CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 25
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Commissioner	FIRST John	W MI	OFFICE USE ONLY
NAME	NICKNAME	LAST Price	SUFFIX	Date Received 2023
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P O Box 224725	APT / SUITE #; C	STATE, ZIP CODE TX 75222	2023 JAN 17 PI JULIA F. MAR COUNTY OLL DALLAS COU
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 653-6671	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Zan	MI	Date Processed
NAME	NICKNAME	LAST Holmes	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	P O Box 224725	NO PO BOX PLEASE); APT / SU	UITE #; CITY: Dallas	STATE: ZIP CODE TX 75222
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE (469)	PHONE NUMBER 371-5518	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before ele	ction Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 07	Day Year 2022	Month THROUGH 12	Day Year /31 /2022
11 ELECTION	ELECTION DA	Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) County Commiss		13 OFFICE SOUGHT (if know	n)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE		
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 63,721.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.0
	4. TOTAL POLITICAL EXPENDITURES	\$ 127,400.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 125,506.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 0.0
	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and includes all information
red	guired to be reported by me under Title 15, Election Code. Signature of Ca	ndidate or Officeholder
	Please complete either option below	f:
(1) Affidavit	Lwanna Renee Osborne My Commission Expires 05/17/2023 ID No 132017681	
NOTARY STAMP/SEA Sworn to and subscribed	before me by John Wiley Price this the	17th day of January.
7 6	which, witnessmy hand and seal of office. ree Storne L'Wanna Renée Osborne	Title of office administering oath
	OR	PERSONAL CONTRACT
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is	(street) (city) (:	state) (zip code) (country)
Executed in	County, State of , on the day of (month	. 20
	Signature of Candio	late/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Commission Fi		mmission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	~	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$\$63,721.80
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			\$\$127,400.63
6.	5. 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

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

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAM John W Pri		3 Filer ID (Ethics Commission Filers)
4 Date 09/09/2022	Full name of contributor	7 Amount of contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code 5603 Oak Falls Circle Dallas TX 75287	
8 Principal occ Attorney	cupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 09/06/2022	Full name of contributor	Amount of contribution (\$) \$2,500.00
Principal occ Owner	upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 08/31/2022	Full name of contributor	Amount of contribution (\$) \$21.80
	Contributor address; City; State; Zip Code 2211 N 1st St San Jose CA 95131	
Principal occ Payment C	cupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 09/20/2022	Full name of contributorout-of-state PAC (ID#:) Carl Sherman Sr. Campaign Contributor address; City; State; Zip Code 1670 N Hampton Rd, Ste 106 Desoto TX 75115	Amount of contribution (\$) \$1,000.00
Principal occ State Rep	supation / Job title (See Instructions) Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state_PAC (ID#:) 08/23/2022 Debra Coleman	7 Amount of contribution (\$) \$10,000.00
6 Contributor address; City; State; Zip Code 108 Jefferson Street Unit 3 Hobeken NJ 07030	
8 Principal occupation / Job title (See Instructions) Education 9 Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#) 09/15/2022 McDonald Williams	Amount of contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 10000 N Central Exwy #400 Dallas TX 75231	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney	ctions)
Date Full name of contributor out-of-state PAC (ID#:) 09/10/2022 Grady Gruber	Amount of contribution (\$) \$2,500.00
Contributor address; City, State; Zip Code 1918 Olive St, #1701 Dallas TX 75201	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributorout-of-state PAC (ID#) 09/12/2022 Lisa Baron	Amount of contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 4047 Cochran Chapel Rd Dallas TX 75209	
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAM John W Pri		3 Filer ID (Ethics Commission Filers)
4 Date 10/03/2022	5 Full name of contributorout-of-state PAC (ID#:) Jeffrey Tillotson	7 Amount of contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code 1807 Ross Avenue Ste 325 Dallas TX 75201	
8 Principal occ Attorney	cupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 09/27/2022	Full name of contributor	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 1504 Boca Chica Dr. Dallas TX 75232	
Principal occ Owner	upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 09/26/2022	Full name of contributor	Amount of contribution (\$) \$500.00
	1917 Angel Parkway Ste 400 Allen TX 75002	
Principal occ Advisory	Employer (See Instructions) Employer (See Instructions)	tions)
Date 09/28/2022	Full name of contributor	Amount of contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 300 West 6th Street Ste 2050 Austin TX 78701	
Principal occ	Eupation / Job title (See Instructions) Employer (See Instructions)	tions)

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SCHEDULE A1

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

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5	
2 FILER NAM John W P		3 Filer ID (Ethics Commission Filers)	
4 Date 10/17/2022	5 Full name of contributor out-of-state PAC (ID#) Katina Whitfield Campaign	7 Amount of contribution (\$) \$6,000.00	
	6 Contributor address; City; State; Zip Code 713 Lee #6 Mesquite TX 75149		
8 Principal of JP	ccupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date 09/16/2022	Full name of contributor	Amount of contribution (\$) \$2,500.00	
	Contributor address; City; State; Zip Code 1918 Olive St #1701 Dallas TX 75201		
Principal oc	cupation / Job title (See Instructions) Employer (See Instruc	tions)	
Date 09/18/2022	Full name of contributor	Amount of contribution (\$) \$1,000.00	
	Contributor address; City; State; Zip Code 10456 Countess Dr Dallas TX 75229		
Principal oc	cupation / Job title (See Instructions) Employer (See Instruc	tions)	
Date 11/02/2022	Full name of contributor out-of-state PAC (ID#:) KenLock Investments	Amount of contribution (\$) \$1,200.00	
	Contributor address; City; State; Zip Code 4215 Gannon Lane Dallas TX 75237		
Principal oc	cupation / Job title (See Instructions) Employer (See Instruc	tions)	

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME John W Price	9	3 Filer ID (Ethics Commission Filers)
4 Date 11/23/2022	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) \$2,000.00
8 Principal occu State Rep	pation / Job title (See Instructions) 9 Employer (See In	nstructions)
Date 12/19/2022	Full name of contributor out-of-state PAC (ID#:	\$7,000.00
Principal occup	pation / Job title (See Instructions) Employer (See In	nstructions)
Date 12/19/2022	Full name of contributor	\$2,000.00
	Contributor address; City; State; Zip Code 74 Buck Trl Sadler TX 76284	
Principal occup	pation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor out-of-state_PAC (ID#:) Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See In	nstructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

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 Salanes/Wages/Contract Labor

Credit Card Faymont	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethi	cs Commission Filer	s)
4 Date 07/15/2022	5 Payee name MMS Company Ad Specialties				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$2,100.00	217 NI-35E	Desoto	TX	75115	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	AdvertisingExpense	Staff Custom Logo'd Uniforms 23 Polo Shirts and Tshirts			20
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	ng expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/ON	Candidate / Officeholder name John Price	Office sought		Office held County Commi	ssioı
Date	Payee name				
07/02/2022	US Postmaster				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$87.05	401 DFW Turnpike	Dallas	TX	75222	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Other	Postage			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name John Price	Office sought		Office held County Commis	ssioı
Date	Payee name				
08/12/2022	US Postmaster				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$480.00	401 DFW Turnpike	Dallas	TX	75222	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Other	Stamps for Office	ce Mailings		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought		Office held County Commis	ssior
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	FDFD		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense
Printing Expense
Salaries/Wages/Contract Labor
Travel To District
Travel Out of District
Other (enter a categor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethio	cs Commission Filers)
4 Date 08/14/2022	5 Payee name Venton for 100	1		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1,000.00	1075 Griffin Street West, Suite 212	Dallas	TX	75215
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCo mmittee			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Venton Jones	Office sought Office held Tx State Rep 100 State Rep 100		
Date	Payee name			
08/19/2022	MMS Company Ad Specialties			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,200.00	217 NI-35E	Desoto	TX	75115
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	AdvertisingExpense	Campaign Door I	Hangers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Katina Whitfield	Justice of Peace	9	Justice of Peace
Date	Payee name			
08/19/2022	Evans Engraving			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$288.00	208 Tyler St	Dallas	TX	75208
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Framed Resolution	ons for Constitue	ents
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Grit/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor

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

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Ground aymon	The Instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethi	cs Commission Filers	s)
4 Date 08/25/2022	5 Payee name Fuel City				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$200.00	801 S Riverfront Blvd	Dalla	TX	75207	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedExpense	Gas for OUR M	AN and R MAN	2 Campaign Vehic	cles
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought		Office held County Commis	ssior
Date	Payee name				
07/26/2022	QT Fuel Station				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$88.51	3311 Pleasant Run Rd	Lancaster	TX	75146	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedExpense	nse Fuel for Campaign Vehicles			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livii	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought		Office held County Commis	sioi
Date	Payee name				
07/30/2022	QT Fuel Station				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$111.49	3311 Pleasant Run Rd	Lancaster	TX	75146	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	TransportationEquipmentAndRelatedExpense	Fuel for Campai	gn Vehicles		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought		Office held County Commis	sioi
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethic	es Commission Filers)
4 Date 07/22/2022	5 Payee name Carolyn Arnold Campaign		•	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1,000.00	PO BOx 765096	Dallas	TX	75376
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCo mmittee	Donation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Carolyn Arnold	Office sought		Office held Dalla City Council
Date	Payee name			
08/15/2022	Fish Fry Democrat PAC			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$250.00	6333 E Mockingbird Ln	Dallas	TX	75214
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCo mmittee	Donation to Der	mocrat Fish Fry P	PAC
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
08/02/2022	Hailee Hall			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$500.00	6309 Elder Grove	Dallas	TX	75232
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	AdvertisingExpense	Social Media Up	odate and Advert	ising
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name John Price	Office sought		Office held County Commission
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethic	s Commission Filers)
4 Date 08/05/2022	5 Payee name MMS Company Ad Specialties			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$2,092.00	217 N I-35E	Desoto	TX	75115
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Sponsorship Na	tional Kidney 5W	alk - Custom Towels
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/01/2022	Adam Bazaldua Campaign			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$500.00	PO Box 571635	Dallas	TX	75357
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCommittee	Campaign Contr	ribution	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Adam Bazaldua	Office sought		Office held Dallas City Council
Date	Payee name			
09/03/2022	Hailee Hall			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$500.00	6309 Elder Grove	Dallas	TX	75232
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	AdvertisingExpense	Social Media Up	odates	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	John Price			County Commission
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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.	Outer (eriter a cate)	pry not isseed above)
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethic	es Commission Filers)
4 Date 09/05/2022	5 Payee name Hammond for Constable			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$500.00	1200 E Davis #115	Mesquite	TX	75150
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCo mmittee	Campaign Cont	ribution	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	0	Office held
expenditure to benefit C/Oh	Deanna Hammond	Constable Pct	2	Constable Pct 2
Date	Payee name			
09/07/2022	Jeca for Judge Campaign			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$500.00	2131 M Collins Ste 433-515	Arlington	TX	76011
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCo mmittee	Campaign Cont	ribution	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Jeca Williams	JP Pct 2 Tarrar	nt County	
Date	Payee name			
09/08/2022	Evans Engraving			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$270.00	208 S Tyler	Dallas	TX	75208
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Funeral Resolut	ion Framing For	Constituents
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a cate)	gory not listed above)
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethic	cs Commission Filers)
4 Date 09/11/2022	5 Payee name MMS Company Ad Specialties			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$1,492.00	217 N I-35E	Desoto	TX	75115
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Sept 2022 Rent and Campaign Tshirts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name John Price	Office sought		Office held County Commission
Date	Payee name			
09/10/2022	Yvonne Davis Campaign			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,000.00	718 N. Hampton	Desoto	TX	75115
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCo mmittee	Campaign Conti	ribution	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Yvonne Davis	State Rep - Tx		Tx State Rep
Date	Payee name			
09/17/2022	Phil Fisher			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$500.00	5002 Bilindsay Drive	Seogoville`	TX	75159
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PollingExpense	Polling Expense	- Assemble and	d Placement Signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	John Price			County Commission
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethic	s Commission Filers)
4 Date 09/30/2022	5 Payee name Tea Cake Kids			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$162.28	PO Box 137	Hutchins	TX	75141
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	GiftAwardsMemorialsExpense	Constituent Gifts	s - Newborns	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
10/06/2022	Al Wash ALW			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$400.00	731 S R L Thornton Frwy	Dalla	TX	75203
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	GiftAwardsMemorialsExpense	Constituent Gifts	s - State Fair Clas	ssic Support
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/03/2022	MMS Company Ad Specialties			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$672.00	217 N I-35E	Desoto	TX	75115
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	Campaign Rent	al October 2022	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	gexpense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oh	John Price			County Commission
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	vages/Contract Labor	Other (enter a catego	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethics	Commission Filers)	
4 Date 10/02/2022	5 Payee name The Order Desk				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$25,000.00	9840 Monroe Dr Ste 104	Dallas	TX	75220	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	PollingExpense	GOTV Election N	//ailer		
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
10/03/2022	Amac Production				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$500.00	4042 Huckleberry Circle	Dallas	TX	75216	
	Category (See Categories listed at the top of this schedule)	Description			_
PURPOSE	AdvertisingExpense	GOTV Radio On	e Advertising		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
10/06/2022	Jesse Hornbuckle Photography				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$250.00	214 S Tyler	Dallas	TX	75208	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	AdvertisingExpense	Photography for	GOTV		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

orodroda or dyrrone	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME John W Price	-	3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
10/06/2022	Amac Consultants				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$20,000.00	4042 Huckleberry Circle	Dallas	TX	75216	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	AdvertisingExpense	GOTV Radiio A	dvertising - Radio	Spots	
OF EXPENDITURE	5000 03				
EXI ENDITORE	(2)		TV - # 11 - 11 - 11 - 11 - 11 - 11 - 11 -	No. of the Control of	
	(c) Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	der name Office sought Office held			
Date	Payee name				
10/06/2022	Service Broadcasting				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$17,850.00	PO Box 731521	Dallas	TX	75373	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	AdvertisingExpense	GOTV Radio Sp	oots 105.7FM		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
40/40/0000					
10/10/2022	MMS Company Ad Specialties				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$17,000.00	217 N I-35E	Desoto	TX	75115	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	PrintingExpense	JP2 Maillier and	GOTV Push Card	ds Printing	
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	Katina Whitfield	JP Pct 2		JP Pct 2	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Fayment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethics (Commission Filers)
4 Date	5 Payee name			
10/20/2022	Evans Engraving			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$270.00	208 S Tyler	Dallas	TX	75208
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	GiftAwardsMemorialsExpense	Resolution Fran	ning for Funeral Ser	vices
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/ON	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
10/17/2022	MMS Company Ad Specialties			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$4,371.00	217 N I-35E	Desoto	TX	75115
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	PollingExpense	Poll Greeters for	r GOTV	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
10/24/2022	Evans Engraving			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$789.00	208 S Tyler	Dallas	TX	75208
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Funeral Resolut	tion Framing For Co	nstituents
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	xpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a categ	gory not listed above)
1 Total pages Schedule F1: 17	2 FILER NAME John W Price		3 Filer ID (Ethic	cs Commission Filers)
4 Date 10/21/0022	5 Payee name Jesse Hornbuckle Photography			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$250.00	214 S Tyler	Dallas	TX	75208
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCo mmittee	Photo on Sonia Brown for Glenn Height Mayo		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Or	Sonia Brown	Mayor Glenn H	eight	City Council Glenn
Date	Payee name			
10/24/0022	MMS Company Ad Specialties			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$9,000.00	217 N I-35E	Desoto	TX	75115
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	PollingExpense	Mailer for Glenn Early Voting	Heights, GOTV	Tshirts, Poll Greeter
	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			
10/31/2022	Hailee Hall			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$500.00	6309 Elder Grove	Dallas	TX	75232
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	AdvertisingExpense	Social Media Up	dates	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	John Price			County Commission
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to describe the services of the ser	Vages/Contract Labor complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethics	Commission Filers)
4 Date 11/04/2022	5 Payee name IPromoteU MSCAS			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$3,300.00	PO Box 122419.	Dallas	TX	75312
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	AdvertisingExpense	GOTV		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	8	Office held
Date	Payee name			
11/14/2022	MMS Company Ad Specialties			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$2,700.00	217 N I-35E	Desoto	TX	75115
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	PollingExpense	GOTV Election I	Day Cards and Fo	od for Greeters
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/14/2022	MMS Company Ad Specialties			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$672.00	217 N I-35E	Desoto	TX	75115
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	November 2022	Building Rent Car	mpaign Office
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	John Price			County Commission
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	Vages/Contract Labor	Other (enter a catego	ory not listed above)	
1 Total pages Schedule F1:	A CALLOW ON THE PROPERTY OF TH	ompiete tina form.	3 Filer ID (Ethic	s Commission Filers)
17	John W Price			*	5
4 Date	5 Payee name				
11/21/2022	Evans Engraving				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$462.00	208 S Tyler	Dallas	TX	75208	
•	(a) Cotogony (See Categories listed at the tag of this exhaulte)	(b) Description			
8	(a) Category (See Categories listed at the top of this schedule)				
PURPOSE OF	GiftAwardsMemorialsExpense	Funeral Resoluti	ion Framing For 0	Constituents	
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name		9		
11/15/2022	Amac Production				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$500.00	4042 Huckleberry Circle	Dallas	TX	75216	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	AdvertisingExpense	Production of Ra	adio Ads - GOTV		
OF EXPENDITURE					
					-
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11/23/2022	Hailee Hall				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$500.00	6309 Elder Grove	Dallas	TX	75232	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	AdvertisingExpense	Social Media Up	dates		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OH	John Price			County Commiss	ioi
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	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEE	DED		

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethio	cs Commission Filer	rs)
4 Date 11/23/2022	5 Payee name MMS Company Ad Specialties				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$1,000.00	217 N I-35E	Desoto	TX	75115	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	100 Blankets for	r Nursing Homes	- Charity Event	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11/02/2022	Eastgate Missionary Baptist Church				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1,000.00	6960 S Polk St	Dallas	TX	75232	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	AdvertisingExpense	Advertisement for	or Program		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name John Price	Office sought		Office held County Commis	ssioı
Date	Payee name				
12/06/2022	US Postmaster				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$40.30	401 Tom Landry Frwy	Dallas	TX	75222	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Other	USPS Shipping	of Funeral Resol	utions	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethic	s Commission Filers)
4 Date 12/14/2022	5 Payee name MMS Company Ad Specialties			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$2,380.00	217 N I-35E	Desoto	TX	75115
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Other	December Rent	2022 - Swearing	In Program Printing
OF EXPENDITURE		and Design		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oh	Н			
Date	Payee name			
12/19/2022	Evans Engraving			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$252.00	208 S Tyler	Dallas	TX	75208
Ψ202.00	200 3 Tylei	Dallas	17	73206
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	GiftAwardsMemorialsExpense	Funeral Resolut	tion Framing For (Constituents
OF EXPENDITURE			3	
EXTENDITORE				10.00
	Check if travel outside of Texas. Complete Schedule T.	12 - 14 12 - 14 12 - 14 14 14 14 14 14 14 14 14 14 14 14 14	in, TX, officeholder living	THE PROPERTY CONTRACTOR
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/22/2022	Lester Car and Repair			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$571.00	1106 Explorer St	Duncanville	e TX	75137
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	TransportationEquipmentAndRelatedExpense		latch, locks and a	accuator repair
OF	TransportationEquipment/IndiversedExpense	Campaign 50 v	latori, locks and e	iccuator repair
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Experience to bollon 0/01	John Price			County Commission
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)								
4 Date 12/28/2022	5 Payee name MMS Company Ad Specialties										
6 Amount (\$)	7 Payee address;	City;	State; Zip Code								
\$750.00	217 N I-35E	Desoto	TX 75115								
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description									
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Swearing In Newly Elected official invitations									
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense									
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held								
Date	Payee name										
12/30/2022	MMS Company Ad Specialties										
Amount (\$)	Payee address;	City;	State; Zip Code								
\$1,600.00	217 N I-35E	Desoto	TX 75115								
	Category (See Categories listed at the top of this schedule)	Description									
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Materials, Decorations and Setup for Swearing In Ceremony									
	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	Office held										
Date	Payee name										
Amount (\$)	Payee address;	City;	State; Zip Code								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description									
	Check if travel outside of Texas. Complete Schedule T.	n, TX, officeholder living expense									
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED											