zip Code 325 N. St. Paul Suite 3350 Dallas TX 75218	Amount of contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) AmeriSouth Realty
Date 04/26/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson Contributor address; City; State; Zip Code 3500 Maple Ave Suite 800 Dallas TX 75219	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Law Firm		Employer (See Instructions) Linebarger Goggan Blair & Sampson
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Afisu Olabimtan Contributor address; City; State; Zip Code 74 Buck Trl Saddler TX 76264	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO/President		Employer (See Instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) John Benda 6 Contributor address; City; State; Zip Code 801 Riverfront Blvd Dallas TX 75207	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) CEO.President		9 Employer (See Instructions) Self
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cleotha Montgomery Contributor address; City; State; Zip Code 1801 Crepe Myrtle Irving TX 75063	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO/President		Employer (See Instructions) Self
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Evalynn Williams Contributor address; City; State; Zip Code 1421 Covington Desoto TX 75115	Amount of contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) CEO - Civil Engineering		Employer (See Instructions) Owner
Date 04/26/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lucious Williams Contributor address; City; State; Zip Code 1421 Covington Dr. Desoto TX 75115	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Chairman and Director of Government Affairs		Employer (See Instructions) Engineering Firm
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Willis Johnson 6 Contributor address; City; State; Zip Code 1409 S. Lamar Ste 220 Dallas TX 75215	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) CEO/Consultant		9 Employer (See Instructions) Self
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Whitney Warren Contributor address; City; State; Zip Code 901 Main Street Ste 3240 Dallas TX 75202	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Litigation counsel		Employer (See Instructions) McGinnis Lochridge
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) John Proctor Contributor address; City; State; Zip Code 1524 Oak Meadow Dallas TX 75232	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Pres/CEO		Employer (See Instructions) JPC Consulting
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kenneth Medlock Contributor address; City; State; Zip Code 1631 Nob Hill Circle Duncanville TX 75137	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Townview Realtors
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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)

Revised 1/1/2026

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
28

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
04/27/2026

5 Full name of contributor ☐ out-of-state PAC (ID#:
David :Lott

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
1012 Barclay Mesquite TX 75149

8 Principal occupation / Job title (See Instructions)
Operations

9 Employer (See Instructions)
Valet Living

Date
04/29/2026

Full name of contributor ☐ out-of-state PAC (ID#:
Loren Collins

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
2442West 10th St Dallas TX 75211

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
District Attorney

Date
04/29/2026

Full name of contributor ☐ out-of-state PAC (ID#:
Laura Freeland

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
6009 Bryan Parkway Dallas TX 75206

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Hunton Andrews Kurth LLP

Date
04/29/2026

Full name of contributor ☐ out-of-state PAC (ID#:
Gordon Hikel

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
218 Rockbrook Drive Wylie TX 75098

Principal occupation / Job title (See Instructions)
Senior Assistant City Attorney

Employer (See Instructions)
City of Mesquite

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Melanie Tillery 6 Contributor address; City; State; Zip Code 4513 Scenic Circle Garland TX 75043	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Garland ISD
Date 04/29/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ronald Pierre-Auguste Contributor address; City; State; Zip Code 7910 Amesbury Rowlett TX 75089	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) Qnet
Date 04/29/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jane Heath Contributor address; City; State; Zip Code 6405 Malcolm Ct Dallas TX 75214-1323	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Assistant Public Defender		Employer (See Instructions) Dallas County
Date 04/29/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) AI Ellis Contributor address; City; State; Zip Code 3811 Turtle Creek Blvd, Ste 1400 Dallas TX 75219	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Sommerman, McCaffity, Quesada & Geisler,
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Dorothy Jackson 6 Contributor address; City; State; Zip Code 1949 Gaylord Dallas TX 75217	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) retiree		9 Employer (See Instructions)
Date 04/29/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Carl Griffith Contributor address; City; State; Zip Code 26985 Interstate 10 Winnie TX 77556	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) GMJ
Date 04/29/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Monica Bailey Jackson Contributor address; City; State; Zip Code 707 Summerwood Dr. Arlington TX 76006	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) CEO/Consultant		Employer (See Instructions) Self
Date 04/29/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Laurah Johnson Contributor address; City; State; Zip Code 1644 Conner Drive Dallas TX 75217	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retiree		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Lisa Baron 6 Contributor address; City; State; Zip Code 4047 Cochran Chapel Dallas TX 75209	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Trail Lawyer		9 Employer (See Instructions) Self
Date 04/29/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brian Wesley Contributor address; City; State; Zip Code 1711 Richlen Way Desoto TX 75115	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) DISD
Date 04/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Luis Spinola Contributor address; City; State; Zip Code 4608 Windsor ridge Drive Irving TX 75038	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Azteca
Date 04/29/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Michael Russell Contributor address; City; State; Zip Code 171 17th St. NW Atlanta GA 30363	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Russell
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
28

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
04/20/2026

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Danial Schlachter

7 Amount of contribution (\$)
\$5,000.00

6 Contributor address; City; State; Zip Code
6211 W Northwest Hwy C256 Dallas TX 75225

8 Principal occupation / Job title (See Instructions)
Principal CEO

9 Employer (See Instructions)
Self

Date
04/20/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Jane Heath

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
6406 Malcolm Dallas TX 75214

Principal occupation / Job title (See Instructions)
Assistant Public Defender

Employer (See Instructions)
Dallas County

Date
04/20/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Doris Morris

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
1404 Mantlebrook Desoto TX 75115

Principal occupation / Job title (See Instructions)
N/A

Employer (See Instructions)
Self

Date
04/20/2026

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Martin Burrell

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
8500 North Stemmons Dallas TX 75247
Freeway Ste 2055

Principal occupation / Job title (See Instructions)
CEO/President

Employer (See Instructions)
Burrell Group

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

2 FILER NAME
John W Price

4 Date
04/20/2026

6 Contributor address;	City;	State;	Zip Code
3316 A S Cobb Dr SE_185	Smyrna	GA	30060

8 Principal occupation / Job title (See Instructions)
Self

Date
04/26/2026

Contributor address;	City;	State;	Zip Code
120 Winding Creek Way	Argyle	TX	76226

Principal occupation / Job title (See Instructions)
Entrepreneur

Date
04/14/2026

Contributor address;	City;	State;	Zip Code
3994 Sword Dancer Way	Grand Prairie	TX	75052

Principal occupation / Job title (See Instructions)
Retiree

Date
04/26/2026

Contributor address;	City;	State;	Zip Code
519 Highlands	Desoto	TX	75115

Principal occupation / Job title (See Instructions)
Accountant

Revised 1/1/2026

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Dorothy Lewis 6 Contributor address; City; State; Zip Code 2141 Lesser Court Dallas TX 75208	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retiree		9 Employer (See Instructions)
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Vernon & Billie Granville Contributor address; City; State; Zip Code 3728 Olney Court Dallas TX 75241	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retiree		Employer (See Instructions)
Date 05/01/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Craig Schenkel Contributor address; City; State; Zip Code 914 N Bishop Ave Ste 3 Dallas TX 75206	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Schenkel Brothers
Date 04/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ernest & Linda Goode Contributor address; City; State; Zip Code 4709 palos Verdes Dr Mesquite TX 75150	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) New Hope Baptist Church
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Cynthia & Jimmie Smith 6 Contributor address; City; State; Zip Code 6458 FM 513 S Lone Oak TX 75453	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retirees		9 Employer (See Instructions)
Date 04/26/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lavern Littmon 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)
Date 04/23/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Diana Broadus Contributor address; City; State; Zip Code 3334 Seevers Dallas TX 75216	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Staffer		Employer (See Instructions) Dallas Appraisal District
Date 04/29/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Charity Simmons, MD Contributor address; City; State; Zip Code 939 Fairway Dr Duncanville TX 75137	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) OB/GYN		Employer (See Instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
28

2 FILER NAME

John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
05/01/2026

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Randall Isenberg, PC

7 Amount of contribution (\$)
\$500.00

6 Contributor address;

City;

State;

Zip Code

4303 N Central Expressway

Dallas

TX

75205

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Self

Date
05/01/2026

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Billy & Lisa Dean

Amount of contribution (\$)
\$150.00

Contributor address;

City;

State;

Zip Code

124 Wildwood Ct

Desoto

TX

75115

Principal occupation / Job title (See Instructions)
Lead Custodian

Employer (See Instructions)
Meadows Elem Desoto ISD

Date
05/01/2026

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joycelyn Johnson

Amount of contribution (\$)
\$100.00

Contributor address;

City;

State;

Zip Code

521 Missionary Ridge

Desoto

TX

75115

Principal occupation / Job title (See Instructions)
Staffer

Employer (See Instructions)
Senator Royce West

Date
05/12/2026

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rev. Wendell & Gloria Blair

Amount of contribution (\$)
\$100.00

Contributor address;

City;

State;

Zip Code

2110 Siesta Dr

Dallas

TX

75224

Principal occupation / Job title (See Instructions)
Minister

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 05/18/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Ross Perot, Jr. 6 Contributor address; City; State; Zip Code 3000 Turtle Creek Blvd. Dallas TX 75219	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Chairman		9 Employer (See Instructions) Perot Companies
Date 05/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Todd Jones Contributor address; City; State; Zip Code 3521 Green Acres Ter Farmers TX 75234 Drenth	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Retail Shop
Date 05/02/2023	Full name of contributor ☐ out-of-state PAC (ID#: _____) Nannie Puryear Contributor address; City; State; Zip Code 1004 Hanson Way Wirginia Bch VA 23454	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retiree		Employer (See Instructions)
Date 04/24/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Shotzie Price Contributor address; City; State; Zip Code 3135 Quail Valley East Dr Missouri City TX 77480	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 05/05/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Brenda Jackson 6 Contributor address; City; State; Zip Code PO Box 601149 Dallas TX 75360	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Diabetes Health & Wellness Institute I
Date 06/23/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Karen & Mark Stiles Contributor address; City; State; Zip Code 1355 Thomas Rd. Beaumont TX 77706	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) self		Employer (See Instructions)
Date 05/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Regina Watts Contributor address; City; State; Zip Code 1531 Boshier Cedar Hill TX 75104	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Director – Project Program Management		Employer (See Instructions) AT&T
Date 04/26/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Selas & Sharon Camarillo Contributor address; City; State; Zip Code 1327 Thistlewood Drive Desoto TX 75115	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retiree		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 28
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 05/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Howard & Demetrica Aldridge, Jr. 6 Contributor address; City; State; Zip Code 206 Shockley Ave. Desoto TX 75115	7 Amount of contribution (\$) \$76.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Pharmacy
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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	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.

1 Total pages Schedule F1: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
---	-------------------------------------	--

4 Date 06/20/2026	5 Payee name PayPal
-----------------------------	-------------------------------

6 Amount (\$) \$656.12	7 Payee address; 2211 North First Street	City; San Jose	State; CA	Zip Code 95131
----------------------------------	--	-------------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees for Paypal donations
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 Dist
---	---	---------------	----------------------------------

Date 01/21/2026	Payee name US Postmaster
--------------------	-----------------------------

Amount (\$) \$62.54	Payee address; 401 Tom Landry Freeway	City; Dallas	State; TX	Zip Code 75360
------------------------	--	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description Postage
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought	Office held Commissioner Dist
--	---	---------------	----------------------------------

Date 01/08/2026	Payee name Tea Cake Kids
--------------------	-----------------------------

Amount (\$) \$50.00	Payee address; Po Box 137	City; Hutchins	State; TX	Zip Code 75141
------------------------	------------------------------	-------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description Constituents Baby Gifts
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office 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	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.

1 Total pages Schedule F1: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
---	-------------------------------------	--

4 Date 01/02/2026	5 Payee name MMS Company Ad Specialties, LLC
-----------------------------	--

6 Amount (\$) \$750.00	7 Payee address; 217 North I-35E, Suite 217	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 January 2026 Rent
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 Dist
---	---	---------------	----------------------------------

Date 01/12/2026	Payee name Evans Engraving
--------------------	-------------------------------

Amount (\$) \$305.50	Payee address; 208 S Tyler	City; Dallas	State; TX	Zip Code 75208
-------------------------	-------------------------------	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description Resolution Framing for Funeral Servies - Constituents
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought	Office held Commissioner Dist
--	---	---------------	----------------------------------

Date 01/11/2026	Payee name Aaron McCarthy
--------------------	------------------------------

Amount (\$) \$1,000.00	Payee address; 4042 Huckerberry	City; Dallas	State; TX	Zip Code 75216
---------------------------	------------------------------------	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Production of Radio Ad for GOTV
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office 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	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.

1 Total pages Schedule F1: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
---	-------------------------------------	--

4 Date 01/26/2026	5 Payee name Darryl Ayers, Jr.
-----------------------------	--

6 Amount (\$) \$500.00	7 Payee address; 206 Cool Meadow	City; Red Oak	State; TX	Zip Code 75154
----------------------------------	--	------------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EventExpense	(b) Description Photography
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 Dist
---	---	---------------	----------------------------------

Date 01/20/2026	Payee name Ashlei Gradney Campaign
--------------------	---------------------------------------

Amount (\$) \$1,000.00	Payee address; 8600 Thackery St Apt 2209	City; Dallas	State; TX	Zip Code 75225
---------------------------	---	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ContributionsDonationsMadeByCandidateCo mmittee	Description Ashlei Gradney Campaign Donation
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ashlei Gradney	Office sought Judge 330th Family Dist	Office held
--	---	--	-------------

Date 01/11/2026	Payee name AMAC Constulant
--------------------	-------------------------------

Amount (\$) \$12,000.00	Payee address; 4042 Huckberry	City; Dallas	State; TX	Zip Code 75214
----------------------------	----------------------------------	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Production of Radio Ads on 5 Stations to Primary GOTV
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office 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	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.

1 Total pages Schedule F1: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2026	5 Payee name PayPal	
6 Amount (\$) \$43.75	7 Payee address; 2211 North First Street	City; State; Zip Code San Jose CA 95131
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees for donations
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Dist
Date 02/02/2026	Payee name Katina Whitfield Campaign	
Amount (\$) \$2,500.00	Payee address; PO Box 850422	City; State; Zip Code Mesquite TX 75149
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ContributionsDonationsMadeByCandidateCo mmittee	Description Campaign Contribution
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Katina Whitfield	Office sought Justice of Peace 2-2 Office held Justice of Peace 2-
Date 02/06/2026	Payee name Evans Engraving	
Amount (\$) \$376.00	Payee address; 206 S Tyler	City; State; Zip Code Dallas TX 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description Resolution Framing
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Dist

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	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.

1 Total pages Schedule F1: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2026	5 Payee name Finishing and Mailing Center	
6 Amount (\$) \$3,593.00	7 Payee address; 2151 W Commerce	City; State; Zip Code Dallas TX 75211
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PrintingExpense	(b) Description GOTV Mailer Primary
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 02/13/2026	Payee name US Postmaster	
Amount (\$) \$7,673.78	Payee address; 401 Tom Landry Turnpike	City; State; Zip Code Dallas TX 75360
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Postage for 22,000 mailers in District 3 GOTV
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 02/07/2026	Payee name MMS Company Ad Specialties LLC	
Amount (\$) \$5,000.00	Payee address; 217 North I-35E	City; State; Zip Code Desoto TX 75115
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PrintingExpense	Description GOTV Push Cards and design work, Rent
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office 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: 21		2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)	
4 Date 02/10/2026		5 Payee name Katina Whitfield Campaign			
6 Amount (\$) \$2,200.00		7 Payee address; PO Box 850422		City; Mesquite	State; TX Zip Code 75149
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ContributionsDonationsMadeByCandidateCo mmittee		(b) Description Contribution		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Katina Whitfield		Office sought Justice of Peace 2-2	Office held Justice of Peace 2-
Date 02/23/2026		Payee name Darryl Ayers, Jr.			
Amount (\$) \$500.00		Payee address; 206 Cool Meadow		City; Red Oak	State; TX Zip Code 75154
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description Photography for Precinct 1 JPs and Constable Ads		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 02/14/2026		Payee name Mineria Quezada			
Amount (\$) \$800.00		Payee address; 337 E Ledbetter		City; Dallas	State; TX Zip Code 75241
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense		Description RMA Campaign SUV tires		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name John Price		Office sought	Office held Commissioner Dist
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	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.

1 Total pages Schedule F1: 21		2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)	
4 Date 02/15/2025		5 Payee name MMS Company Ad Specialties LLC			
6 Amount (\$) \$10,000.00		7 Payee address; 217 North I-35E		City; Desoto	State; TX
				Zip Code 75115	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor		(b) Description Canvass - GOTV		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date 02/18/2026		Payee name MMS Company Ad Specialties LLC			
Amount (\$) \$8,000.00		Payee address; 217 North I-35E		City; Desoto	State; TX
				Zip Code 75115	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor		Description Canvass for GOTV - Multiple areas.		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date 02/25/2026		Payee name Alisha Simmons Campaign			
Amount (\$) \$2,000.00		Payee address; P.O. Box 170322		City; Arlington	State; TX
				Zip Code 76003	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ContributionsDonationsMadeByCandidateCo mmittee		Description Donation		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Alisha Simmonds		Office sought County Judge Tarrant C		Office held Commissioner	

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: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
----------------------------------	------------------------------	---------------------------------------

4 Date 02/27/2026	5 Payee name MMS Company Ad Specialties LLC
----------------------	--

6 Amount (\$) \$5,213.49	7 Payee address; 217 North 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 Additional Printing of cards and Tshirts and
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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 03/03/2026	Payee name Hailee Hall
--------------------	---------------------------

Amount (\$) \$500.00	Payee address; 6335 Elder Grove	City; Dallas	State; TX	Zip Code 75232
-------------------------	------------------------------------	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Social Media
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought	Office held Commissioner Dist
---	---	---------------	----------------------------------

Date 03/03/2026	Payee name MMS Company Ad Specialties LLC
--------------------	--

Amount (\$) \$803.00	Payee address; 217 North I-35E	City; Desoto	State; TX	Zip Code 75115
-------------------------	-----------------------------------	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description March Rent
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought	Office held Commissioner Dist
---	---	---------------	----------------------------------

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	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.

1 Total pages Schedule F1: 21		2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)	
4 Date 03/02/2026		5 Payee name US Postmaster			
6 Amount (\$) \$7,673.78		7 Payee address; 401 Tom Landry Turnpike		City; Dallas	State; TX
				Zip Code 75360	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		(b) Description Stamps		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 03/06/2026		Payee name Evans Engraving			
Amount (\$) \$493.50		Payee address; 208 S Tyler		City; Dallas	State; TX
				Zip Code 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense		Description Resolution Framing		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name John Price		Office sought	Office held Commissioner Distr
Date 03/10/2026		Payee name Tea Cake Kids			
Amount (\$) \$279.28		Payee address; PO Box 137		City; Hutchins	State; TX
				Zip Code 75141	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense		Description Gift for Constituents		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office 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	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.

1 Total pages Schedule F1: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)			
4 Date 04/17/2026	5 Payee name US Postmaster				
6 Amount (\$) \$83.89	7 Payee address; 401 Tom Landry Turnpike	City; State; Zip Code Dallas TX 75360			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense				
	(b) Description Postage for Shipping Resolutions				
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 04/02/2026	Payee name MMS Company Ad Specialties LLC				
Amount (\$) \$750.00	Payee address; 217 North I-35E	City; State; Zip Code Desoto TX 75115			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense				
	Description April Rent				
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Candidate / Officeholder name John Price</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held Commissioner Distri</td> </tr> </table>			Candidate / Officeholder name John Price	Office sought	Office held Commissioner Distri
Candidate / Officeholder name John Price	Office sought	Office held Commissioner Distri			
Date 04/03/2026	Payee name MMS Company Ad Specialties LLC				
Amount (\$) \$3,150.00	Payee address; 217 North I-35E	City; State; Zip Code Desoto TX 75115			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense				
	Description Promotional Products fo Community Handouts				
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Candidate / Officeholder name John Price</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held Commissioner Distri</td> </tr> </table>			Candidate / Officeholder name John Price	Office sought	Office held Commissioner Distri
Candidate / Officeholder name John Price	Office sought	Office held Commissioner Distri			

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	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.

1 Total pages Schedule F1: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)				
4 Date 04/02/2026	5 Payee name Hailee Hall					
6 Amount (\$) \$500.00	7 Payee address; 6335 Elder Grove	City; Dallas	State; TX Zip Code 75232			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense		(b) Description Social Media			
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%;">Candidate / Officeholder name John Price</td> <td style="width:20%;">Office sought</td> <td style="width:40%;">Office held Commissioner Dist</td> </tr> </table>				Candidate / Officeholder name John Price	Office sought	Office held Commissioner Dist
Candidate / Officeholder name John Price	Office sought	Office held Commissioner Dist				
Date 04/14/2026	Payee name Evans Engraving					
Amount (\$) \$470.03	Payee address; 208 S Tyler	City; Dallas	State; TX Zip Code 75208			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense		Description Resolution Framing for Constituents Funeral Services			
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%;">Candidate / Officeholder name John Price</td> <td style="width:20%;">Office sought</td> <td style="width:40%;">Office held Commissioner Dist</td> </tr> </table>				Candidate / Officeholder name John Price	Office sought	Office held Commissioner Dist
Candidate / Officeholder name John Price	Office sought	Office held Commissioner Dist				
Date 04/14/2026	Payee name MMS Company Ad Specialties LLC					
Amount (\$) \$3,177.57	Payee address; 217 North I-35E	City; Desoto	State; TX Zip Code 75115			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense		Description Mothers Day Card Greeting Cards and Design			
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%;">Candidate / Officeholder name John Price</td> <td style="width:20%;">Office sought</td> <td style="width:40%;">Office held Commissioner Dist</td> </tr> </table>				Candidate / Officeholder name John Price	Office sought	Office held Commissioner Dist
Candidate / Officeholder name John Price	Office sought	Office held Commissioner Dist				

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	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.

1 Total pages Schedule F1: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2026	5 Payee name Mineria Quezada	
6 Amount (\$) \$250.00	7 Payee address; 337 E Ledbetter	City; State; Zip Code Dallas TX 75241
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	(b) Description RMA Campaign SUV Shocks
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 Commissioner Dist		

Date 04/16/2024	Payee name MMS Company Ad Specialties LLC		
Amount (\$) \$1,800.00	Payee address; 217 North I-35E	City; Desoto	State; Zip Code TX 75115
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description Design and production work for Campaign Fundraiser	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name John Price			
Office sought Commissioner Dist			

Date 04/20/2026	Payee name US Postmaster		
Amount (\$) \$1,159.00	Payee address; 401 Tom Landry Turnpike	City; Dallas	State; Zip Code TX 75360
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description Postage for Fundraiser Invites	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name John Price			
Office sought Commissioner Dist			

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	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.

1 Total pages Schedule F1: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2026	5 Payee name Cathy Garner	
6 Amount (\$) \$300.00	7 Payee address; 1109 Rio Bravo Dr	City; State; Zip Code Desoto TX 75115
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EventExpense	(b) Description Entertainer at Fundraiser for Comm Price
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 Distri
Date 05/26/2026	Payee name John Ames Tax Assessor Collection	
Amount (\$) \$47,875.00	Payee address; 500 Elm Street Dallas	City; State; Zip Code Dallas TX 75202
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description License Plate Renewal for RMan campaign SUV
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Distri
Date 04/23/2026	Payee name Rodney Powell	
Amount (\$) \$2,485.00	Payee address; Mobile Food Truck - Bliss	City; State; Zip Code Dallas TX 75215
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FoodBeverageExpense	Description Catering for Commissioner Price Fundraiser
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Distri

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	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.

1 Total pages Schedule F1: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 05/20/2026	5 Payee name MMS Company Ad Specialties LLC	
6 Amount (\$) \$1,375.00	7 Payee address; 217 North I-35E	City; State; Zip Code Desoto TX 75115
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EventExpense	(b) Description First Time Homebuyers Event Breakfast expense at South Dallas Govt Center
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 04/20/2026	Payee name Hailee Hall		
Amount (\$) \$500.00	Payee address; 6335 Elder Grove	City; Dallas	State; Zip Code TX 75232
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Social Media	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought	Office held Commissioner Dist
--	---	---------------	----------------------------------

Date 04/30/2026	Payee name MMS Company Ad Specialties LLC		
Amount (\$) \$750.00	Payee address; 217 North I-35E	City; Desoto	State; Zip Code TX 75115
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description May Rent	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought	Office held Commissioner Dist
--	---	---------------	----------------------------------

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: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 05/06/2026	5 Payee name Bernadette Nutall	
6 Amount (\$) \$150.00	7 Payee address; 6603 Prairie Flower Trl	City; State; Zip Code Dallas TX 75227
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	(b) Description Teacher Appreciation Support
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 06/19/2026	Payee name MMS Company Ad Specialties LLC	
Amount (\$) \$2,125.00	Payee address; 217 North I-35E	City; State; Zip Code Desoto TX 75115
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description Packaging for invites, return envelopes, labels and printing of return 2,000 cards for Fundraiser
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held john Price Commissioner Distr		
Date 05/20/2026	Payee name MMS Company Ad Specialties LLC	
Amount (\$) \$5,000.00	Payee address; 217 North I-35E	City; State; Zip Code Desoto TX 75115
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PollingExpense	Description mailer for two municiple elections for GOTV
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office 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	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.

1 Total pages Schedule F1: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
----------------------------------	------------------------------	---------------------------------------

4 Date 05/20/2026	5 Payee name Darryl Ayers, Jr.
----------------------	-----------------------------------

6 Amount (\$) \$500.00	7 Payee address; 206 Cool Meadow	City; Red Oak	State; TX	Zip Code 75154
---------------------------	-------------------------------------	------------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EventExpense	(b) Description Photography for Commissioner Price at Desoto Marketplace to support GOTV efforts
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 05/26/2026	Payee name Evans Engraving
--------------------	-------------------------------

Amount (\$) \$517.00	Payee address; 208 S Tyler	City; Dallas	State; TX	Zip Code 75208
-------------------------	-------------------------------	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description Resolution Framing for Constituents
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name john Price	Office sought	Office held Commissioner Distri
--	---	---------------	------------------------------------

Date 06/25/2026	Payee name US Postmaster
--------------------	-----------------------------

Amount (\$) \$107.16	Payee address; 401 Tom Landry Turnpike	City; Dallas	State; TX	Zip Code 75360
-------------------------	---	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description Postage for two Resolution to ship for Constituent
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office 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	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.

1 Total pages Schedule F1: 21		2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)	
4 Date 06/01/2026		5 Payee name Noah Norris			
6 Amount (\$) \$390.00		7 Payee address; 321 W. Milas Lane		City; Glenn Heights	State; TX Zip Code 75154
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor		(b) Description Student Intern at RB3		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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 Dist
Date 06/05/2026		Payee name MMS Company Ad Specialties LLC			
Amount (\$) \$10,296.00		Payee address; 217 North I-35E		City; Desoto	State; TX Zip Code 75115
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PollingExpense		Description Desoto Election Signage, Canvassers and Poll Greeters - Joint GOTV Candidates		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 06/02/2026		Payee name Mineria Quezada			
Amount (\$) \$2,150.00		Payee address; 337 E Ledbetter		City; Dallas	State; TX Zip Code 75241
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense		Description OurMan Campaign SUV Alternator, Engine Work		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name John Price		Office sought	Office held Commissioner Dist

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: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 06/01/2026	5 Payee name Classic Lube and Oil	
6 Amount (\$) \$98.20	7 Payee address; 152 E Davis	City; State; Zip Code Dallas TX 75203
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	(b) Description RMAN Oil Service
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Dist
Date 06/05/2026	Payee name Hailee Hall	
Amount (\$) \$500.00	Payee address; 6335 Elder Grove	City; State; Zip Code Dallas TX 75232
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Social Media
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Dist
Date 06/05/2026	Payee name Evans Engraving	
Amount (\$) \$305.50	Payee address; 208 S Tyler	City; State; Zip Code Dallas TX 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description Resolution Framing
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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	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.

1 Total pages Schedule F1: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 06/06/20206	5 Payee name MMS Company Ad Specialties LLC	
6 Amount (\$) \$750.00	7 Payee address; 217 N I-35E	City; State; Zip Code Desoto TX 75115
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	
	(b) Description June Rent Campaign Office	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 Dist
Date 06/15/2026	Payee name MMS Company Ad Specialties LLC	
Amount (\$) \$3,500.00	Payee address; 217 North I-35E	City; State; Zip Code Desoto TX 75115
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PollingExpense	
	Description Canvassing Labor for Garner	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name Cora Garner	Office sought Office held City Council Place 4
Date 06/10/2026	Payee name Noah Norris	
Amount (\$) \$520.00	Payee address; 321 W. Milas Lane	City; State; Zip Code Glenn Heights TX 75154
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor	
	Description Summer Intern	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name John Price	Office sought Office held Commissioner Dist

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

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			

1 Total pages Schedule F1: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
---	-------------------------------------	--

4 Date 06/10/2026	5 Payee name Catayst for Change
----------------------	------------------------------------

6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$2,000.00	1808 Good latimer	Dallas	TX	75215

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	(b) Description Support for Education Programs
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
06/22/2026	Noah Norris

Amount (\$)	Payee address;	City;	State;	Zip Code
\$390.00	321 W. Milas Lane	Glenn Heights	TX	75154

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor	Description Summer Intern
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check If Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	John Price		Commissioner Dist

Date	Payee name
06/30/2026	Salem Institutional Church

Amount (\$)	Payee address;	City;	State;	Zip Code
\$500.00	3918 Crozier Street	Dallas	TX	75215

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description Donation
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	John Price		Commissioner Dist

Forms provided by Texas Ethics Commission

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.

1 Total pages Schedule F1: 21	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 06/29/2026	5 Payee name Noah Norris	
6 Amount (\$) \$520.00	7 Payee address; City; State; Zip Code 321 W. Milas Lane Glenn Heights TX 75154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor	(b) Description Summer Intern
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 06/29/2026	Payee name Hailee Hall	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 6335 Elder Grove Dallas TX 75232	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Social Media
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Office held Commissioner Distr
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if 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

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

1 TOTAL PAGES SCHEDULE F4: 1		2 FILER NAME John W Price		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$0.00	
5 CREDIT CARD ISSUER		Name of financial institution USAA SAVINGS			
6 PAYMENT		(a) Amount Charged \$ 212.40	(b) Date Expenditure Charged 01/02/2026	(c) Date(s) Credit Card Issuer Paid 01122026	
7 PAYEE		(a) Payee name Fuel City		(b) Payee address; City, State, Zip Code 801 Riverfront Blvd Dallas TX 75207	
8 PURPOSE OF EXPENDITURE ☐ Political ☒ Non-Political		(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Fuel for RMAN2	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name John Price		Office Sought Office Held Commissioner District 3	
PAYMENT		(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought Office Held	
PAYMENT		(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought Office Held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED