# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| The C/OH Instruction C        | Guide explains how to complete this form.   | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed:<br>53                   |
|-------------------------------|---|---------------------------------------|--|
| 3 CANDIDATE /<br>OFFICEHOLDER | MS / MRS / MR FIRST  John                   | MI<br>W                               | OFFICE USE ONLY                              |
| NAME                          | NICKNAME LAST                               |                                       | Date Received                                |
|                               | Price                                       | 30111X                                |  |
| 4 CANDIDATE/                  | ADDRESS / PO BOX; APT / SUITE #; C          | CITY; STATE; ZIP CODE                 |  |
|                               | P O Box 224725 Dallas                       | TX 75222                              |  |
| ADDRESS                       |   |                                       |  |
| Change of Address             |   |                                       |  |
| 5 CANDIDATE/<br>OFFICEHOLDER  | AREA CODE PHONE NUMBER                      | EXTENSION                             | Date Hand-delivered or Date Postmarked       |
| PHONE                         | (214 ) 653-6671                             |                                       |  |
| 6 CAMPAIGN<br>TREASURER       | MS / MRS / MR FIRST Zan                     | МІ                                    | Receipt # Amount \$                          |
| NAME                          | NICKNAME LAST                               | SUFFIX                                | Date Processed                               |
|                               | Holmes                                      | Dr.                                   | Date Imaged                                  |
| 7 CAMPAIGN                    | STREET ADDRESS (NO PO BOX PLEASE); APT / SL | JITE #; CITY; STATE;                  | ZIP CODE                                     |
| TREASURER<br>ADDRESS          | P O Box 224725                              | Dallas TX                             | 75222  |
| (Residence or Business)       |   |                                       |  |
|                               |   |                                       |  |
| 8 CAMPAIGN<br>TREASURER       | AREA CODE PHONE NUMBER                      | EXTENSION                             |  |
| PHONE                         | (214 ) 215-4991                             |                                       |  |
|                               |   |                                       |  |
| 9 REPORT TYPE                 | January 15 30th day before el               | lection Runoff                        | 15th day after campaign                      |
|                               | January 15 30th day before el               | ection Lanon                          | treasurer appointment<br>(Officeholder Only) |
|                               | July 15 8th day before elec                 | ction Exceeded \$500 limit            | Final Report (Attach C/OH - FR)              |
| 10 PERIOD                     |   |                                       |  |
| COVERED                       | Month Day Year 01 /01 /2022                 | Month 06                              | 30 / 2022                                    |
|                               |   | THROUGH                               | /  |
| 11 ELECTION                   | ELECTION DATE                               | ELECTION TYPE                         |  |
|                               | Month Day Year Primary                      | Runoff Other Description              |  |
|                               | General                                     | Special                               |  |
| 12 OFFICE                     | OFFICE HELD (if any)                        | 13 OFFICE SOUGHT (if known            | )  |
|                               | County Commissioner-District #3             |                                       |  |
|                               |   |                                       |  |
|                               |   |                                       |  |
|                               | GO ТО                                       | PAGE 2                                |  |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 14 C/OH NAME  |   | 19   | Filer ID (Ethics Commission Filers) |
|---|---|--|-------------------------------------|
| John W Price  |   | 4  |                                     |
| 16 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   |                                     |
|   | GENERAL   |  |                                     |
|   | SPECIFIC  | COMMITTEE ADDRESS  |                                     |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME  |                                     |
| Additional Pages  | 4   |  |                                     |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                                     |
| 17 CONTRIBUTION TOTALS  |   | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA<br>ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE |                                     |
| 0   |   | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                     | \$ 140,353.85                       |
| EXPENDITURE<br>TOTALS   |   | POLITICAL EXPENDITURES OF \$100 OR LESS,<br>S ITEMIZED   | \$.00                               |
|   | 4. TOTAL  | POLITICAL EXPENDITURES   | \$ 75,747.02                        |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 180,978.65  |  |                                     |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$.00   |  |                                     |
| 18 AFFIDAVIT  |   |  |                                     |
| I swear, or affirm, under pen by of parium, set the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code  13-3E76-490E-A001-DF1F34  07/15/22 - 8:45 PM  Signal re of Sandidat or Officeholder |   |  |                                     |
| Signal ye of Sandidate or Officeholder  AFFIX NOTARY STAMP/SEALABOVE  |   |  |                                     |
| Sworn to and subso  | ribed before me   | ov the said  | this the                            |
| Sworn to and subscribed before me, by the said, this the, this the, day of, 20, to certify which, witness my hand and seal of office.   |   |  |                                     |
| Signature of officer a  | administering oath  | Printed name of officer administering oath   | Title of officer administering oath |

#### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

| 19 FILER NAME  20 Filer ID (Ethics Co  | mmission Filers)   |
|--|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$\$140,353.85     |
| 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               | \$\$75,747.02      |
| 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                                       | \$\$0.00           |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$\$0.00           |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$\$0.00           |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$\$0.00           |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$\$0.00           |

#### SCHEDULE A1

| The                          | Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1: 33               |
|------------------------------|---|---|
| 2 FILER NAME<br>John W Price | е   | 3 Filer ID (Ethics Commission Filers)       |
| <b>4</b> Date 01/05/2022     | 5 Full name of contributor out-of-state PAC (ID#: )  Allen Monroe  6 Contributor address; City; State; Zip Code  1 Stonebriar Way Frisco TX 75034                                 | 7 Amount of contribution (\$)<br>\$2,000.00 |
| 8 Principal occur<br>Owner   | pation / Job title (See Instructions)  9  | otions)                                     |
| Date<br>02/14/2022           | Full name of contributor out-of-state PAC (ID#:)  Jay Kleberg Campaign For Texas Land Commissioner  Contributor address; City; State; Zip Code  514 Terrace Drive Austin TX 78704 | Amount of contribution (\$) \$5,000.00      |
| Principal occup Owner        | pation / Job title (See Instructions) Employer (See Instruc   | ctions)                                     |
| Date<br>02/14/2022           | Full name of contributor  | Amount of contribution (\$) \$2,500.00      |
| Principal occup<br>Congress  | pation / Job title (See Instructions)  Employer (See Instructions)  Congress  | etions)                                     |
| Date<br>02/17/2022           | Full name of contributor out-of-state PAC (ID#: )  Linda & Milledge Hart III  Contributor address; City; State; Zip Code  3811 Turtle Creek Boulevard, DAllas TX 75219  Suite 900 | Amount of contribution (\$)<br>\$2,500.00   |
| Principal occup              | pation / Job title (See Instructions)  Employer (See Instructions)  Self  | stions)                                     |
|                              |   |   |

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#### SCHEDULE A1

| Th                        | ne Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1: 33               |
|---------------------------|---|---|
| 2 FILER NAM<br>John W Pri |   | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date 02/25/2022         | 5 Full name of contributor □ out-of-state PAC (ID#: □) Claire Dewar   | 7 Amount of contribution (\$)<br>\$5,000.00 |
|                           | 6 Contributor address; City; State; Zip Code 5359 Montrose Drive Dallas TX 75209  |   |
| 8 Principal occ           | cupation / Job title (See Instructions)  9  | ictions)                                    |
| Date<br>02/25/2022        | Full name of contributor  | Amount of contribution (\$) \$6,000.00      |
| Principal occ<br>Owner    | cupation / Job title (See Instructions)  Employer (See Instru Self  | ctions)                                     |
| Date 03/25/2022           | Full name of contributor  | Amount of contribution (\$) \$500.00        |
| Principal occ             | cupation / Job title (See Instructions) Employer (See Instru  | ections)                                    |
| Date 02/25/2022           | Full name of contributor out-of-state PAC (ID#: )  Frank or Edna Ashmore  Contributor address; City; State; Zip Code  6865 Westlake Dallas TX 75214 | Amount of contribution (\$) \$500.00        |
| Principal occ<br>Owner    | cupation / Job title (See Instructions)  Employer (See Instru  Cleaners   | ctions)                                     |
|                           |   |   |
|                           | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N  | IEEDED                                      |

#### SCHEDULE A1

| т                        | he Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:                |
|--------------------------|---|---|
| 2 FILER NAM<br>John W Pr | 90.0  | 3 Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date 03/12/2022 | 5 Full name of contributor out-of-state PAC (ID#: )  Samuel or Rose Pierre-Auguste  6 Contributor address; City; State; Zip Code  518 Shadwell Drive Garland TX 75041 | 7 Amount of contribution (\$)<br>\$300.00 |
| 8 Principal oc           | ccupation / Job title (See Instructions)  9 Employer (See Instructions)   | tions)                                    |
| Date<br>03/10/2022       | Full name of contributor out-of-state PAC (ID#: )  MMS Company Ad Specialites LLC  Contributor address; City; State; Zip Code  217 North I-35E Desoto TX 75115        | Amount of contribution (\$) \$2,500.00    |
| Principal occ            | cupation / Job title (See Instructions)  Employer (See Instruct Self  | ions)                                     |
| Date<br>03/24/2022       | Full name of contributor  | Amount of contribution (\$) \$2,000.00    |
| Principal occ            | cupation / Job title (See Instructions)  Employer (See Instruct   | tions)                                    |
| Date<br>03/22/2022       | Full name of contributor out-of-state PAC (ID#: )  Betty & Richard Tanner  Contributor address; City; State; Zip Code  1135 Pinedale Lane Dallas TX 75241             | Amount of contribution (\$) \$50.00       |
| Principal occ<br>retired | cupation / Job title (See Instructions)  Employer (See Instruct   | ions)                                     |
|                          |   |   |

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#### SCHEDULE A1

| The                          | e Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:                |
|------------------------------|---|---|
| 2 FILER NAME<br>John W Price |   | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date 04/06/2022            | 5 Full name of contributor  | 7 Amount of contribution (\$)<br>\$250.00 |
|                              | 2626 Howell St Dallas TX 75204  | 8   |
| 8 Principal occ<br>Attorney  | gupation / Job title (See Instructions)  9 Employer (See Instructions)  | tions)                                    |
| Date<br>03/28/2022           | Full name of contributor  | Amount of contribution (\$) \$250.00      |
| Principal occu               | upation / Job title (See Instructions) Employer (See Instruc  | tions)                                    |
| Date 03/20/2022              | Full name of contributor  | Amount of contribution (\$)<br>\$100.00   |
|                              | 1160 Valley View Dr. Glenn Heights TX 75154   |   |
| Principal occu               | upation / Job title (See Instructions) Employer (See Instruc  | tions)                                    |
| Date 03/29/2022              | Full name of contributor  | Amount of contribution (\$) \$100.00      |
|                              | 1811 Meadow Valley Lane Dallas TX 75232   | <i>y</i>                                  |
| Principal occu               | upation / Job title (See Instructions) Employer (See Instruc  | tions)                                    |
|                              |   |   |
|                              | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see instruction guide for additional |   |

#### SCHEDULE A1

| The Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:<br>33          |  |  |
|--|---|--|--|
| 2 FILER NAME<br>John W Price   | 3 Filer ID (Ethics Commission Filers)     |  |  |
| 4 Date 5 Full name of contributor  out-of-state PAC (ID#: )  04/01/2022 Arthur & Josie Busby  6 Contributor address; City; State; Zip Code 1100 Stinnett Place Desoto TX 75115 | 7 Amount of contribution (\$)<br>\$100.00 |  |  |
| 8 Principal occupation / Job title (See Instructions) City 9 Employer (See Instructi Law   | ons)                                      |  |  |
| Date  Full name of contributor   | Amount of contribution (\$) \$100.00      |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |   |  |  |
| Date Full name of contributor  O3/28/2022  Pauline Medrano  Contributor address; City; State; Zip Code  2346 Douglas Ave Dallas  TX 75219                                      | Amount of contribution (\$) \$150.00      |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Govt   | ons)                                      |  |  |
| Date  Full name of contributor  O4/05/2022  Barbara Bass Bowser  Contributor address;  City; State; Zip Code  1013 Gracelane Dr  Desoto  TX  75115                             | Amount of contribution (\$) \$150.00      |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | ions)                                     |  |  |
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## SCHEDULE A1

| The Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1: 33             |
|---|---|
| 2 FILER NAME<br>John W Price  | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#: ) Pat Schnekel 6 Contributor address; City; State; Zip Code 4231 Belclaire Ave Dallas TX 75205 | 7 Amount of contribution (\$)<br>\$500.00 |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)   | ions)                                     |
| Date  Full name of contributor  O3/28/2022  Randall Isenberg  Contributor address; City; State; Zip Code  4303 N Central Expressway  Dallas  TX 75205   | Amount of contribution (\$) \$500.00      |
| Principal occupation / Job title (See Instructions)  Attorney  Employer (See Instructions)  Self  | ions)                                     |
| Date Full name of contributor out-of-state PAC (ID#: )  Michael Rawlings  Contributor address; City; State; Zip Code  3879 Maple Ave Dallas TX 75219    | Amount of contribution (\$) \$500.00      |
| Principal occupation / Job title (See Instructions)  Pres  Employer (See Instructions)  Self  | ions)                                     |
| Date  Full name of contributor  O4/05/2022  Hiawatha Williams  Contributor address;  City; State; Zip Code  1014 Clifton Lane  Desoto  TX 75115         | Amount of contribution (\$) \$1,000.00    |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Owner  Restaurant   | ions)                                     |
|   |   |

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#### SCHEDULE A1

| The                          | Instruction Guide explains how to complete this  | form.                            | 1 Total pages Schedule A1: 33             |
|------------------------------|--|----------------------------------|---|
| 2 FILER NAME<br>John W Price |  |                                  | 3 Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date 04/05/2022     | University of definitions  |                                  | 7 Amount of contribution (\$)<br>\$500.00 |
|                              | 6 Contributor address; City; State; 12400 Coit Rd. Suite 800 Dallas TX   |                                  |   |
| 8 Principal occu             | upation / Job title (See Instructions)   | 9 Employer (See Instruction Self | ons)                                      |
| Date<br>03/31/2022           | Full name of contributor   | Zip Code                         | Amount of contribution (\$) \$1,000.00    |
| Principal occup              | pation / Job title (See Instructions)  | Employer (See Instruction Self   | ons)                                      |
| Date<br>03/22/2022           | Full name of contributor   | Zip Code                         | Amount of contribution (\$) \$1,000.00    |
| Principal occup              | pation / Job title (See Instructions)  | Employer (See Instruction Self   | ons)                                      |
| Date<br>04/07/2022           | Full name of contributor out-of-state PAC Law Office of Russell Wilson  Contributor address; City; State; 1910 Pacific Ave, #15100 Dallas TX | Zip Code                         | Amount of contribution (\$) \$2,000.00    |
| Principal occup Attorney     | pation / Job title (See Instructions)  | Employer (See Instruction Self   | ons)                                      |
|                              |  |                                  | s .                                       |

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#### SCHEDULE A1

| The                         | Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1: 33               |
|-----------------------------|--|---|
| 2 FILER NAME<br>John W Pric |  | 3 Filer ID (Ethics Commission Filers)       |
| <b>4</b> Date 03/29/0002    | 5 Full name of contributor out-of-state PAC (ID#: )  Todd Jones  6 Contributor address; City; State; Zip Code  3521 Green Acres Ter Farmers TX 75234 | 7 Amount of contribution (\$)<br>\$2,000.00 |
| 8 Principal occu<br>CEO     | upation / Job title (See Instructions)  9  | tions)                                      |
| Date<br>04/01/2022          | Full name of contributor   | Amount of contribution (\$) \$2,000.00      |
| Principal occu<br>CEO       | pation / Job title (See Instructions)  Employer (See Instructions)  self   | tions)                                      |
| Date<br>04/03/2022          | Full name of contributor   | Amount of contribution (\$) \$3,000.00      |
| Principal occu              | pation / Job title (See Instructions)  Employer (See Instructions)  Self   | tions)                                      |
| Date<br>04/07/2022          | Full name of contributor out-of-state PAC (ID#: )  Morgan Jones  Contributor address; City: State; Zip Code  1784 E Interstate 30 Garland TX 75043   | Amount of contribution (\$) \$3,000.00      |
| Principal occu              | pation / Job title (See Instructions)  Employer (See Instructions)  self   | tions)                                      |
|                             |  |   |

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#### SCHEDULE A1

| The                          | Instruction Guide explains how to complete this form.                            | 1 Total pages Schedule A1:                |
|------------------------------|--|---|
| 2 FILER NAME<br>John W Price | е  | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date 04/06/2022            | 5 Full name of contributor   | 7 Amount of contribution (\$)<br>\$250.00 |
|                              | 6 Contributor address; City; State; Zip Code 7708 Mason Dells Dr Dallas TX 75230 |   |
| 8 Principal occu<br>Owner    | pation / Job title (See Instructions)  9   | tions)                                    |
| Date<br>03/30/2022           | Full name of contributor   | Amount of contribution (\$) \$100.00      |
| Principal occup              | coation / Job title (See Instructions)  Employer (See Instructions)  Author      | tions)                                    |
| Date<br>03/30/2022           | Full name of contributor   | Amount of contribution (\$) \$400.00      |
| Principal occup              | pation / Job title (See Instructions)  Employer (See Instructions)               | tions)                                    |
| Date<br>03/31/2022           | Full name of contributor   | Amount of contribution (\$)<br>\$500.00   |
| Principal occup              | pation / Job title (See Instructions)  Employer (See Instructions)               | tions)                                    |
|                              |  |   |
| 1                            | ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS ME                                  | CEDED                                     |

#### SCHEDULE A1

| The                         | e Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:               |
|-----------------------------|--|--|
| 2 FILER NAME<br>John W Pric |  | 3 Filer ID (Ethics Commission Filers)    |
| <b>4</b> Date 04/04/2022    | 5 Full name of contributor out-of-state PAC (ID#:  McDonald or Ellen Williams  6 Contributor address; City; State; Zip Code 8604 Greenville Ave, Ste 200 Dallas TX 75243 | 7 Amount of contribution (\$) \$5,000.00 |
| 8 Principal occu            | upation / Job title (See Instructions)  9  | nstructions)                             |
| Date<br>04/08/2022          | Full name of contributor   | Amount of contribution (\$) \$100.00     |
| Principal occu<br>Self      | ipation / Job title (See Instructions)  Employer (See In Self  | structions)                              |
| Date<br>04/18/2022          | Full name of contributor   | Amount of contribution (\$) \$10,000.00  |
| Principal occu              | upation / Job title (See Instructions)  Employer (See Instructions)  self  | nstructions)                             |
| Date 04/18/2022             | Full name of contributor out-of-state PAC (ID#:  Vernon Johnson  Contributor address; City; State; Zip Code  906 Astaire Ave Duncanville TX 75137                        | ) Amount of contribution (\$) \$200.00   |
| Principal occu              | upation / Job title (See Instructions)  Employer (See Instructions)  | nstructions)                             |
|                             | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE  | AS NEEDED                                |
| 1                           | If contributor is out-of-state PAC, please see instruction guide for addit   |  |

#### SCHEDULE A1

| Th                          | e Instruction Guide explains how to complete this form.                             | 1 Total pages Schedule A1: 33             |
|-----------------------------|---|---|
| 2 FILER NAM<br>John W Pri   |   | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date 04/18/2022           | 5 Full name of contributor  ut-of-state PAC (ID#: ) Chris Knox                      | 7 Amount of contribution (\$)<br>\$500.00 |
|                             | 6 Contributor address; City; State; Zip Code 900 Jackson St Ste 650 Dallas TX 75202 |   |
| 8 Principal occ<br>Attorney | cupation / Job title (See Instructions)  9 Employer (See Instruc                    | tions)                                    |
| Date 04/18/2022             | Full name of contributor  | Amount of contribution (\$) \$300.00      |
| Principal occ               | upation / Job title (See Instructions) Employer (See Instruc                        | tions)                                    |
| Date 04/18/2022             | Full name of contributor  | Amount of contribution (\$) \$1,000.00    |
|                             | Contributor address; City: State; Zip Code 5539 McCommas Blvd Dallas TX 75206       |   |
| Principal occ               | eupation / Job title (See Instructions) Employer (See Instruc                       | tions)                                    |
| Date<br>04/18/2022          | Full name of contributor  | Amount of contribution (\$) \$1,000.00    |
| Principal occ               | supation / Job title (See Instructions) Employer (See Instruc                       | tions)                                    |
|                             |   |   |
|                             | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N                                      | EDED                                      |

#### SCHEDULE A1

| Т                        | he Instruction Guide explains how to complete this form.                      | 1 Total pages Schedule A1:                |
|--------------------------|---|---|
| 2 FILER NAM<br>John W Pr |   | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date 04/18/2022        | 5 Full name of contributor out-of-state PAC (ID#:) Elaine Collins             | 7 Amount of contribution (\$)<br>\$100.00 |
|                          | 6 Contributor address; City; State; Zip Code 1721 Carl St Fort Worth TX 76103 |   |
| 8 Principal oc           | ccupation / Job title (See Instructions)  9 Employer (See Instru              | octions)                                  |
| Date<br>04/18/2022       | Full name of contributor  | Amount of contribution (\$)<br>\$100.00   |
|                          | 326 E Illinois Ave #141 Dallas TX 75216                                       |   |
| Principal occ<br>Retiree | cupation / Job title (See Instructions) Employer (See Instru                  | ctions)                                   |
| Date 04/18/2022          | Full name of contributor  | Amount of contribution (\$) \$5,000.00    |
|                          | Contributor address; City; State; Zip Code P O Box 153526 Irving TX 75015     | -   |
| Principal occ            | cupation / Job title (See Instructions) Employer (See Instru<br>Auto          | ctions)                                   |
| Date<br>04/18/2022       | Full name of contributor  | Amount of contribution (\$) \$100.00      |
| Principal occ            | cupation / Job title (See Instructions)  Employer (See Instru                 | ctions)                                   |
|                          |   |   |
|                          |   |   |
| 8                        |   |   |
|                          | * ,   |   |
|                          |   |   |

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#### SCHEDULE A1

| The                          | Instruction Guide explains how to complete this fo   | orm.                                      | 1 Total pages Schedule A1:<br>33          |
|------------------------------|--|---|---|
| 2 FILER NAME<br>John W Price | 9  |   | 3 Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date 04/18/2022     | 5 Full name of contributor   | Zip Code<br>75232                         | 7 Amount of contribution (\$)<br>\$200.00 |
| 8 Principal occu<br>Retiree  | pation / Job title (See Instructions)  9   | Employer (See Instructi                   | ons)                                      |
| Date<br>04/18/2022           | Full name of contributor   | Zip Code<br>75154                         | Amount of contribution (\$) \$1,000.00    |
| Principal occup              | pation / Job title (See Instructions)  | Employer (See Instruction                 | ons)                                      |
| Date<br>04/18/2022           | Full name of contributor   | Zip Code<br>75232                         | Amount of contribution (\$) \$100.00      |
| Principal occup<br>Self      | pation / Job title (See Instructions)  | Employer (See Instruction                 | ons)                                      |
| Date<br>04/18/2022           | Full name of contributor out-of-state PAC (ID Perro Henson  Contributor address; City; State; 2948 Vacherie Lane Dallas TX | Zip Code<br>75227                         | Amount of contribution (\$) \$300.00      |
| Principal occup              | pation / Job title (See Instructions)  | Employer (See Instruction Law Enforcement | ons)                                      |
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#### SCHEDULE A1

| The                          | Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:<br>33          |
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| 2 FILER NAME<br>John W Price |  | 3 Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date 04/18/2022     | 5 Full name of contributor out-of-state PAC (ID#:  | 7 Amount of contribution (\$)<br>\$300.00 |
| 8 Principal occu<br>Attorney | pation / Job title (See Instructions)  9 Employer (See   | ee Instructions)                          |
| Date<br>04/18/2022           | 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 (\$) \$350.00      |
| Principal occup<br>Retiree   | pation / Job title (See Instructions) Employer (Se   | ee Instructions)                          |
| Date<br>04/18/2022           | Full name of contributor   | Amount of contribution (\$) \$1,500.00    |
| Principal occup              | pation / Job title (See Instructions)  Employer (See   | ee Instructions)                          |
| Date<br>04/22/2022           | Full name of contributor out-of-state PAC (ID#:  Phil Foster  Contributor address; City; State; Zip Code  1902 Mentor Ave Dallas TX 75216          | Amount of contribution (\$) \$25.00       |
| Principal occup              | pation / Job title (See Instructions)  Employer (See   | ee Instructions)                          |
|                              | ATTACH ADDITIONAL COPIES OF THIS SCHEDU  | U E AC NEEDED                             |
|                              | If contributor is out-of-state PAC, please see instruction guide for   |   |

#### SCHEDULE A1

| The                         | e Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:                  |
|-----------------------------|--|---|
| 2 FILER NAME<br>John W Prid |  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date 04/22/2022           | 5 Full name of contributor out-of-state PAC (ID#:  North Texas Auto Dealers PAC  6 Contributor address; City; State; Zip Code  100 Decker Court, Ste 290 Irving TX 75062 | 7 Amount of contribution (\$)<br>\$2,500.00 |
| 8 Principal occ             | supation / Job title (See Instructions)  9 Employer (See Instru  | uctions)                                    |
| Date 04/22/2022             | Full name of contributor out-of-state PAC (ID#:  Joycelyn Johnson  Contributor address; City; State; Zip Code  521 Missionary Ridge Desoto TX 75115                      | Amount of contribution (\$) \$100.00        |
| Principal occu<br>State     | upation / Job title (See Instructions) Employer (See Instru  | octions)                                    |
| Date 04/22/2022             | Full name of contributor   | Amount of contribution (\$) \$500.00        |
| Principal occu              | Lupation / Job title (See Instructions)  Employer (See Instru  | uctions)                                    |
| Date 04/22/2022             | Full name of contributor   | Amount of contribution (\$)<br>\$500.00     |
| Principal occu<br>Self      | upation / Job title (See Instructions) Employer (See Instru  | actions)                                    |
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#### SCHEDULE A1

| 1 Total pages Schedule A1: 33             |
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| 3 Filer ID (Ethics Commission Filers)     |
| 7 Amount of contribution (\$)<br>\$300.00 |
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| ons)                                      |
| Amount of contribution (\$) \$250.00      |
| ons)                                      |
| Amount of contribution (\$) \$300.00      |
| ons)                                      |
| Amount of contribution (\$) \$1,000.00    |
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#### SCHEDULE A1

| - TI                     | he Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:<br>33            |
|--------------------------|---|---|
| 2 FILER NAM<br>John W Pr | 5000  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date 04/05/2022        | 5 Full name of contributor  | 7 Amount of contribution (\$)<br>\$1,000.00 |
|                          | P O Box 191003 Dallas 1A 75219  |   |
| 8 Principal oc<br>CEO    | ccupation / Job title (See Instructions)  9   | tions)                                      |
| Date<br>04/22/2022       | Full name of contributor out-of-state PAC (ID#: )  John Proctor  Contributor address; City; State; Zip Code  1524 Oak Meadows Dallas TX 75232 | Amount of contribution (\$) \$2,500.00      |
| Principal occ            | cupation / Job title (See Instructions)  Employer (See Instructions)  Self  | tions)                                      |
| Date 04/22/2022          | Full name of contributor  | Amount of contribution (\$)<br>\$500.00     |
| Principal occ            | cupation / Job title (See Instructions)  Employer (See Instructions)  Dallas County   | tions)                                      |
| Date 04/22/2022          | Full name of contributor  | Amount of contribution (\$)<br>\$150.00     |
| Principal occ            | cupation / Job title (See Instructions) Employer (See Instruc   | tions)                                      |
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#### SCHEDULE A1

| The I                        | nstruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:                |
|------------------------------|--|---|
| 2 FILER NAME<br>John W Price |  | 3 Filer ID (Ethics Commission Filers)     |
| 04/22/2022 լ                 | 5 Full name of contributor out-of-state PAC (ID#: )  Leona & Billy Redmon  6 Contributor address; City; State; Zip Code  3351 County Rd 108 Kaufman TX 75142 | 7 Amount of contribution (\$)<br>\$300.00 |
| 8 Principal occup<br>Auto    | eation / Job title (See Instructions)  9   | uctions)                                  |
|                              | Full name of contributor   | Amount of contribution (\$) \$500.00      |
| Principal occupa             | ation / Job title (See Instructions)  Employer (See Instru Self  | ictions)                                  |
| 2                            | Full name of contributor   | Amount of contribution (\$)<br>\$100.00   |
| Principal occupa             | ation / Job title (See Instructions)  Employer (See Instru   | uctions)                                  |
|                              | Full name of contributor  Tennell Atkins  Contributor address;  City; State; Zip Code  2717 Meadow Stone  Dallas  TX 75232                                   | Amount of contribution (\$)<br>\$500.00   |
| Principal occupa             | ation / Job title (See Instructions) Employer (See Instru  | uctions)                                  |
|                              | · · · · · · · · · · · · · · · · · · ·  | ,   |
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 33 2 FILER NAME 3 Filer ID (Ethics Commission Filers) John W Price 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 04/22/2022 \$500.00 Thomas Jones Campaign 6 Contributor address; City; State; Zip Code 1527 Bilco Dallas TX 75232 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 04/22/2022 Carl Sherman Campaign \$1,000.00 Contributor address; City; State; Zip Code 1670 N Hampton Desoto TX 75115 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 04/22/2022 Justin & Melissa Parscale \$500.00 Contributor address; City; State; Zip Code 10741 Clearbrook Ln Dallas TX 75218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: 04/22/2022 \$2,000.00 **David Lott** Contributor address; City; State; Zip Code 1012 Barclay Dr Mesquite TX 75149 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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#### SCHEDULE A1

| e Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:   |
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| ee  | 3 Filer ID (Ethics Commission Filers)  |
| 5 Full name of contributor out-of-state PAC (ID#: )  John or Marsha Benda  6 Contributor address; City; State; Zip Code  801 S Riverfront Dallas TX 75204 | 7 Amount of contribution (\$)<br>\$3,000.00  |
| upation / Job title (See Instructions)  9   | intions)   |
| Full name of contributor  | Amount of contribution (\$)<br>\$500.00  |
| pation / Job title (See Instructions) Employer (See Instruc   | tions)   |
| Full name of contributor  | Amount of contribution (\$) \$10,000.00  |
| pation / Job title (See Instructions)  Employer (See Instructions)  Self  | tions)   |
| Full name of contributor out-of-state PAC (ID#: )  Tammy Crawford  Contributor address; City; State; Zip Code  2108 Spring Mills Mesquite TX 75181        | Amount of contribution (\$) \$50.00  |
| upation / Job title (See Instructions) Employer (See Instruc  | etions)  |
|   |  |
|   | 5 Full name of contributor   out-of-state PAC (ID#:   ) John or Marsha Benda 6 Contributor address; City; State; Zip Code 801 S Riverfront   Dallas   TX   75204  Upation / Job title (See Instructions)   9 Employer (See Instructions)   Self    Full name of contributor   out-of-state PAC (ID#:   ) Thomas Collins   Contributor address; City; State; Zip Code   3320 Lovers   Dallas   TX   75225    Pation / Job title (See Instructions)   Employer (See Instructions)    Full name of contributor   out-of-state PAC (ID#:   ) Thomas Gaubert   Contributor address; City; State; Zip Code   1120 N Westmoreland   Desoto   TX   75115    Full name of contributor   out-of-state PAC (ID#:   )  Tammy Crawford   Contributor   out-of-state PAC (ID#:   )  Full name of contributor   out-of-state PAC (ID#:   ) |

#### SCHEDULE A1

| TH                       | ne Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:                |
|--------------------------|---|---|
| 2 FILER NAM<br>John W Pr |   | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date 04/22/2022        | 5 Full name of contributor  | 7 Amount of contribution (\$)<br>\$200.00 |
|                          | 124 Wildwood Ct Desoto TX 75115   |   |
| 8 Principal oc           | cupation / Job title (See Instructions)  9 Employer (S  | See Instructions)                         |
| Date 04/22/2022          | Full name of contributor out-of-state PAC (ID#:  Sherri Doll  Contributor address; City; State; Zip Code  204 South Cedar RIdge Dr Duncanville TX 75116 | Amount of contribution (\$) \$500.00      |
| Principal occ            | Eupation / Job title (See Instructions)  Employer (S  | ee Instructions)                          |
| Date 04/22/2022          | Full name of contributor  | Amount of contribution (\$) \$200.00      |
| Principal occ            | cupation / Job title (See Instructions) Employer (S   | See Instructions)                         |
| Date<br>04/22/2022       | Full name of contributor out-of-state PAC (ID#:  Irgrid Warren  Contributor address; City; State; Zip Code  1201 Elm St Dallas TX 75270                 | Amount of contribution (\$) \$100.00      |
| Principal occ            | cupation / Job title (See Instructions) Employer (S   | See Instructions)                         |
| 4                        | I   |   |
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#### SCHEDULE A1

| The                          | e Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:                |
|------------------------------|---|---|
| 2 FILER NAME<br>John W Price |   | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date 04/22/2022            | 5 Full name of contributor  | 7 Amount of contribution (\$)<br>\$500.00 |
|                              | 6 Contributor address; City; State; Zip Code<br>14610 Laurenwood Humble TX 77396  | ¥   |
| 8 Principal occi             | upation / Job title (See Instructions)  9 Employer (See Instructions)   | tions)                                    |
| Date<br>04/22/2022           | Full name of contributor out-of-state PAC (ID#: )  Venton For Texas  Contributor address; City; State; Zip Code  1075 Griffin Street West, Ste Dallas TX 75215  212         | Amount of contribution (\$) \$1,000.00    |
| Principal occu               | upation / Job title (See Instructions) Employer (See Instruc  | tions)                                    |
| Date<br>04/22/2022           | Full name of contributor out-of-state PAC (ID#: )  Willis & Sophia Johnson  Contributor address; City; State; Zip Code  1001 Belleview #1001 Dallas TX 75214                | Amount of contribution (\$) \$1,000.00    |
| Principal occu               | upation / Job title (See Instructions) Employer (See Instruc  | tions)                                    |
| Date 04/22/2022              | Full name of contributor out-of-state PAC (ID#: )  Linebarger Goddan Blair & Sampson LL{  Contributor address; City; State; Zip Code  2777 N Stemmons #1000 Dallas TX 75207 | Amount of contribution (\$)<br>\$5,000.00 |
| Principal occu<br>Attorneys  | upation / Job title (See Instructions) Employer (See Instruc  | tions)                                    |
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE A1

| The                         | e Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:                |
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| 2 FILER NAME<br>John W Pric |  | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br>04/22/2022        | 5 Full name of contributor   | 7 Amount of contribution (\$)<br>\$150.00 |
|                             | 6 Contributor address; City; State; Zip Code 1327 Thistlewood Dr Desoto TX 75115   |   |
| 8 Principal occ             | supation / Job title (See Instructions)  9 Employer (See Instructions)   | tions)                                    |
| Date<br>04/22/2022          | Full name of contributor   | Amount of contribution (\$) \$100.00      |
|                             | Contributor address; City; State; Zip Code 548 Missionary Ridge Desoto TX 75115  |   |
| Principal occu              | upation / Job title (See Instructions)  Employer (See Instructions)  | tions)                                    |
| Date<br>04/22/2022          | Full name of contributor   | Amount of contribution (\$) \$50.00       |
|                             | Contributor address; City; State; Zip Code  548 Missionary Ridge Desoto TX 75115   |   |
| Principal occu              | upation / Job title (See Instructions)  Employer (See Instructions)  | tions)                                    |
| Date<br>04/22/2022          | Full name of contributor out-of-state PAC (ID#: )  Carol Arnold  Contributor address; City; State; Zip Code  835 Timber Dell Dallas TX 75232 | Amount of contribution (\$) \$172.00      |
| Principal occu              | upation / Job title (See Instructions) Employer (See Instructions)   | tions)                                    |
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#### SCHEDULE A1

| Th                         | ne Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:<br>33          |
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| 2 FILER NAM<br>John W Pri  |   | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date 04/22/2022          | 5 Full name of contributor  | 7 Amount of contribution (\$)<br>\$200.00 |
| 2                          | 6 Contributor address; City; State; Zip Code PO Box 381756 Duncanville TX 75138   |   |
| 8 Principal oc             | cupation / Job title (See Instructions)  9 Employer (See Instruc  | tions)                                    |
| Date<br>04/22/2022         | Full name of contributor out-of-state PAC (ID#: )  The Wiley Law Group PLLC  Contributor address; City; State; Zip Code  325 Saint Paul St Ste 2250 Dallas TX 75201 | Amount of contribution (\$) \$1,000.00    |
| Principal occ<br>Attorneys | cupation / Job title (See Instructions) Employer (See Instruc   | tions)                                    |
| Date<br>02/22/2022         | Full name of contributor  | Amount of contribution (\$) \$100.00      |
| Principal occ<br>Attorney  | 2443 W 10th St Dallas TX 75211  supation / Job title (See Instructions) Employer (See Instruc   | tions)                                    |
| Date 04/22/2022            | Full name of contributor out-of-state PAC (ID#: )  Josiah Ware  Contributor address; City; State; Zip Code  3910 Caruth Haven #3418 Dallas TX 75206                 | Amount of contribution (\$) \$3,000.00    |
| Principal occ              | cupation / Job title (See Instructions) Employer (See Instruc   | tions)                                    |
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| Tł                       | he Instruction Guide explains how to complete this form.                               | 1 Total pages Schedule A1:                    |
| 2 FILER NAM<br>John W Pr |  | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date 04/21/2022        | 5 Full name of contributor out-of-state PAC (ID#:) Peter Goodwin                       | 7 Amount of contribution (\$)<br>\$500.00     |
|                          | 6 Contributor address; City; State; Zip Code 2300 McDermott Rd Plano TX 75025          |   |
| 8 Principal oc           | g Employer (See Instructions)  | tions)  |
| Date 04/22/2022          | Full name of contributor out-of-state PAC (ID#:)  Paul Williams                        | Amount of contribution (\$) \$2,000.00        |
|                          | Contributor address; City; State; Zip Code 8066 Park Lane, #1710 Dallas TX 75231       |   |
| Principal occ            | cupation / Job title (See Instructions) Employer (See Instruc                          | tions)  |
| Date 04/22/2022          | Full name of contributor   | Amount of contribution (\$) \$100.00          |
|                          | Contributor address; City; State; Zip Code  1084 Cove Hollow Drive Cedar Hill TX 75104 |   |
| Principal occ            | cupation / Job title (See Instructions) Employer (See Instruc                          | tions)  |
| Date 04/22/2022          | Full name of contributor out-of-state PAC (ID#:)  Laura Freelands                      | Amount of contribution (\$) \$100.00          |
|                          | Contributor address; City; State; Zip Code 6009 Bryan Pkwy Dallas TX 75206             |   |
| Principal occ            | cupation / Job title (See Instructions) Employer (See Instruc                          | tions)  |
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#### SCHEDULE A1

| The Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:<br>33                 |
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| 2 FILER NAME<br>John W Price  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#: 04/22/2022 Antong Lucky 6 Contributor address; City; State; Zip Contributor address; Dallas OGUMovement Dallas TX 75 | 7 Amount of contribution (\$)<br>\$100.00        |
| 8 Principal occupation / Job title (See Instructions)  Fpunder/Educator  9 Emp Self   | oloyer (See Instructions)                        |
| Date  Full name of contributor  O5/02/2022  Monica Jackson  Contributor address;  City; State; Zip Contributor  TX 76   | Amount of contribution (\$) \$1,500.00  ode 6017 |
| Principal occupation / Job title (See Instructions) Emp   | loyer (See Instructions)                         |
| Date  Full name of contributor  Oblive Jonathon Edmonds  Contributor address;  City: State; Zip Contributor St, Apt.513  Dallas  TX 75  | Amount of contribution (\$) \$100.00             |
| Principal occupation / Job title (See Instructions) Emp   | loyer (See Instructions)                         |
| Date  Full name of contributor  O5/02/2022  Henry Williams  Contributor address;  City; State; Zip Co   | Amount of contribution (\$) \$100.00             |
| Principal occupation / Job title (See Instructions) Emp   | loyer (See Instructions)                         |
| ATTACH ADDITIONAL COPIES OF THIS S  | CHEDULE AS NEEDED                                |

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) John W Price 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 05/02/2022 \$1,000.00 Barry Andrews 6 Contributor address; City; State; Zip Code 2730 Irving Boulevard Dallas TX 75207 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 05/22/2022 Marc Richman \$500.00 Contributor address; Zip Code City; State; 304 S Record St Dallas TX 75202 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 05/04/2022 Denine Thibodeaux \$500.00 Contributor address; City; State; Zip Code Duncanville 107 N Cedar Ridge Dr Ste TX 75116 106 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 05/18/2022 \$100.00 Wendez Wentz Contributor address; State; Zip Code City; 75087 6102 Wimbledom Drive Rockwall TX Principal occupation / Job title (See Instructions) Employer (See Instructions)

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#### SCHEDULE A1

| Th                         | e Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:<br>33            |
|----------------------------|---|---|
| 2 FILER NAMI<br>John W Pri |   | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>05/20/2022       | 5 Full name of contributor  | 7 Amount of contribution (\$)<br>\$5,000.00 |
| 8 Principal occ            | Supation / Job title (See Instructions)  9 Employer (See Instructions)  | tions)                                      |
| Date<br>05/29/2022         | Full name of contributor out-of-state PAC (ID#:)  Jane Heath  Contributor address; City; State; Zip Code  6405 Malcolm Ct Dallas TX 75214 | Amount of contribution (\$) \$250.00        |
| Principal occi             | upation / Job title (See Instructions)  Employer (See Instructions)   | tions)                                      |
| Date<br>05/25/2022         | Full name of contributor  | Amount of contribution (\$) \$2,500.00      |
| Principal occ              | upation / Job title (See Instructions) Employer (See Instruc  | tions)                                      |
| Date<br>05/09/2022         | Full name of contributor  | Amount of contribution (\$) \$100.00        |
| Principal occ              | upation / Job title (See Instructions) Employer (See Instruc  | tions)                                      |
|                            |   |   |
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| TI                       | he Instruction Guide explains how to complete this form.                                | 1 Total pages Schedule A1:                |
|--------------------------|---|---|
| 2 FILER NAM<br>John W Pr |   | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br>05/03/2022     | 5 Full name of contributor  | 7 Amount of contribution (\$)<br>\$100.00 |
| ¥                        | 6 Contributor address; City; State; Zip Code 1641 Wagon Wheels Trl Dallas TX 75241      |   |
| 8 Principal od           | ccupation / Job title (See Instructions)  9 Employer (See Instructions)                 | tions)                                    |
| Date 05/08/2022          | Full name of contributor  | Amount of contribution (\$) \$500.00      |
|                          | Contributor address; City; State; Zip Code  3839 McKinney Ave Dallas TX 75204  #155-204 |   |
| Principal occ            | cupation / Job title (See Instructions) Employer (See Instruc                           | tions)                                    |
| Date 08/08/2022          | Full name of contributor  | Amount of contribution (\$) \$100.00      |
|                          | Contributor address; City; State; Zip Code 5 Oakleigh Blvd Beaumont TX 77706            |   |
| Principal occ            | cupation / Job title (See Instructions) Employer (See Instruc                           | tions)                                    |
| Date<br>05/03/2022       | Full name of contributor  | Amount of contribution (\$) \$100.00      |
| Principal occ            | cupation / Job title (See Instructions) Employer (See Instruc                           | tions)                                    |
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Revised 9/8/2015

#### SCHEDULE A1

| The                          | Instruction Guide explains how to complete this form.   | 1 Total pages Schedule A1:<br>33          |
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| 2 FILER NAME<br>John W Price |   | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br>05/08/2022         | 5 Full name of contributor out-of-state PAC (ID#:)  Carrie Marshall  6 Contributor address; City; State; Zip Code                                     | 7 Amount of contribution (\$)<br>\$100.00 |
|                              | 12601 Natalie Dr Balch Springs TX 75180   |   |
| 8 Principal occu             | upation / Job title (See Instructions)  9 Employer (See Instruc   | tions)                                    |
| Date<br>05/08/2022           | Full name of contributor out-of-state PAC (ID#: )  Rufus & Bernadetta Green  Contributor address; City; State; Zip Code  2 Riva Ridge Frisco TX 75034 | Amount of contribution (\$) \$200.00      |
| Principal occup              | pation / Job title (See Instructions)  Employer (See Instructions)  | tions)                                    |
| Date<br>05/05/2022           | Full name of contributor  | Amount of contribution (\$) \$100.00      |
|                              | Contributor address; City; State; Zip Code PO Box 973 Desoto TX 75123   |   |
| Principal occu               | pation / Job title (See Instructions) Employer (See Instructions)   | tions)                                    |
| Date<br>05/02/2022           | Full name of contributor  | Amount of contribution (\$) \$500.00      |
| Principal occu               | pation / Job title (See Instructions)  Employer (See Instructions)  | tions)                                    |
| d.                           |   |   |
|                              | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE   | EEDED                                     |

#### SCHEDULE A1

| The                         | e Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:                |
|-----------------------------|--|---|
| 2 FILER NAME<br>John W Pric |  | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date 05/08/2022           | 5 Full name of contributor   | 7 Amount of contribution (\$)<br>\$500.00 |
|                             | 1357 Bar Harbor Dallas TX 75232  |   |
| 8 Principal occu            | upation / Job title (See Instructions)  9 Employer (See Instructions)  | tions)                                    |
| Date<br>05/08/2022          | Full name of contributor   | Amount of contribution (\$) \$300.00      |
| Principal occu              | pation / Job title (See Instructions) Employer (See Instruct   | ions)                                     |
| Date<br>05/08/2022          | Full name of contributor   | Amount of contribution (\$) \$250.00      |
| Principal occu              | pation / Job title (See Instructions)  Employer (See Instructions)   | tions)                                    |
| Date<br>05/08/2022          | Full name of contributor out-of-state PAC (ID#: )  Dr. Rosie Sorrells  Contributor address; City; State; Zip Code  5506 Glen Forest Ln Dallas TX 75241 | Amount of contribution (\$) \$100.00      |
| Principal occu              | upation / Job title (See Instructions) Employer (See Instructions)   | tions)                                    |
|                             | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N   | EEDED                                     |

#### SCHEDULE A1

| TI                       | he Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:<br>33            |
|--------------------------|---|---|
| 2 FILER NAM<br>John W Pr | AN A  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>04/05/2022     | 5 Full name of contributor out-of-state PAC (ID#: )  Danial Schlachter  6 Contributor address; City; State; Zip Code 6211 W Northwest Highway Dallas TX 75225 Ste 257 | 7 Amount of contribution (\$)<br>\$2,500.00 |
| 8 Principal oc           | ccupation / Job title (See Instructions)  9 Employer (See Instructions)   | tions)                                      |
| Date<br>02/08/2022       | Full name of contributor  | Amount of contribution (\$) \$250.00        |
| Principal occ            | cupation / Job title (See Instructions)  Employer (See Instructions)  | tions)                                      |
| Date<br>03/06/2022       | Full name of contributor  | Amount of contribution (\$) \$1,000.00      |
| Principal oc             | cupation / Job title (See Instructions) Employer (See Instruc   | tions)                                      |
| Date<br>04/01/2022       | Full name of contributor out-of-state PAC (ID#: )  Jack Matthews  Contributor address; City; State; Zip Code  320 W Main St Lewisville TX 75057                       | Amount of contribution (\$) \$2,000.00      |
| Principal oc             | ccupation / Job title (See Instructions)  Employer (See Instructions)   | tions)                                      |
|                          | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N  |   |

#### SCHEDULE A1

| The                          | Instruction Guide explains how to complete this   | form.                                  | 1 Total pages Schedule A1:<br>33        |
|------------------------------|---|--|---|
| 2 FILER NAME<br>John W Price |   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 02/28/2022            | 5 Full name of contributor out-of-state PAC Lakeside Bank Paypal Transfer 6 Contributor address; City; State 2805 Ridge Road Rockwall T |  | 7 Amount of contribution (\$)<br>\$6.85 |
| 8 Principal occu             | pation / Job title (See Instructions)   | 9 Employer (See Instruc                | tions)                                  |
| Date                         | Full name of contributor  |  | Amount of contribution (\$)             |
| Principal occup              | pation / Job title (See Instructions)   | Employer (See Instruct                 | tions)                                  |
| Date                         | Full name of contributor  | **** * * * * * * * * * * * * * * * * * | Amount of contribution (\$)             |
| Principal occu               | pation / Job title (See Instructions)   | Employer (See Instruc                  | tions)                                  |
| Date                         | Full name of contributor out-of-state PAC Contributor address; City; State  | ; Zip Code                             | Amount of contribution (\$)             |
| Principal occup              | pation / Job title (See Instructions)   | Employer (See Instruct                 | tions)                                  |
|                              |   |  |   |
|                              | ATTACH ADDITIONAL COPIES O  |  | EEDED                                   |

### SCHEDULE F1

#### **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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Candidate/Officeholder/Politica<br>Credit Card Payment |  |                  | Vages/Contract Labor        | Other (enter a category not listed above)                              |
|--|--|------------------|-----------------------------|--|
|  | The Instruction Guide ex   | plains how to c  | complete this form.         |  |
| 1 Total pages Schedule F1:<br>17                       | 2 FILER NAME<br>John W Price                                     |                  |                             | 3 Filer ID (Ethics Commission Filers)                                  |
| 4 Date 01/28/2022                                      | 5 Payee name<br>Tracey Gulley Campaign                           |                  |                             |  |
| 6 Amount (\$)  | 7 Payee address; City; State                                     | ; Zip Code       |                             |  |
| \$1,000.00   | 203 Satinwood Dallas   | TX               | 75217                       |  |
| 8  | (a) Category (See Categories listed at the top o                 |                  | (b) Description             |  |
| PURPOSE<br>OF<br>EXPENDITURE                           | ContributionsDonationsMadeBy0<br>mmittee                         | CandidateCo      |                             | tside of Texas. Complete Schedule T. , TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name Tracey Gulley                      |                  | Office sought Constable Pct | Office held Constable Pct1   |
| Date   | Payee name   |                  |                             |  |
| 01/28/2022   | Hailee Hall  |                  |                             |  |
| Amount (\$)  | Payee address; City; State                                       | ; Zip Code       |                             |  |
| \$500.00   | 6335 Elder Grove DR Dallas                                       | TX               | 75232                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                           | Category (See Categories listed at the top of AdvertisingExpense | f this schedule) |                             | side of Texas. Complete Schedule T.<br>TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF    | Candidate / Officeholder name  John Price                        |                  | Office sought               | Office held Commissioner Dist  |
| Date   | Payee name   |                  |                             |  |
| 01/18/2022   | Classic Oil & Lube   |                  |                             |  |
| Amount (\$)  | Payee address; City; State                                       | e; Zip Code      |                             |  |
| \$138.00   | 152 E Davis Dallas   | TX               | 75203                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                           | Category (See Categories listed at the top o                     |                  |                             | tside of Texas. Complete Schedule T. TX, officeholder living expense   |
| Complete ONLY if direct expenditure to benefit C/OI    | Candidate / Officeholder name  John Price                        |                  | Office sought               | Office held<br>Commissioner Dist                                       |
|  | ATTACH ADDITIONAL COR  | PIES OF THIS     | SCHEDULE AS NEE             | EDED   |

### SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment                                   | The Instruction Guide explains how to c  | complete this form.   |
|---|--|---|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>John W Price   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 02/23/2022                                     | 5 Payee name<br>USPS Paypal  | <u> </u>  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code   |   |
| \$22.15   | 401 DFW Turnpike Dallas TX   | 75201   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)  GiftAwardsMemorialsExpense | (b) Description  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  | Payee name   |   |
| 01/23/2022  | Tea Cake Kids  |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| \$179.58  | PO Box 137 Hutchins TX   | 75141   |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense      | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense       |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought Office held   |
| Date  | Payee name   |   |
| 02/17/2022  | MMS Company Ad Specialties LLC   |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| \$1,200.00  | 217 N I35E Desoto TX   | 75115   |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)  ConsultingExpense              | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense     |
| Complete ONLY if direct expenditure to benefit C/Oh   | Candidate / Officeholder name  | Office sought Office held   |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEEDED  |

### SCHEDULE F1

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

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment |  | ravel Out Of District ies/Wages/Contract Labor  Other (enter a category not listed above)  to complete this form.   |
|--|--|---|
| 1 Total pages Schedule F1:                             | 2 FILER NAME<br>John W Price   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 02/24/2022                                      | 5 Payee name<br>Roy Smith Auto   |   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Cod                                      | le  |
| \$1,650.00   | 3803 S Lancaster Rd Dallas TX  | 75216   |
| 8  | (a) Category (See Categories listed at the top of this schedule            | (b) Description   |
| PURPOSE<br>OF<br>EXPENDITURE                           | TransportationEquipmentAndRelatedExper                                     | 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   | Payee name   |   |
| 02/25/2022   | MMS Company Ad Specialities LLC  |   |
| Amount (\$)  | Payee address; City; State; Zip Cod  | le  |
| \$11,191.20  | 217 N I35E Desoto TX   | 75115   |
| PURPOSE<br>OF<br>EXPENDITURE                           | Category (See Categories listed at the top of this schedule PollingExpense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF    | Candidate / Officeholder name  | Office sought Office held   |
| experioration bettern 0/01                             | GOTV GOTV  | Various   |
| Date   | Payee name   |   |
| 01/02/2022   | MMS Company Ad Specialities LLC  |   |
| Amount (\$)  | Payee address; City; State; Zip Coo  | de  |
| \$7,002.00   | 217 N I35E Desoto TX   | 75115   |
|  | Category (See Categories listed at the top of this schedule                | Description   |
| PURPOSE<br>OF<br>EXPENDITURE                           | PrintingExpense  | 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 T  | HIS SCHEDULE AS NEEDED  |

Candidate / Officeholder name

### SCHEDULE F1

Office held

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Consulting Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) John W Price 17 4 Date 5 Payee name 02/08/2022 **USPS** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$10,279.96 401 DFW Turnpike 75201 Dallas TX (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PrintingExpense PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE

Office sought

| expenditure to benefit C/OI                         | H GOTV GOTV  |   |
|---|--|---|
| Date  | Payee name   |   |
| 02/08/2022  | AAA Texas LLC  |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| \$146.00  | PO Box 9555 Coppell TX   | 75019   |
| PURPOSE<br>OF<br>EXPENDITURE                        | Category (See Categories listed at the top of this schedule)  TransportationEquipmentAndRelatedExpense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct                             | Candidate / Officeholder name  | Office sought Office held   |
| expenditure to benefit C/OI                         | H John Price   | Commissioner Dist   |
| Date  | Payee name   |   |
| 02/22/2022  | Tea Cake Kids  |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| \$89.79   | PO Box 137 Hutchins TX   | 75141   |
| PURPOSE<br>OF<br>EXPENDITURE                        | Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense                | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/Oł | Candidate / Officeholder name  | Office sought Office held   |
|   | ATTACH ADDITIONAL COPIES OF THE  | S SCHEDULE AS NEEDED  |

8

9 Complete ONLY if direct

expenditure to benefit C/OH

### SCHEDULE F1

#### **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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Candidate/Officeholder/Politica<br>Credit Card Payment | al Committee Legal Services Salaries A  The Instruction Guide explains how to           | Wages/Contract Labor Other (enter a category not listed above)  |
|--|---|---|
| 1 Total pages Schedule F1:                             | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)   |
| 17   | John W Price  |   |
| 4 Date 02/22/2022                                      | 5 Payee name<br>Evans Engraving   |   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |   |
| \$396.00   | 208 S Tyler St Dallas TX  | 75203   |
| 8  | (a) Category (See Categories listed at the top of this schedule)                        | (b) Description   |
| PURPOSE  | GiftAwardsMemorialsExpense  | Check if travel outside of Texas. Complete Schedule T.  |
| OF<br>EXPENDITURE                                      |   | 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   | Payee name  |   |
| 03/14/2022   | Tea Cake Kids   |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |
| \$89.79  | PO Box 137 Hutchins TX  | 75141   |
| PURPOSE<br>OF<br>EXPENDITURE                           | Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF    | Candidate / Officeholder name   | Office sought Office held   |
| Date   | Payee name  |   |
| 02/22/2022   | Jesse Hornbuckle  |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |
| \$100.00   | 203 Tyler St Dallas TX  | 75203   |
|  | Category (See Categories listed at the top of this schedule)                            | Description   |
| PURPOSE<br>OF<br>EXPENDITURE                           | AdvertisingExpense  | Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense             |
| Complete ONLY if direct                                | Candidate / Officeholder name   | Office sought Office held   |
| expenditure to benefit C/OF                            | John Price  | Commissioner Dist   |
|  | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NEEDED  |

### SCHEDULE F1

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

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

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

| Credit Card Payment  | The Instruction Guide explains how to complete this form.                           |   |  |  |  |  |
|--|---|---|--|--|--|--|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>John W Price  | 3 Filer ID (Ethics Commission Filers)   |  |  |  |  |
| 4 Date 02/22/2022  | 5 Payee name<br>MMS Company Ad Specialities LLC                                     | '   |  |  |  |  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |   |  |  |  |  |
| \$12,605.00  | 217 N I35E Desoto TX  | 75115   |  |  |  |  |
| 8 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)  ConsultingExpense | (b) Description  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 GOTV GOTV   | Office sought Office held   |  |  |  |  |
| Date   | Payee name  |   |  |  |  |  |
| 02/09/2022   | Hailee Hall   |   |  |  |  |  |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |  |  |  |  |
| \$500.00   | 6335 Elder Grove DR Dallas TX   | 75232   |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)  AdvertisingExpense    | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense       |  |  |  |  |
| Complete ONLY if direct                                    | Candidate / Officeholder name   | Office sought Office held   |  |  |  |  |
| expenditure to benefit C/OF                                | John Price  | Commissioner Dist   |  |  |  |  |
| Date   | Payee name  |   |  |  |  |  |
| 03/21/2022   | Beyond the Slogan   |   |  |  |  |  |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |  |  |  |  |
| \$1,800.00   | 2710 Routh Creek Richardson TX<br>#4120   | 75082   |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)  ConsultingExpense     | 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 GOTV GOTV   | Office sought Office held   |  |  |  |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED        |   |   |  |  |  |  |

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Candidate/Officeholder/Politica<br>Credit Card Payment | 10 <del>0</del>   | Salaries/V               | Wages/Contract Labor complete this form. | Other (enter a catego                                     | ory not listed above) |
|--|---|--------------------------|--|---|-----------------------|
| 1 Total pages Schedule F1:                             | 2 FILER NAME<br>John W Price  |                          |  | 3 Filer ID (Ethics  | s Commission Filers)  |
| 4 Date<br>03/18/2022                                   | 5 Payee name<br>Evans Engraving   |                          |  |   |                       |
| 6 Amount (\$)  | 7 Payee address; City;  | State; Zip Code          |  |   |                       |
| \$162.00   | 208 S Tyler St Dall   | as TX                    | 75203                                    |   |                       |
| 8 PURPOSE OF EXPENDITURE                               | (a) Category (See Categories listed at t<br>GiftAwardsMemorialsExper  |                          |  | utside of Texas. Complete S<br>n, TX, officeholder living |                       |
| 9 Complete ONLY if direct expenditure to benefit C/OF  | Candidate / Officeholder nar<br>H   | те                       | Office sought                            |   | Office held           |
| Date   | Payee name  |                          |  |   |                       |
| 03/21/2022   | Angela Morris   |                          |  |   |                       |
| Amount (\$)  | Payee address; City;  | State; Zip Code          |  |   |                       |
| \$180.00   | 2150 Kessler Ct Dalla   | as TX                    | 75203                                    |   |                       |
| PURPOSE<br>OF<br>EXPENDITURE                           | Category (See Categories listed at t<br>GiftAwardsMemorialsExpen  |                          |  | Itside of Texas. Complete Se                              |                       |
| Complete ONLY if direct expenditure to benefit C/Oh    | Candidate / Officeholder nar  | ne                       | Office sought                            |   | Office held           |
| Date   | Payee name  |                          |  |   |                       |
| 03/28/2022   | US Postmaster   |                          |  |   |                       |
| Amount (\$)  | 100 TANK 1 10 10 TANK 1 | State; Zip Code          |  |   |                       |
| \$116.00   | 401 DFW Turnpike Dalla  | as TX                    | 75201                                    |   |                       |
|  | Category (See Categories listed at the  | he top of this schedule) | Description                              |   |                       |
| PURPOSE<br>OF<br>EXPENDITURE                           | OfficeOverheadRentalExpe  |                          |  | tside of Texas. Complete So., TX, officeholder living     |                       |
| Complete ONLY if direct expenditure to benefit C/OF    | Candidate / Officeholder na   | me                       | Office sought                            |   | Office held           |
| experiorate to benefit 6/6/                            | John Price  |                          |  |   | Commissioner Dist     |
|  | ATTACH ADDITIONAL   | . COPIES OF THIS         | SCHEDULE AS NEE                          | DED   |                       |

### SCHEDULE F1

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

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment     |  | Wages/Contract Labor Other (enter a categorial  |                                  |
|--|--|---|----------------------------------|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>John W Price   | 3 Filer ID (Ethic   | s Commission Filers)             |
| 4 Date 03/29/2022  | 5 Payee name<br>Roy Smith Auto   |   |                                  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |   |                                  |
| \$524.36   | 3803 S Lancaster Rd Dallas TX  | 75216   |                                  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule)  TransportationEquipmentAndRelatedExpense |   |                                  |
| OF<br>EXPENDITURE  |  | 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<br>Commissioner Dist |
| Date   | Payee name   |   |                                  |
| 03/25/2022   | Westside Baptist Church  |   |                                  |
| Amount (\$)  | Payee address; City; State; Zip Code   |   |                                  |
| \$150.00   | 900 Belliare Lewisville TX   | 75067   |                                  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule) AdvertisingExpense                            | Description  Check if travel outside of Texas. Complete S  Check if Austin, TX, officeholder living |                                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name  John Price  | Office sought   | Office held<br>Commissioner Dist |
| Date   | Payee name   |   |                                  |
| 04/06/2022   | Hailee Hall  |   |                                  |
| Amount (\$)  | Payee address; City; State; Zip Code   |   |                                  |
| \$500.00   | 6335 Elder Grove DR Dallas TX  | 75232   |                                  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)  AdvertisingExpense                           | Description  Check if travel outside of Texas. Complete S  Check if Austin, TX, officeholder living | 100-300-0000000 Sci              |
| 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   | S SCHEDULE AS NEEDED  |                                  |

### SCHEDULE F1

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

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment | al Committee Legal Service                  |                              |              | ages/Contract Labor | Other (enter a cate  | gory not listed above) |
|--|---|------------------------------|--------------|---------------------|--|------------------------|
|  |   | uction Guide explain         | is now to co | omplete this form.  |  |                        |
| 1 Total pages Schedule F1:                             | John W Price                                |                              |              |                     | 3 Filer ID (Ethi   | cs Commission Filers)  |
| 4 Date   | 5 Payee name                                |                              |              |                     |  |                        |
| 04/22/2022   | Evans Engraving                             |                              |              |                     |  |                        |
| 6 Amount (\$)  | 7 Payee address;                            | City; State; Z               | ip Code      |                     |  |                        |
| \$360.00   | 208 S Tyler St                              | Dallas                       | , TX         | 75203               |  |                        |
| 8  | (a) Category (See Categori                  | es listed at the top of this | schedule)    | (b) Description     |  |                        |
| PURPOSE  | GiftAwardsMemoria                           | alsExpense                   |              |                     | utside of Texas. Complete  |                        |
| OF<br>EXPENDITURE                                      |   |                              |              | Check if Austir     | n, TX, officeholder livir  | g expense              |
| 9 Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeh                         | older name                   |              | Office sought       |  | Office held            |
| Date   | Payee name                                  |                              |              |                     | 13   |                        |
| 04/26/2022   | Tea Cake Kids                               |                              |              |                     |  |                        |
| Amount (\$)  | Payee address;                              | City; State; Z               | Zip Code     |                     |  |                        |
| \$186.19   | PO Box 137                                  | Hutchins                     | TX           | 75141               |  |                        |
| PURPOSE<br>OF<br>EXPENDITURE                           | Category (See Categori<br>GiftAwardsMemoria |                              | schedule)    |                     | tside of Texas. Complete   |                        |
| Complete ONLY if direct expenditure to benefit C/OF    | Candidate / Officeh                         | older name                   |              | Office sought       |  | Office held            |
| Date   | Payee name                                  |                              |              |                     |  |                        |
| 04/21/2022   | Brake Stop                                  |                              |              |                     |  |                        |
| Amount (\$)  | Payee address;                              | City; State; Z               | Zip Code     |                     |  |                        |
| \$350.00   | 4308 Live Oak                               | Dallas                       | TX           | 75204               |  |                        |
|  | Category (See Categori                      | es listed at the top of this | schedule)    | Description         | THE STATE OF THE S |                        |
| PURPOSE<br>OF<br>EXPENDITURE                           | TransportationEqui                          | omentAndRelated              | Expense      | Check if travel ou  | stside of Texas. Complete  |                        |
| Complete ONLY if direct                                | Candidate / Officel                         | nolder name                  |              | Office sought       |  | Office held            |
| expenditure to benefit C/Oh                            | John Price                                  |                              |              |                     |  | Commissioner Dist      |
|  | ATTACH ADD                                  | ITIONAL COPIES               | OF THIS      | SCHEDULE AS NE      | EDED   |                        |

### SCHEDULE F1

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

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

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment | al Committee Legal Services Salaries/W  The Instruction Guide explains how to c  |  | gory not listed above) |
|--|--|--|------------------------|
| 1 Total pages Cabadula Etc                             |  |  | cs Commission Filers)  |
| 1 Total pages Schedule F1:<br>17                       | 2 FILER NAME<br>John W Price   | 3 Filer ID (Ethi                           | cs Commission Filers)  |
| 4 Date   | 5 Payee name   |  |                        |
| 04/19/2022   | Ledbetter Tire Shop  |  |                        |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |  |                        |
| \$700.00   | 337 E Ledbetter Dr Dallas TX   | 75216                                      |                        |
|  |  |  | 4                      |
| 8  | (a) Category (See Categories listed at the top of this schedule)   | (b) Description                            |                        |
| PURPOSE  | TravelInDistrict   | Check if travel outside of Texas. Complete | Schedule T.            |
| OF<br>EXPENDITURE                                      |  | Check if Austin, TX, officeholder livin    | g expense              |
| EXPENDITORE  |  |  |                        |
|  |  |  |                        |
| 9 Complete ONLY if direct                              | Candidate / Officeholder name  | Office sought                              | Office held            |
| expenditure to benefit C/OI                            | John Price   |  | Commissioner Dist      |
| Date   | Payee name   | 15   |                        |
| 04/20/2022   | Anthony Garrett Auto   | B  |                        |
| Amount (\$)  | Payee address; City; State; Zip Code   |  |                        |
| \$300.00   | 1624 Pennsylvania Ave Dallas TX  | 75215                                      |                        |
|  | 5 to • 10 to 50 to |  |                        |
|  | Category (See Categories listed at the top of this schedule)   | Description                                |                        |
| DUBBOSE  |  | Check if travel outside of Texas. Complete | Schedule T.            |
| PURPOSE<br>OF  | TransportationEquipmentAndRelatedExpense   | Check if Austin, TX, officeholder living   |                        |
| EXPENDITURE  |  |  |                        |
|  |  |  |                        |
| Complete ONLY if direct                                | Candidate / Officeholder name  | Office sought                              | Office held            |
| expenditure to benefit C/OF                            | John Price   |  | Commissioner Dist      |
|  |  |  |                        |
| Date   | Payee name   |  |                        |
| 04/21/2022   | MMS Company Ad Specialities LLC  |  |                        |
| A (C)  |  |  |                        |
| Amount (\$)  | Payee address; City; State; Zip Code   |  |                        |
| \$2,300.00   | 217 N I35E Desoto TX   | 75115                                      |                        |
|  |  |  |                        |
|  | Category (See Categories listed at the top of this schedule)   | Description                                |                        |
| PURPOSE  | PrintingExpense  | Check if travel outside of Texas. Complete | Schedule T.            |
| OF<br>EXPENDITURE                                      |  | Check if Austin, TX, officeholder living   | expense                |
|  |  |  |                        |
| 4  | 0 11 10 10 11  |  | (4)                    |
| Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought                              | Office held            |
|  | Temika Whitfield   |  | Commissioner Dist      |
|  | ATTACH ADDITIONAL COPIES OF THIS S   | SCHEDULE AS NEEDED                         |                        |

### SCHEDULE F1

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

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

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

| Credit Card Payment  | The Instru   | ction Guide expl           | ains how to co | omplete this form. | ,  | ,,                                      |
|--|--|----------------------------|----------------|--------------------|--|---|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>John W Price                       |                            |                |                    | 3 Filer ID (Ethic  | es Commission Filers)                   |
| 4 Date 04/28/2022  | 5 Payee name<br>John Ames Tax Ass                  | essor Collector            | Γ'             | ž.                 |  |   |
| 6 Amount (\$)  | 7 Payee address;                                   | City; State;               | Zip Code       |                    |  |   |
| \$229.50   | 500 Elm Street                                     | Dallas                     | TX             | 75203              |  |   |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categorie<br>TransportationEquip |                            | U2000          |                    | utside of Texas. Complete and Texas. TX, officeholder living | A000 1000 1000 1000 1000 1000 1000 1000 |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeho                               | older name                 |                | Office sought      |  | Office held<br>Commissioner Dist        |
| Date   | Payee name   |                            |                |                    |  |   |
| 05/17/2022   | MMS Company Ad S                                   | Specialities LLC           | ;              |                    |  |   |
| Amount (\$)  | Payee address;                                     | City; State;               | Zip Code       |                    |  |   |
| \$2,200.00   | 217 N I35E   | Desoto                     | TX             | 75115              |  |   |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categorie PrintingExpense            | is listed at the top of th | nis schedule)  |                    | tside of Texas. Complete S                                   | 340.0343.000                            |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeho<br>Temika Whitfield           | older name                 |                | Office sought      |  | Office held<br>Lancaster School B       |
| Date   | Payee name   |                            |                |                    |  |   |
| 05/25/2022   | MMS Company Ad S                                   | Specialities LLC           | :              |                    |  |   |
| Amount (\$)  | Payee address;                                     | City; State;               | Zip Code       |                    |  |   |
| \$6,100.00   | 217 N I35E   | Desoto                     | TX             | 75115              |  |   |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categorie PollingExpense             | es listed at the top of th | nis schedule)  |                    | itside of Texas. Complete S                                  | NW-010-032-000-00                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF   | Candidate / Officeh GOTV GOTV                      | older name                 |                | Office sought      |  | Office held                             |
|  | ATTACH ADDI  | TIONAL COPIE               | S OF THIS S    | SCHEDULE AS NEE    | DED  |   |

### SCHEDULE F1

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

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

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

| Credit Card Payment  | The Instru                                   | ction Guide exp           | lains how to  | complete this form. | Other (enter a category not listed above)                                   |
|--|--|---------------------------|---------------|---------------------|---|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME<br>John W Price                 |                           |               |                     | 3 Filer ID (Ethics Commission Filers)                                       |
| 4 Date 05/09/2022  | 5 Payee name<br>Reilly Echols Printing       | g                         |               | 9                   |   |
| 6 Amount (\$)  | 7 Payee address;                             | City; State;              | Zip Code      |                     |   |
| \$227.33   | 1710 South Harwood                           | Dallas                    | TX            | 75215               |   |
| 8 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories PrintingExpense | s listed at the top of th | nis schedule) |                     | utside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF      | Candidate / Officeho<br>Temika Whitfield     | older name                |               | Office sought       | Office held<br>Lancaster School B   |
| Date   | Payee name                                   |                           |               |                     |   |
| 04/27/2022   | The Order Desk                               |                           |               |                     |   |
| Amount (\$)  | Payee address;                               | City; State;              | Zip Code      |                     |   |
| \$432.72   | 9840 Monroe Dr Ste<br>104                    | Dallas                    | TX            | 75220               |   |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories PrintingExpense     | s listed at the top of th | nis schedule) |                     | tside of Texas. Complete Schedule T.<br>, TX, officeholder living expense   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeho<br>Temika Whitfield     | lder name                 |               | Office sought       | Office held<br>Lancaster School B   |
| Date   | Payee name                                   |                           |               |                     |   |
| 05/02/2022   | Hailee Hall                                  |                           |               |                     |   |
| Amount (\$)  | Payee address;                               | City; State;              | Zip Code      |                     |   |
| \$500.00   | 6335 Elder Grove DR                          | Dallas                    | TX            | 75232               |   |
|  | Category (See Categories                     | s listed at the top of th | nis schedule) | Description         |   |
| PURPOSE<br>OF<br>EXPENDITURE                               | AdvertisingExpense                           |                           |               |                     | tside of Texas. Complete Schedule T. , TX, officeholder living expense      |
| Complete ONLY if direct                                    | Candidate / Officeho                         | older name                |               | Office sought       | Office held   |
| expenditure to benefit C/OF                                | John Price                                   |                           |               |                     | Commissioner Dist   |
|  | ATTACH ADDI                                  | TIONAL COPIE              | ES OF THIS    | SCHEDULE AS NEE     | DED   |

### SCHEDULE F1

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

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

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

| Credit Card Payment   | The Instruction Guide explains how to o  | complete this form.  |  |
|---|--|--|--|
| 1 Total pages Schedule F1:  | 2 FILER NAME<br>John W Price   | 3 Filer ID (Ethics Commission Filers)  |  |
| 4 Date 05/03/2022   | 5 Payee name<br>Thibdodeaux Cajun Coiokin  |  |  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code   |  |  |
| \$2,236.55  | 107 N Cedar Ridge Dr Duncanville TX<br>Ste 106   | 75116  |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  FoodBeverageExpense  | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  |  |
| 9 Complete ONLY if direct   |  |  |  |
| Date  | Payee name   |  |  |
| 05/06/2022  | US Postmaster  |  |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |  |
| \$754.00  | 401 DFW Turnpike Dallas TX   | 75201  |  |
|   |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense   | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  |  |
| OF  | OfficeOverheadRentalExpense  Candidate / Officeholder name   | Check if travel outside of Texas. Complete Schedule T.   |  |
| OF EXPENDITURE  Complete ONLY if direct   | OfficeOverheadRentalExpense  Candidate / Officeholder name   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office sought  Office held   |  |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol   | OfficeOverheadRentalExpense  Candidate / Officeholder name  John Price   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office sought  Office held   |  |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol  Date  05/05/2022  Amount (\$)  | OfficeOverheadRentalExpense  Candidate / Officeholder name John Price  Payee name  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office sought  Office held   |  |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol  Date  05/05/2022   | Candidate / Officeholder name John Price  Payee name  MMS Company Ad Specialities LLC  | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office sought  Office held   |  |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol  Date  05/05/2022  Amount (\$)  | OfficeOverheadRentalExpense  Candidate / Officeholder name John Price  Payee name  MMS Company Ad Specialities LLC  Payee address; City; State; Zip Code   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Office sought  Office held Commissioner Dist  |  |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol  Date  05/05/2022  Amount (\$) \$1,397.45   | Candidate / Officeholder name John Price  Payee name MMS Company Ad Specialities LLC  Payee address; City; State; Zip Code 217 N I35E Desoto TX  Category (See Categories listed at the top of this schedule) AdvertisingExpense  Candidate / Officeholder name  | Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Office sought  Office held Commissioner Dist  75115  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Office sought  Office held |  |
| OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ole  Date  05/05/2022  Amount (\$) \$1,397.45  PURPOSE OF EXPENDITURE  Complete ONLY if direct | Candidate / Officeholder name John Price  Payee name  MMS Company Ad Specialities LLC  Payee address; City; State; Zip Code 217 N I35E Desoto TX  Category (See Categories listed at the top of this schedule) AdvertisingExpense  Candidate / Officeholder name | Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Office sought  Office held Commissioner Dist  75115  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense                             |  |

### SCHEDULE F1

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

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

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

| Credit Card Payment                                   | The Instruction Guide explains how to c  | omplete this form.  |  |  |
|---|--|---|--|--|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>John W Price   | 3 Filer ID (Ethics Commission Filers)   |  |  |
| 4 Date<br>05/11/2022                                  | 5 Payee name<br>Lighfoot for Chicago   | 1   |  |  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code   |   |  |  |
| \$1,000.00  | 100 W Kinzie Street, Chicago TX<br>Suite 325   | 60654   |  |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)  ContributionsDonationsMadeByCandidateCommittee | (b) Description  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/OI | Candidate / Officeholder name  Lori Lightfoot  | Office sought Office held Chicago Mayor   |  |  |
| Date  | Payee name   |   |  |  |
| 05/09/2022  | Jessie Hornbuckle Photography  |   |  |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |  |  |
| \$500.00  | 203 Tyler Dallas TX  | 75203   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule)  AdvertisingExpense                                 | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense     |  |  |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name  John Price  | Office sought Office held  Commissioner Dist  |  |  |
| Date  | Payee name   |   |  |  |
| 05/24/2022  | Evans Engraving  |   |  |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |  |  |
| \$324.00  | 208 S Tyler St Dallas TX   | 75203   |  |  |
|   | Category (See Categories listed at the top of this schedule)   | Description   |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | GiftAwardsMemorialsExpense   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                  |  |  |
| Complete ONLY if direct expenditure to benefit C/Oł   | Candidate / Officeholder name  | Office sought Office held   |  |  |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEEDED  |  |  |

### SCHEDULE F1

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

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment | al Committee Legal Services Salaries \( \)  The Instruction Guide explains how to | Wages/Contract Labor Other (enter a category not listed above)  complete this form. |
|--|---|---|
| 1 Total pages Schedule F1:                             | 2 FILER NAME<br>John W Price  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 05/12/2022                                      | 5 Payee name<br>Finishing and Mailing Center                                      |   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |   |
| \$4,703.05   | 2151 W Commerce St Dallas TX  | 75212   |
| 8  | (a) Category (See Categories listed at the top of this schedule)                  | (b) Description   |
| PURPOSE  | PrintingExpense   | Check if travel outside of Texas. Complete Schedule T.                              |
| OF<br>EXPENDITURE                                      | *   | Check if Austin, TX, officeholder living expense                                    |
| EXPENDITURE  |   |   |
| 9 Complete ONLY if direct expenditure to benefit C/OI  | Candidate / Officeholder name GOTV GOTV   | Office sought Office held   |
| Date   | Payee name  |   |
| 05/20/2022   | Lakeside Bank   |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |
| \$10.00  | 2805 Ridge Road Rockwall TX   | 75032   |
| PURPOSE  | Category (See Categories listed at the top of this schedule) Fees                 | Description  Check if travel outside of Texas. Complete Schedule T.                 |
| OF<br>EXPENDITURE                                      |   | Check if Austin, TX, officeholder living expense                                    |
| Complete ONLY if direct                                | Candidate / Officeholder name   | Office sought Office held   |
| expenditure to benefit C/OH                            | John Price  | Commissioner Dist   |
| Date   | Payee name  |   |
| 05/01/2022   | Lakeside Bank Paypal Transfer   |   |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |
| \$202.72   | 2805 Ridge Road Rockwall TX   | 75032   |
|  | Category (See Categories listed at the top of this schedule)                      | Description   |
| PURPOSE  | Fees  | Check if travel outside of Texas. Complete Schedule T.                              |
| OF<br>EXPENDITURE                                      |   | Check if Austin, TX, officeholder living expense                                    |
| 1. Jan 10 10 10 10 10 10 10 10 10 10 10 10 10          |   |   |
| Complete ONLY if direct                                | Candidate / Officeholder name   | Office sought Office held   |
| expenditure to benefit C/OF                            | John Price  | Commissioner Dist   |
|  | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NEEDED  |

### SCHEDULE F1

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

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment     | 3   |                                   | alaries/Wages/Contract Labor ow to complete this form. | Other (enter a category not listed above)                                     |
|--|---|-----------------------------------|--|---|
| 1 Total pages Schedule F1:                                 | Charles Co. |                                   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date 04/30/2022  | 5 Payee name<br>Lakeside Bank                   |                                   |  |   |
| 6 Amount (\$)<br>\$105.00                                  | 7 Payee address;<br>2805 Ridge Road             | City; State; Zip C<br>Rockwall    | rode<br>TX 75032                                       |   |
| 8 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categorie<br>Fees             | s listed at the top of this sched | Check if travel  | outside of Texas. Complete Schedule T. tin, TX, officeholder living expense   |
| 9 Complete ONLY if direct expenditure to benefit C/Oh      | Candidate / Officeho                            | older name                        | Office sought  | Office held<br>Commissioner Dist  |
| Date 03/20/2022  | Payee name<br>Lakeside Bank Payp                | al Transfer                       |  |   |
| Amount (\$)<br>\$29.39                                     | Payee address;<br>2805 Ridge Road               | City; State; Zip C                | ode<br>X 75032   |   |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categorie                         | s listed at the top of this sched | Check if travel  | outside of Texas. Complete Schedule T.<br>in, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeho                            | older name                        | Office sought  | Office held  Commissioner Dist  |
| Date 03/30/2022  | Payee name USPS                                 |                                   |  |   |
| Amount (\$)<br>\$19.00                                     | Payee address;<br>401 DFW Turnpike              | City; State; Zip C                | ode<br>"X 75201  |   |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categorie OfficeOverheadRen       | s listed at the top of this sched | Check if travel  | outside of Texas. Complete Schedule T.<br>in, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeh  John Price                 | older name                        | Office sought  | Office held  Commissioner Dist  |
|  | ATTACH ADDI                                     | TIONAL COPIES OF                  | THIS SCHEDULE AS NE                                    | EDED  |

### SCHEDULE F1

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

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

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

| Credit Card Payment                                   |  |                            |             | omplete this form.  | Other (enter a categ       | ory not listed above)            |  |
|---|--|----------------------------|-------------|---|----------------------------|----------------------------------|--|
| 1 Total pages Schedule F1:                            | 2 FILER NAME<br>John W Price                                 |                            |             |   | 3 Filer ID (Ethic          | s Commission Filers)             |  |
| 4 Date<br>03/03/2022                                  | 5 Payee name<br>Lakeside Bank Pay                            | oal Transfer               |             |   |                            |                                  |  |
| 6 Amount (\$)   | 7 Payee address;   | City; State;               | Zip Code    |   |                            |                                  |  |
| \$58.29   | 2805 Ridge Road  | Rockwall                   | TX          | 75032   |                            |                                  |  |
| 8   | (a) Category (See Categorie                                  | s listed at the top of thi | s schedule) | (b) Description   | utside of Texas. Complete  | Pahadula T                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Fees   |                            |             |   | n, TX, officeholder living |                                  |  |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeho<br>John Price                           | older name                 |             | Office sought   |                            | Office held<br>Commissioner Dist |  |
| Date  | Payee name   |                            |             |   |                            |                                  |  |
| Amount (\$)   | Payee address;   | City; State;               | Zip Code    |   |                            |                                  |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule) |                            |             | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                            |                                  |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeho   | older name                 |             | Office sought   |                            | Office held                      |  |
| Date  | Payee name   |                            |             |   |                            |                                  |  |
| Amount (\$)   | Payee address;   | City; State;               | Zip Code    |   |                            |                                  |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule) |                            |             | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                            |                                  |  |
| Complete ONLY if direct expenditure to benefit C/Oh   | Candidate / Officeh  | older name                 |             | Office sought   |                            | Office held                      |  |
|   | ATTACH ADDI  | TIONAL COPIE               | S OF THIS   | SCHEDULE AS NE  | EDED                       |                                  |  |