CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how f	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST John	MI W	OFFICE	USEONLY
	NICKNAME	LAST Price	SUFFIX	ELECTRONICAL 01/16/2024	- Allowed Burrelate
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; PO Box 224725	APT / SUITE #; C Dallias	DITY; STATE; ZIP CODE TX 75222	AS COUNT	LEU 16 PM 4:
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER	EXTENSION	Date Hand-délivered	4
6 CAMPAIGN TREASURER	MS / MRS / MR	_{FIRST} Zan	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST Holmes	suffix Jr.	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (N PO Box 224725	IO PO BOX PLEASE); APT / SI	JITE #; CITY; Dalllas	state; TX	ZIP CODE 75222
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before e		15th day after treasurer app (Officeholder	pointment
10 PERIOD COVERED	Month 07	Day Year 01 /2023	THROUGH 12	Day Year /31 /2023	
11 ELECTION	ELECTION DAT Month Day 03 05	E Year Primary 2024 General	ELECTION TYPE		
12 OFFICE	OFFICE HELD (if any) County Commissio	oner-District #3	13 OFFICE SOUGHT (if known County Commissioner-E	1. Contract of the second s	
14 NOTICE FROM POLITICAL COMMITTEE(S)					
3		GO TO	PAGE 2		

Forms provided by Texas Ethics Commission

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Revised 11/15/2022

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	PLED	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN GES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)		\$.00
	(E.25) (E.25)	L POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 82,565.49
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.		\$.00
	4. TOTA	L POLITICAL EXPENDITURES		\$ 72,379.41
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	\$ 171,788.87
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF DAY OF THE REPORTING PERIOD	FTHE	\$.00
		der penalty of perjury, that the accompanying report is true d by me under Title 15, Election Code.	e and corre	ect and includes all information
		Signature of Ca	indidate or	Officeholder
		Please complete either option below	v:	
		· · · · · · · · · · · · · · · · · · ·		
(1) Affidavit				
NOTARY STAMP/SEA	L.	John Wiley Price	16	January
Sworn to and subscribed	before me by	this the		January day of,
20, to certify	which, witness my	nand and seal of office.		
Signature of officer administ	ering oath	Printed name of officer administering oath	Ť	itle of officer administering oath
		OR		
(2) Unsworn Declarat	ion /			
My name is	ITN W	ley Fice, and my date of birth is	4	-24-50
My address is	OE.E	TAJOT JALLAS	TX 7	5203 Dallas
Executed in Dal	las (st County,	10,20 114 10.	uary	ip code) (country) , <u>2024</u> . (veat)
		Signature of Candid	lift	polder (Declarant)
			/	

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

		JLE SUBTOTALS F SCHEDULE	SUBTOTAL AMOUNT
1.	•	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$\$82,565.49
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$\$0.00
з.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$\$0.00
4.		SCHEDULE E: LOANS	\$\$0.00
5.	•	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$71,067.60
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$\$0.00
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
8.	1	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$\$1,311.81
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

n	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 13
2 FILER NAM John W Pr		3 Filer ID (Ethics Commission Filers
4 Date 07/10/2023	5 Full name of contributorout-of-state PAC (ID#:) Victor Elmore	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 1408 N Riverfront Blvd 314 Dallas TX 75207	
8 Principal oc President/0	Cupation / Job title (See Instructions) 9 Employer (See Instruct CEO Texas Mezzanine Fun	
Date 07/26/2023	Full name of contributor	Amount of contribution (\$) \$17.10
	Contributor address; City; State; Zip Code 401 Tom Landry Hwy Dallas TX 75260	
Principal occ	upation / Job title (See Instructions) Employer (See Instructi	ons)
Date 08/18/2023	Full name of contributor	Amount of contribution (\$) \$17.71
	Contributor address; City; State; Zip Code 401 Tom Landry Hwy Dallas TX 75260	
Principal occ	upation / Job title (See Instructions) Employer (See Instructi	ons)
Date 9/20/2023	Full name of contributor	Amount of contribution (\$) \$6.52
	Contributor address; City; State; Zip Code 401 Tom Landry Hwy Dallas TX 75260	
Principal occi	upation / Job title (See Instructions) Employer (See Instructions)	ons)

SCHEDULE A1

13	т	the Instruction Cuide explains how to complete this form	1 Total pages Schedule A1:
John W Price C. No. B. Land Contribution Date \$ Full name of contributor out-of-state PAC (ID#) 7 Amount of contribution (\$) 9 Employer (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) 0/02/2023 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 0/02/2023 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 0/02/2023 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 9 Employer (See Instructions) S2,000.00 S2,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) S2,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) S2,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 9/02/2023 Full name of contributor out-of-state PAC (ID#		n i ju Konstructur andream kan se ang 🔸 andream senara na	
b)21/2023 I arry or Sharon Hall I out-of-state PAC (ID#			3 Filer ID (Ethics Commission Filers)
6 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:		Larry or Sharon Hall	
Owner Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Barry Hancock Contributor address; City; State; Zip Code Owner Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Cienda Partners Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 0/02/2023 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 0/02/2023 Full name of contributor Dallas TX 75231 0000 N. Central Expy Ste Dallas TX 75231 10000 N. Central Expy Ste Dallas TX 75231 Principal occupation / Job title (See Instructions) Employer (See Instructions) Tenet Date Full name of contributor out-of-state PAC (ID#:		6 Contributor address; City; State; Zip Code	
//02/2023 Barry Hancock Amount of contribution (\$) Contributor address; City; State; Zlp Code 3843 Maplewood Dallas TX 75205 Principal occupation / Job title (See Instructions) Employer (See Instructions) Cienda Partners Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) /02/2023 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date J McDonald or Ellen Williams Contributor address; City; State; Zlp Code 10000 N. Central Expy Ste Dallas TX 75231 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$5,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Healthcare Full name of contributor out-of-state PAC (ID#:	10 mm 10 mm 10 mm 10 mm	cupation / Job title (See Instructions) 9 Employer (See Instruct	ions)
3843 Maplewood Dallas TX 75205 Principal occupation / Job title (See Instructions) Founding Partner Employer (See Instructions) Cienda Partners Date //02/2023 Full name of contributor out-of-state PAC (ID#:) J McDonald or Ellen Williams Amount of contribution (\$) \$5,000.00 Contributor address; City; State; Zip Code State; Zip Code 10000 N. Central Expy Ste 400 Dallas TX 75231 Principal occupation / Job title (See Instructions) Healthcare Employer (See Instructions) Tenet Amount of contribution (\$) \$5,000.00 Date //02/2023 Full name of contributor John Benda out-of-state PAC (ID#:) John Benda Amount of contribution (\$) \$5,000.00	10000 - 54100428	Barry Hancock	
Cienda Partners Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) J McDonald or Ellen Williams Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$5,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Healthcare Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Contributor address; City; State; Zip Code			
D/02/2023 J McDonald or Ellen Williams Amount or contribution (\$) Contributor address; City; State; Zip Code 10000 N. Central Expy Ste Dallas TX 75231 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Healthcare Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) D/02/2023 Contributor address; City; State; Zip Code			ons)
Contributor address; City; State; Zip Code 10000 N. Central Expy Ste Dallas TX 75231 Principal occupation / Job title (See Instructions) Healthcare Employer (See Instructions) Tenet Amount of contributions) Date D/02/2023 Full name of contributor I out-of-state PAC (ID#:) Amount of contribution (\$) Date D/02/2023 Contributor address; City; State; Zip Code		J McDonald or Ellen Williams	
Healthcare Tenet Date Full name of contributor Image: out-of-state PAC (ID#:) John Benda John Benda Contributor address; City; State; Zip Code		Contributor address;City;State;Zip Code10000 N. Central Expy SteDallasTX75231	
John Benda Contributor address; City; State; Zip Code Amount of contribution (\$)			ons)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner Self	1922		ons)

SCHEDULE A1

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

2 FILER NAME John W Price		
A Data		3 Filer ID (Ethics Commission Filers)
10/02/2023 TI 	Full name of contributorout-of-state PAC (ID#:) ne Cochran Firm-Dallas PLLC Contributor address; City; State; Zip Code 25 Market Center Blvd, Ste Dallas TX 75207	7 Amount of contribution (\$) \$5,000.00
	tion / Job title (See Instructions) 9 Employer (See Instruct The Cochran Firm	ions)
	Full name of contributor	Amount of contribution (\$) \$50.00
Principal occupati Insurance Produ	on / Job title (See Instructions) Employer (See Instruct cer Self	ions)
	Full name of contributor	Amount of contribution (\$) \$100.00
Principal occupati Commissioner	on / Job title (See Instructions) Employer (See Instruct Dallas County	ions)
	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$) \$100.00
Principal occupation	on / Job title (See Instructions) Employer (See Instructions)	ons)

SCHEDULE A1

	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 13
2 FILER NAM John W Pr	2012	3 Filer ID (Ethics Commission Filers)
4 Date 0/02/2023	5 Full name of contributor out-of-state PAC (ID#:) David Carlock	7 Amount of contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code 5461 Wateka Dr Dallas TX 75209	
Principal oc Attorney	cupation / Job title (See Instructions) 9 Employer (See Instruct Carlock & Gormley	ions)
Date 9/29/2023	Full name of contributor out-of-state PAC (ID#:) Jerry Christian Contributor address; City:	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 1440 Sunny Glen Drive Dallas TX 75232	
Principal occ Pastor	supation / Job title (See Instructions) Employer (See Instructions) Church	ons)
Date 0/02/2023	Full name of contributor	Amount of contribution (\$) \$300.00
	Contributor address; City; State; Zip Code 2309 Dalrock Rd Rowlett TX 75088	
Principal occ Self	supation / Job title (See Instructions) Employer (See Instructi	ons)
Date 0/02/2023	Full name of contributorout-of-state PAC (ID#:) Willis Johnson	Amount of contribution (\$) \$500.00
	Contributor address;City;State;Zip Code1001 Belview #1001DallasTX75215	
	upation / Job title (See Instructions) Employer (See Instructions)	ons)

SCHEDULE A1

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

Attorney Attorney Jaw Office of Randall I Date Full name of contributor I out-of-state PAC (ID#:)	
0/02/2023 Is Full mame of contributor out-of-state PAC (ID#;) 0/02/2023 Lori and Randall Isenberg 6 Contributor address; City; State; Zip Code 4303 N Central Espr Dallas TX 75205 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructi Law Office of Randall I Attorney Full name of contributor out-of-state PAC (ID#;) Date Full name of contributor out-of-state PAC (ID#;) Thomas Jones Contributor address; City; State; Contributor address; City; State; Zip Code	\$500.00 lons) Isenberg Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 4303 N Central Espr Dallas TX 75205 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 0/02/2023 Thomas Jones Contributor address; City; State; Zip Code	Amount of contribution (\$)
Attorney Law Office of Randall I Date Full name of contributor I out-of-state PAC (ID#:) 0/02/2023 Thomas Jones Contributor address; City; State; Zip Code	Amount of contribution (\$)
0/02/2023 Thomas Jones Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions) JP Dallas County	ons)
Date Full name of contributor I out-of-state PAC (ID#:) 0/02/2023 Edward Lopez Jr Contributor address; City; State; Zip Code 4719 Byron Dir Irving TX 75038	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instruction Attorney Linebarger	ons)
Date Full name of contributor out-of-state PAC (ID#:) 0/02/2023 Bridget Moreno Lopez	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instruction Att Linebarger Goggan Bla	

SCHEDULE A1

10/02/2023 Aldous / Walker KKP \$1,000.00 6 Contributor address; City; State: Zip Code 7 75219 9 Employer (See Instructions) Addous/Walker 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Adous/Walker Date Full name of contributor out-of-state PAC (ID#	1 Total pages Schedule A1: 13
10/02/2023 Aldous / Walker KKP \$1,000.00 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Adous/Walker Date Full name of contributor out-of-state PAC (ID#	3 Filer ID (Ethics Commission Filers)
6 Contributor address; City; State; Zip Code 4311 Oak Lawn Ave, Ste 150 Dallas TX 75219 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (S) 10/02/2023 Full name of contributor out-of-state PAC (ID#:	
Attorneys Aldous/Walker Date 10/02/2023 Full name of contributor Thomas Dunning out-of-state PAC (ID#:	
10/02/2023 Thomas Dunning \$1,000.00 Contributor address; City; State; Zip Code 2100 Ross Ave #1200 Dallas TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lockton Dunning Benefits Date Full name of contributor out-of-state PAC (ID#:	ions)
Contributor address; City; State; Zip Code 2100 Ross Ave #1200 Dallas TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Partner Full name of contributor out-of-state PAC (ID#	
Partner Lockton Dunning Benefits Date 10/02/2023 Full name of contributor Regina Watts out-of-state PAC (ID#:) Contributor address; 1531 Bosher Dr Armount of contribution (\$) \$1,500.00 Principal occupation / Job title (See Instructions) Executive Employer (See Instructions) Telecommunications Armount of contribution (\$) \$1,000.00 Date 10/02/2023 Full name of contributor Pete Schenkel Contributor address; 814 N Bishop Ste 3 Out-of-state PAC (ID#:) Dates 814 N Bishop Ste 3 Armount of contribution (\$) \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Telecommunications Armount of contribution (\$) \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,000.00	
10/02/2023 Regina Watts \$1,500.00 Contributor address; City; State; Zip Code 1531 Bosher Dr Cedar Hill TX 75104 Principal occupation / Job title (See Instructions) Employer (See Instructions) Telecommunications Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 10/02/2023 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Principal occupation / Job title (See Instructions) City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,000.00	
Contributor address; City; State; Zip Code 1531 Bosher Dr Cedar Hill TX 75104 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Executive Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 10/02/2023 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zip Code \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$1,000.00	
Executive Telecommunications Date 10/02/2023 Full name of contributor out-of-state PAC (ID#:) Pete Schenkel Amount of contribution (\$) \$1,000.00 Contributor address; City; State; Zip Code 814 N Bishop Ste 3 Dallas Principal occupation / Job title (See Instructions) Employer (See Instructions)	
10/02/2023 Pete Schenkel \$1,000.00 Contributor address; City; State; Zip Code 814 N Bishop Ste 3 Dallas TX Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Owner Dairy Farms	tions)
Owner Dairy Farms	

SCHEDULE A1

т	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 13
2 FILER NAM John W Pr		3 Filer ID (Ethics Commission Filers)
4 Date 10/02/2023	5 Full name of contributor Shari Krasner	7 Amount of contribution (\$) \$3,000.00
	6 Contributor address; City; State; Zip Code 5844 Norway Road Dallas TX 75230	
8 Principal oc Owner	cupation / Job title (See Instructions) 9 Employer (See Instructions) 0il Company	tions)
Date 10/02/2023	Full name of contributor out-of-state PAC (ID#:) Baron and Blue	Amount of contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 25 Highland Park Vlg Ste Dallas TX 75205 100-772	
Principal occ Lawyer	supation / Job title (See Instructions) Employer (See Instruct Baron and Blue	tions)
Date 10/02/2023	Full name of contributor 🔲 out-of-state PAC (ID#:) Ronald Hurdle	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2701 Millwood Dr Richardson TX 75082	
Principal occ Attorney	supation / Job title (See Instructions) Employer (See Instruct	tions)
Date 10/02/2023	Full name of contributor <pre> out-of-state PAC (ID#:) Debra Coleman Contributor address;</pre> City; State; Zip Code	Amount of contribution (\$) \$5,000.00
	108 Jefferson St Apt 3 Hoboken NJ 07030	
Principal occ Retired	upation / Job title (See Instructions) Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	
orms provided by	7 Texas Ethics Commission www.ethics.state.tx.us	Revised 11/1

SCHEDULE A1

	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 13
2 FILER NAI John W P		3 Filer ID (Ethics Commission Filers
4 Date 10/02/2023	5 Full name of contributor	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 3020 W Rochelle Rd Irving TX 75062	
B Principal of Retired	ccupation / Job title (See Instructions) 9 Employer (See Instruct	ions)
Date 0/06/2023	Full name of contributor out-of-state PAC (ID#:) Shirley Baccus-Lobel	Amount of contribution (\$) \$500.00
	Contributor address;City;State;Zip Code6510 Dykes WayDallasTX75230	
Principal oc Attorney	Supation / Job title (See Instructions) Employer (See Instructions) Self	ons)
Date 0/06/2023	Full name of contributor 🛛 out-of-state PAC (ID#:) Leon and Debra Carter	Amount of contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 5803 Oak Falls Cir Dallas TX 75287	
Principal oco Principal	cupation / Job title (See Instructions) Employer (See Instructions) Carter Arnett	ons)
Date 0/06/2023	Full name of contributor out-of-state PAC (ID#:) Ester Fain	Amount of contribution (\$) \$50.00
	upation / Job title (See Instructions) Employer (See Instructions)	

SCHEDULE A1

10/06/2023 Par 6 135 8 Principal occupation Attorney Date	Full name of contributor out-of-state PAC (ID#:) nela Dunlop Gates	 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$250.00 ions)
10/06/2023 Par 135 8 Principal occupation Attorney Date	Contributor address; City; State; Zip Code 7 Bar Harboe Dallas TX 75232 n / Job title (See Instructions) 9 Employer (See Instruct	\$250.00
8 Principal occupation Attorney	Contributor address; City; State; Zip Code 7 Bar Harboe Dallas TX 75232 n / Job title (See Instructions) 9 Employer (See Instruct	ons)
Attorney Date		ions)
0/00/0000		
	Full name of contributor out-of-state PAC (ID#:) eitra Adkins Campaign	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Box 195491 Dallas TX 75219	
Principal occupation Judge	/ Job title (See Instructions) Employer (See Instructions) Dallas County	ons)
	Full name of contributor 🔲 out-of-state PAC (ID#:) quil Akkhir	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Tessman Tr Hutchins TX 75141	
Principal occupation Retired	/ Job title (See Instructions) Employer (See Instructions)	ons)
0/40/0000	Full name of contributor out-of-state PAC (ID#:) pueline Ragland	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Hunter Cove Dr Arlington TX 76001	
Principal occupation Self	/ Job title (See Instructions) Employer (See Instruction	uns)

SCHEDULE A1

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 13
2 FILER NAM John W P		3 Filer ID (Ethics Commission Filers
4 Date 10/12/2023	5 Full name of contributor	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 1135 Pinedale Dallas TX 75241	
B Principal of retired	ccupation / Job title (See Instructions) 9 Employer (See Instructions)	L ctions)
Date 0/12/2023	Full name of contributor	Amount of contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 74 Buck Sadler TX 76264	
Principal oco Owner, CE	Cupation / Job title (See Instructions) Employer (See Instructions) O Self	tions)
Date 0/16/2023	Full name of contributor	Amount of contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 9033 State Highway 19 Edgewood TX 75117	anna aireannaith an raghadh ann aire
Principal occ Owner	cupation / Job title (See Instructions) Employer (See Instructions) Self	tions)
Date 0/23/2023	Full name of contributor 🔲 out-of-state PAC (ID#:) Brenda Jackson	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 5539 McCommas Blvd Dallas TX 75206	
	tive Sec TXU Energy	tions)

SCHEDULE A1

And the second second second	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 13
2 FILER NAM John W Pi		3 Filer ID (Ethics Commission Filers
4 Date 10/26/2023	5 Full name of contributor	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 4608 Windsor Irving TX 75038	
8 Principal oc President/	CEO 9 Employer (See Instructions) 9 Employer (See Instructions) Self	ions)
Date 1/02/2023	Full name of contributor out-of-state PAC (ID#:) Perro Henson	Amount of contribution (\$) \$300.00
	Contributor address; City; State; Zip Code 2948 Vacherie Lane Dallas TX 75227	
Principal occ Seargent	Eupation / Job title (See Instructions) Employer (See Instructions) Police	ons)
Date 2/01/2023	Full name of contributor	Amount of contribution (\$) \$24.16
	Contributor address; City; State; Zip Code 401 Tom Landry Hwy Dallas TX 75360	
Principal occ	supation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 2/04/2023	Full name of contributor	Amount of contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code 1631 Nob Hill Circle Duncanville TX 75137	
	upation / Job title (See Instructions) Employer (See Instructions) Self	ons)

SCHEDULE A1

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

2 FiLER NAME 3 Filer 3 3 Filer 3 4 Date 5 Full name of contributor out-of-state PAC (ID#		
John W Price 4 Date 5 Full name of contributor □ out-of-state PAC (ID#:) 7 Arno 12/09/2023 Buckley Chappell 0 0 0 0 \$2,50 6 Contributor address; City; State; Zip Code \$2,50 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) \$2 Date Full name of contributor □ out-of-state PAC (ID#:	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 13
12/09/2023 Buckley Chappell I out-of-state PAC (ID#) 7 Anto 12/09/2023 Buckley Chappell \$2,50 6 Contributor address; City; State; Zip Code 7 7 Anto S Fornet TX 75126 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#) Arno 12/09/2023 Jennifer or Drew Campbell Arno Contributor address; City; State; Zip Code PO Box 195892 Dallas TX 75219 Arno Principal occupation / Job title (See Instructions) Employer (See Instructions) State; Zip Code Partner Job title (See Instructions) Employer (See Instructions) Arno Date Full name of contributor out-of-state PAC (ID#		3 Filer ID (Ethics Commission Filers)
6 Contributor address; City; State; Zip Code 1581 RM 740 S Fornet TX 75126 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) Amo 12/09/2023 Full name of contributor address; City; State; Zip Code Po Box 195892 Dallas TX 75219 Amo Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2,50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2,50 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$2,50 Date Full name of contributor out-of-state PAC (ID#:	12/09/2023 Buckley Chappell	\$2,500.00
President/CEO Self Date 12/09/2023 Full name of contributor Jennifer or Drew Campbell out-of-state PAC (ID#:) Amo \$2,50 Contributor address; PO Box 195892 City; Dallas State; TX Zp Code 75219 Amo \$2,50 Principal occupation / Job title (See Instructions) Partner Employer (See Instructions) Capitol Insights Amo \$500 Date 12/23/2023 Full name of contributor Group Stichter Ave out-of-state PAC (ID#:) Amo \$500 Principal occupation / Job title (See Instructions) Contributor address; Contributor address; Contributor address; Contributor address; Contributor address; City; State; Zip Code TX Amo \$500 Principal occupation / Job title (See Instructions) Owner Employer (See Instructions) Cleaners Amo Date 12/23/2023 Full name of contributor out-of-state PAC (ID#:) Amo	6 Contributor address; City; State; Zip C	
12/09/2023 Jennifer or Drew Campbell Amo 12/09/2023 Jennifer or Drew Campbell \$2,50 Contributor address; City; State; Zip Code PO Box 195892 Dallas TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Capitol Insights Partner Full name of contributor out-of-state PAC (ID#:) Amo 12/23/2023 Farah and Frank Ashmore \$500 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Cleaners Owner Full name of contributor out-of-state PAC (ID#:) Amo Date Full name of contributor out-of-state PAC (ID#:) Amo		ee Instructions)
Contributor address; City; State; Zip Code PO Box 195892 Dallas TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Partner Capitol Insights Date Full name of contributor out-of-state PAC (ID#:) Amo \$500 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500 Owner Full name of contributor out-of-state PAC (ID#:) Amo	12/09/2023 Jennifer or Drew Campbell	\$2,500.00
Partner Capitol Insights Date Full name of contributor out-of-state PAC (ID#:) 12/23/2023 Farah and Frank Ashmore Amo Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code 6709 Stichter Ave Dallas TX 75230 Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner Cleaners Amo	Contributor address; City; State; Zip C	
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Contributor address; City; State; Zip Code 6709 Stichter Ave Dallas TX 75230 Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner Cleaners Date Full name of contributor out-of-state PAC (ID#:)	12/23/2023 Farah and Frank Ashmore	\$500.00
Owner Cleaners Date Full name of contributor Out-of-state PAC (ID#:) Amo	Contributor address; City; State; Zip Co	
		ee Instructions)
Contributor address; City; State; Zip Code	12/11/2023 Rose Perot Jr. Contributor address; City; State; Zip Co	\$10,000.00
3000 Turtle Creek Blvd Dallas TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Founder Self - Real Estate	Principal occupation / Job title (See Instructions) Employer (See	
	ONAL COPIES OF THIS SCHEDI please see Instruction guide for a	

SCHEDULE A1

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

2 FILER NAME	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 13
John W Pric		3 Filer ID (Ethics Commission Filers)
4 Date 07/01/2023	5 Full name of contributor	7 Amount of contribution (\$) \$3,000.00
8 Principal occu Owner	801 S Riverfront Blvd Dallas TX 75207 upation / Job title (See Instructions) 9 Employer (See Instructions) Self Fuel	ions)
Date 17/01/2023	Full name of contributor	Amount of contribution (\$) \$4,000.00
Principal occup Owner	pation / Job title (See Instructions) Employer (See Instruct Self	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	Deation / Job title (See Instructions) Employer (See Instructions)	ons)
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 Instructions)	ons)

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 E Candidate/Officeholder/Politic Credit Card Payment	12	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Travel In District Travel Out Of Dist	uipment & Related Expense	
1 Total pages Schedule F1: 20	2 FILER N John W				3 Filer ID (Eth	ics Commission Filers)	
4 Date	5 Payee n				1		
07/06/2023	ANTER AND AND AND	stal Service					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
\$20.23	401 Tom I	∟andry Hwy		Dallas	ТХ	75360	
8 PURPOSE OF EXPENDITURE	2 22 20 20 20 20 20 20 20 20 20 20 20 20	ry (See Categories listed at the top of thi VerheadRentalExpense	s schedule)	(b) Description Mailing Resolut	tions	1 march	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder liv	ing expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
07/21/2023	Bishop	Dunne HS					
Amount (\$)	Payee address;		City;	State;	Zip Code		
\$500.00	3900 Rugg	ed Drive		Dallas	ТХ	75224	
	Categor	y (See Categories listed at the top of this	schedule)	Description	100 M		
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense			Student Football			
	Check if travel outside of Texas. Complete Schedule T.			Check if Aus	tin, TX, officeholder liv	ing expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought	100	Office held	
Date	Payeer	name		- Miles - Anna - An		- Contract	
07/05/2023	New Ho	pe Baptist Church					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$150.00	5002 Sout	h Central Expwy		Dallas	тх	75215	
PURPOSE OF EXPENDITURE	1.00	y (See Categories listed at the top of this singExpense	schedule)	Description 150th Church A	Anniversary Souv	venir Journal	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder liv	ing expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name Wiley Price		Office sought Commissioner	District 3	Office held Commissioner Dist	
	A	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NE	EDED		

Forms provided by Texas Ethics Commission

SCHEDULE F1

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

es Office (od/Beverage Expense Polling t/Awards/Memorials Expense Printing	Agencies City; Dallas (b) Description 23rd Annual PPI	Travel In District Travel Out Of Distri Other (enter a catego 3 Filer ID (Ethic State; TX	ipment & Related Expense ict gory not listed above) cs Commission Filers) Zip Code 75222 Cheon		
E Aty Coalition of Community Justic ss; 1 ee Categories listed at the top of this schedule) AemorialsExpense sk if travel autside of Texas. Complete Schedule T.	Agencies City; Dallas (b) Description 23rd Annual PPI	State; TX PS Training Lund	Zip Code 75222 Cheon		
xe Ity Coalition of Community Justic ss; 1 ee Categories listed at the top of this schedule) MemorialsExpense skiftravel outside of Texas. Complete Schedule T.	City; Dallas (b) Description 23rd Annual PPI	State; TX PS Training Lund	Zip Code 75222 Cheon		
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VemorialsExpense	23rd Annual PPI		ig expense		
	and the second sec	n, TX, officeholder livin	A state of the sta		
'Officeholder name	and the second sec		A state of the sta		
	And a second				
ck Contractors Association Com	munity Development C	orporation			
ss;	City;	State;	Zip Code		
her Kng Blvd	Dallas	ТХ	75215		
Categories listed at the top of this schedule) SDonationsMadeByCandidateCo	Description Community Deve	elopment Suppor	rt		
k if travel outside of Texas. Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense			
Officeholder name	Office sought		Office held		
ny Ad Specialties LLC					
s;	City; Desoto	State; TX	Zip Code 75115		
Categories listed at the top of this schedule) adRentalExpense	Description Campaign Lease	1			
if travel outside of Texas. Complete Schedule T.	Check if Austin,	Check If Austin, TX, officeholder living expense			
Officeholder name Price	Office sought		Office held Commissioner Distr		
	s; her Kng Blvd Categories listed at the top of this schedule) DonationsMadeByCandidateCo if travel outside of Texas, Complete Schedule T. Officeholder name ny Ad Specialties LLC s; Categories listed at the top of this schedule) adRentalExpense	s; City; Dallas Categories listed at the top of this schedule) Description DonationsMadeByCandidateCo if travel outside of Texas. Complete Schedule T. Check if Austin Officeholder name Office sought Categories listed at the top of this schedule) adRentalExpense if travel outside of Texas. Complete Schedule T. City; Desoto Categories listed at the top of this schedule) adRentalExpense if travel outside of Texas. Complete Schedule T. City; Desoto Categories listed at the top of this schedule) adRentalExpense if travel outside of Texas. Complete Schedule T. City; Desoto Categories listed at the top of this schedule) adRentalExpense if travel outside of Texas. Complete Schedule T. City; Desoto Categories listed at the top of this schedule) adRentalExpense if travel outside of Texas. Complete Schedule T. City; Campaign Lease if travel outside of Texas. Complete Schedule T. City; Check if Austin, Cofficeholder name City; Campaign Lease Commissioner D Commissioner D Commissioner D	s; City; State; Dallas TX Categories listed at the top of this schedule) DonationsMadeByCandidateCo DonationsMadeByCandidateCo Description Community Development Suppor Community Development Suppor Construction TX, officeholder living Construction Campaign Lease Construction Campaign Lease		

SCHEDULE F1

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

	EXPEND	ITURE CATEGOR	RIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	counting/Banking Fees Office Ov nsulting Expense Food/Beverage Expense Polling E: Intributions/Donations Made By Gift/Awards/Memorials Expense Printing E candidate/Officeholder/Political Committee Legal Services Salaries/A			Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)			
1 Total pages Schedule F1:	The second se	on Guiue explaine no	w to complete this form.	2 Eller ID (Ethi	Commission Elloro)		
20	John W Price			S Flier ID (Euli	cs Commission Filers)		
4 Date 07/17/2023	5 Payee name John Ames Tax Asses	sor		14.00	N DOUGE		
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code		
\$192.50	500 Elm Street		Dallas	ТХ	75202		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories li TransportationEquipme		1. St. 5	icle registration C	DUR MAN		
-	(c) Check if travel outside	e of Texas. Complete Schedul	eT. Check if Aus	tin, TX, officeholder livi	ng expense		
9 Complete ONLY if direct expenditure to benefit C/OH John Wiley Price		Office sought Commissione	Office sought Office held Commissioner District 3 Commissio				
Date	Payee name						
07/21/2023	Community Missionary	Baptist Church					
Amount (\$)	Payee address;		City;	State;	Zip Code		
\$500.00	115 W Belt Line Rd		Desoto	тх	75115		
	Category (See Categories list	ted at the top of this schedu	le) Description				
PURPOSE OF EXPENDITURE	ContributionsDonations mmittee	sMadeByCandidate	Co 30th Anniversa	ry of Pastor	A sector sector		
	Check if travel outside	e of Texas. Complete Schedul	eT. Check if Aus	tin, TX, officeholder livir	ng expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholde	er name	Office sought	The second	Office held		
Date	Payee name			Stand Street			
07/31/2023	Evans Engraving				- anorth		
Amount (\$)	Payee address;		City;	State;	Zip Code		
\$270.00	208 S Tyler		Dallas	ТХ	75208		
	Category (See Categories list	ed at the top of this schedu	e) Description				
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsE	xpense	Resolution Fran	ming for Constitue	ents		
	Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehold	er name	Office sought		Office held		
	ATTACH ADDITIC	DNAL COPIES OF 1	THIS SCHEDULE AS NE	EDED			

SCHEDULE F1

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

EVDENDITUDE	CATECODIES	EOB BOY OL	-1
EXPENDITURE	CALEGORIES	FURBUX	1)

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 The Instruction Guide explai	Loan Repayment/Reimbursem Office Overhead/Rental Expen Polling Expense Printing Expense Salaries/Wages/Contract Labo ns how to complete this form	ISE Transportation Ec Travel In District Travel Out Of Dis Other (enter a cat	uipment & Related Expense		
1 Total pages Schedule F1: 20	2 FILER N John W		r Australia and An	3 Filer ID (Et	hics Commission Filers)		
4 Date 08/01/2023	5 Payee n	the second se					
6 Amount (\$)	7 Payee a		City;	State:	Zip Code		
\$54.45	Server and the server	andry Hwy	Dallas		75360		
8 PURPOSE OF EXPENDITURE	and the second provide second	ry (See Categories listed at the top of thi OverheadRentalExpense	s schedule) (b) Descriptio Mailing	n			
	(c)	Check if travel outside of Texas. Complete	Schedule T. Check	if Austin, TX, officeholder liv	ving expense		
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name	Office soug	ght	Office held		
Date	Payee n	ame					
08/02/2023	Phil Fist						
Amount (\$)	Payee address;		City;	State;	Zip Code		
\$3,000.00	5002 Biliind	dsay Rd	Seogo	oville TX	75159		
PURPOSE OF EXPENDITURE	Categor PollingE	y (See Categories listed at the top of this Expense		n Assembly and Wood	Stakes		
		Check if travel outside of Texas, Complete	Schedule T. Check	if Austin, TX, officeholder liv	ving expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name Wiley Price		Office sought Office Commissioner District 3 Com			
Date	Payee n	ame					
08/01/2023	Hailee H	lali					
Amount (\$)	Payee a	ddress;	City;	State;	Zip Code		
\$500.00	6335 Elder	Grove	Dallas	s TX	75232		
PURPOSE OF EXPENDITURE	222 8 928	y (See Categories listed at the top of this ingExpense	schedule) Description Social Med				
		Check if travel outside of Texas. Complete S	chedule T. Check	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	1	date / Officeholder name Wiley Price	Office soug	oner District 3	Office held Commissioner Distr		

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Loan Repayment/Reimbursen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lab		lead/Rental Expense ense ense ges/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense
1 Total pages Schedule F1: 20	2 FILER N John W				3 Filer ID (Eth	ics Commission Filers)
4 Date 08/07/2023	5 Payeen			1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$396.00	208 S Tyle)		Dallas	тх	75208
8	10 PL 10 PL	ry (See Categories listed at the top of this	s schedule)	(b) Description	and the second second	
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense			Resolution Fran	ming for Constitu	lents
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aus	tin, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
08/28/2023	Tea Cak	ce Kids				
Amount (\$)	Payee address;			City;	State;	Zip Code
\$222.99	217 Tessm	ian Tr		Hutchins	ТХ	75141
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this s rdsMemorialsExpense	schedule)	Description Constituents - N	New Born gifts	
		Check if travel outside of Texas. Complete Section 2010	Schedule T.	Check if Aust	tin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
08/22/2023	Anthony	Garrett Auto				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$185.00	1629 Penn:	sylvania Ave		Dallas	тх	75215
	Category	/ (See Categories listed at the top of this so	schedule)	Description	To an and	
PURPOSE OF EXPENDITURE	Transpo	rtationEquipmentAndRelatedI	Expense	Maiintenace for	RMAN Campaig	gn SUV
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austi	in, TX, officeholder livi	ng expense
Complete ONLY if direct		late / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	John V	Viley Price		Commissioner	District 3	Commissioner Distr
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SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee CreditCard Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Mernorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		The Instruction Guide explai	ns how to c	omplete this form.			
1 Total pages Schedule F1 20	: 2 FILER N John W				3 Filer ID (Eth	ics Commission Filers)	
4 Date	5 Payee n	ame					
08/30/2023	The second second	i Lambda					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
\$100.00	643 Rutge	rs Drive		Lancaster	тх	75134	
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE		utionsDonationsMadeByCand		Donation			
	(c)	Check if travel outside of Texas, Complete S	Schedule T,	Check if Austin	n, TX, officeholder liv	ing expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	late / Officeholder name		Office sought		Office held		
Date	Payee na	ame					
09/28/2023	U.S. Pos	stal Service					
Amount (\$)	Payee a	ddress;		City;	State:	Zip Code	
\$44.25	401 Tom La	andry Hwy		Dallas	тх	75360	
		/ (See Categories listed at the top of this :	schedule)	Description			
PURPOSE OF EXPENDITURE	OfficeOv	verheadRentalExpense		Mailing Resolution	ons		
		Check if travel outside of Texas, Complete S	chedule T.	Check if Austin	a, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ame			And the second s		
09/06/2023	Dallas A	FL-CIO Central Labor Counc	il				
Amount (\$)	Payee ac	Idress;		City;	State;	Zip Code	
\$300.00	1408 N Wa	shington Sutie 240		Dallas	TX	75204	
PURPOSE OF EXPENDITURE	Category EventEx	(See Categories listed at the top of this s pense	chedule)	Description Labor Day Break	fast		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder livi	ng expense	
Complete ONLY if direct		ate / Officeholder name	(5. 1 Shany 6) -	Office sought	·	Office held	
expenditure to benefit C/OI	H John V	Viley Price		Commissioner D	District 3	Commissioner Distr	
	AT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE 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 Candidate/Officeholder/Politic Credit Card Payment	By cal Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wa	ense ages/Contract Labor	Travel In District Travel Out Of Dis	quipment & Related Expense	
1 Total pages Schedule F1 20	: 2 FILER N John W				3 Filer ID (Et	hics Commission Filers)	
4 Date 09/06/2023	5 Payee na			and the			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
\$1,500.00	6333 Mock	ingbird Lane Ste 146 Box 800	0	Dallas	тх	75214	
8 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this utionsDonationsMadeByCand		(b) Description Support of Dem	nocrats in Justic	e System	
	(c)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Aust	in, TX, officeholder liv	ving expense	
9 Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name		Office sought	100 C	Office held	
Date	Payee na	ime					
09/07/2023	MMS Co	mpany Ad Specialties LLC					
Amount (\$)	Payee address;		City;	State;	Zip Code		
\$1,400.00	217 North I-	-35E		Desoto	тх	75115	
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so rerheadRentalExpense	chedule)	Description July and August	tion I August 2023 Rent		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name /iley Price		Office sought Office hel		Office held Commissioner Distr	
Date	Payee na	ame	Contraction of the second seco				
09/06/2023	Hailee Ha	all					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
\$500.00	6335 Elder	Grove		Dallas	ТХ	75232	
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this sc ngExpense	hedule)	Description Social Media Se	ptember 2023	-	
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held	
expenditure to benefit C/OF			Commissioner District 3		Commissioner Distr		

Forms provided by Texas Ethics Commission

SCHEDULE F1

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

EXPENDITURE CATEO	ORIES FOR BOX 8(a)
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	Accounting/Banking Fees O Consulting Expense Food/Beverage Expense Pr Contributions/Donations/Made By Gift/Awards/Memorials Expense Pr Candidate/Officeholder/Political Committee Legal Services Sit		Office Ove Polling Ex Printing Ex Salaries/M	kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 2 FILER NAME 20 John W Price				3 Filer ID (Eth	ics Commission Filers)		
4 Date						and the second s	
4 Date 09/16/2023	5 Payee n Evans I	ame Engraving					
6 Amount (\$)	7 Payee a	ddress;	in an	City;	State;	Zip Code	
\$324.00	208 S Tyler			Dallas	тх	75208	
8 PURPOSE OF EXPENDITURE	OF GiftAwardsMemorialsExpense			(b) Description Resolution Framing for Constituents			
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder liv	ing expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Complete ONLY if direct Candidate / Officeholder name O expenditure to benefit C/OH			Office sought		Office held	
Date	Payee n	ame					
09/25/2023	ALW En	tertainment					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$900.00	731 S R L Thornton Fwy		Dallas	тх	75203		
	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	GiftAwa	rdsMemorialsExpense		30 tickets State Fair Classic for constituents			
		Check if travel outside of Texas. Complete S	Schedule T.	T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought Office held			
Date	Payee n	ame			the state of the s		
10/12/2023	Lakeside	e National Bank					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$10.00	PO Box 9			Rockwall	ТХ	75087	
	Category	(See Categories listed at the top of this :	schedule)	Description			
PURPOSE OF EXPENDITURE	Fees			Chargeback fee			
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder livi	ng expense	
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held	
expenditure to benefit C/OI	¹ John V	Viley Price				Commissioner Distr	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		 Transportation Equipment & Related Experience Travel In District Travel Out Of District Other (enter a category not listed above) 		
		The Instruction Guide explain	ns how to a	complete this form.			
1 Total pages Schedule F1 20	: 2 FILER N John W				3 Filer ID (Eth	ics Commission Filers)	
4 Date 10/30/2023	5 Payeen U.S. Po	name ostal Service					
6 Amount (\$)	7 Payee a	iddress;		City;	State;	Zip Code	
\$36.30	401 Tom L	Landry Hwy		Dallas	ТХ	75360	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense			(b) Description Mailing Resolut	(b) Description Mailing Resolutions		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder liv	ing expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought	Los .	Office held	
Date	Payee na	ame					
10/13/2023	Tea Cak	<e kids<="" td=""><td></td><td></td><td></td><td></td></e>					
Amount (\$)	(\$) Payee address;			City;	State;	Zip Code	
\$318.23	217 Tessm	ían Tr		Hutchins	ΤХ	75141	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense		Description Constituents - New Born gifts				
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Aust	in, TX, officeholder livi	ing expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
10/05/2023	MMS Co	ompany Ad Specialties LLC					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$700.00	217 North I	-35E		Desoto	тх	75115	
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this s verheadRentalExpense	chedule)	Description Campaign Leas	e October 2023	arian ar	
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder livi	ng expense	
Complete ONLY if direct	Candid	date / Officeholder name		Office sought		Office held	
expenditure to benefit C/OF	H John V	Niley Price		Commissioner	District 3	Commissioner Distr	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(2)	•

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 The Instruction Guide explai	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 20	2 FILER N John W				3 Filer ID (Eth	ics Commission Filers)	
4 Date 10/04/2023	5 Payee n Hailee I			UT-SETEC.			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
\$500.00	6335 Elde	r Grove		Dallas	ТХ	75232	
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Adverti	singExpense		Social Media O	ctoberr 2023		
	(c)	Check if travel outside of Texas, Complete	Schedule T.	Check if Aus	tin, TX, officeholder livi	ing expense	
9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH John Wiley Price			Office sought Commissioner	r District 3	Office held Commissioner Dist		
Date	Payee n	ame					
10/06/2023	Minerva	Quezada					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$1,500.00	327 E Ledi	petter		Dallas	тх	75241	
PURPOSE	(15.670) 1.3	y (See Categories listed at the top of this ortationEquipmentAndRelated	ERG WEST CONTRACTOR	Description Repair and mai	intance of RMAN	2 Campaign SUV	
EXPENDITURE							
		Check if travel outside of Texas. Complete S	Schedule T.		tin, TX, officeholder livi		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	date / Officeholder name Wiley Price		Office sought Commissioner	District 3	Office held Commissioner Distr	
Date	Payee n	ame					
10/10/2023	Evans E	ingraving					
Amount (\$)	Payee a			City;	State;	Zip Code	
\$360.00	208 S Tyle	r		Dallas	ТХ	75208	
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this rdsMemorialsExpense	schedule)	Description Resolution Fran	ning for Constitu	ents	
		Check if travel outside of Texas. Complete S	Schedule T.	Check If Aust	in, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
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orms provided by Texas Eth	ics Commiss	sion www.ethio	s.state.tx.us	3		Revised 11/15/202	

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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 20	2 FILER N John W				3 Filer ID (Eth	ics Commission Filers)
4 Date 10/17/2023	5 Payee n MMS C	ame ompany Ad Specialties LLC				100 M
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$700.00	217 North	I-35E		Desoto	ТХ	75115
8 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE			(b) Description National Night Out Event at South Dallas Govt Center			
and the second second	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete <u>ONLY</u> if direct Candidate / Officeholder name expenditure to benefit C/OH John Wiley Price			Office sought Commissioner	r District 3	Office held Commissioner Distr
Date 10/24/2023	Payee n Classic	^{ame} Oil and Lube				teraren e
Amount (\$) \$94.56	Payee a 152 E Davi			City; Dallas	State; TX	Zip Code 75203
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense			Description Oil / Filter Change RMAN2 Campaign SUV		
		Check if travel outside of Texas, Complete S	Schedule T.	T. Check if Austin, TX, officeholder living expense		ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	1 37 50 10	date / Officeholder name Wiley Price		Office sought Commissioner	Office held Commissioner Distr	
Date	Payee n	ame				
10/23/2023	Darryl A	yers Jr.				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$500.00	206 Cool N	leadow		Red Oak	ТХ	75154
PURPOSE OF EXPENDITURE	Categor EventE	y (See Categories listed at the top of this (pense	schedule)	Description Photography fo	r Fundraisser Ap	ril 2023
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense
Complete ONLY if direct	Candid	date / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	ا John	Wiley Price		Commissioner	District 3	Commissioner Distr
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SCHEDULE F1

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	EXPENDITURE CATE	EGORIES I	FOR BOX 8(a)			
Accounting/Banking Fees Office Overhat Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense			xpense Vages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense	
1 Total pages Schedule F1: 20	2 FILER NAME John W Price			3 Filer ID (Ethic	cs Commission Filers)	
4 Date 11/17/2023	5 Payee name U.S. Postal Service			an a		
6 Amount (\$) \$161.33	7 Payee address; 401 Tom Landry Hwy		City; Dallas	State; TX	Zip Code 75360	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the OfficeOverheadRentalExpense	(b) Description Mailing Resoluti				
	(C) Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder livir	ng expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H		Office sought		Office held	
Date	Payee name				- 11 () () () () () () () () ()	
11/01/2023	MMS Company Ad Specialties LLC					
Amount (\$)	Payee address;		City;	State;	Zip Code	
\$700.00	217 North I-35E		Desoto	тх	75115	
PURPOSE OF EXPENDITURE	OF			^{ption} ign Lease November 2023		
	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder livir	ig expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ^H John Wiley Price		Office sought Commissioner	Office held Commissioner Distr		
Date 11/09/2023	Payee name Evans Engraving					
Amount (\$) \$324.00	Payee address; 208 S Tyler		City; Dakas	State; TX	Zip Code 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this GiftAwardsMemorialsExpense	; schedule)	Description Resolution Fram	ning for Constitue	ents	
	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held	
	ATTACH ADDITIONAL COPIES	S OF THIS (SCHEDULE AS NEE	DED		

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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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Giff/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 20	2 FILER N John W				3 Filer ID (Eth	ics Commission Filers)
4 Date 11/02/2023	5 Payee n Hailee		L. L. L.	lon in the second		1205871
6 Amount (\$) \$500.00	7 Payee address; 6335 Elder Grove			City; Dallas	State; TX	Zip Code 75232
8 PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this so singExpense	chedule) ((b) Description Social Media November 2023		
	(c)	Check if travel outside of Texas. Complete Sch	hedule T.	Check if Aus	stin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct Candidate / Officeholder name expenditure to benefit C/OH John Wiley Price				Office sought Commissione	r District 3	Office held Commissioner Distr
Date 11/03/2023	Payee n Minerva	ame Quezada				anatana (
Amount (\$) \$1,200.00	Payee a 327 E Ledi	196-94-96-96-96-96-96-96-96-96-96-96-96-96-96-		City; Dallas	State; TX	Zip Code 75241
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense		//	Description Wheel and Tire Replacement for OURMAN Campa SUV		
		Check if travel outside of Texas. Complete Sch	hedule T.	le T. Check if Austin, TX, officeholder living expense		ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name Niley Price		Office sought Office held Commissioner District 3 Commissione		
Date 11/06/2023	Payee n	ame Council of Negro Women		an Ang thereas	dente.	
Amount (\$) \$150.00	Payee a PO Box 76	and the second		City; Dallas	State; TX	Zip Code 75376
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this sch ingExpense	hedule)	Description Full Page Ad P	Program Booklet	
		Check if travel outside of Texas. Complete Sch	hedule T.	Check if Aus	tin, TX, officeholder livi	ng expense
Complete ONLY if direct	Candio	date / Officeholder name		Office sought		Office held

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 The Instruction Guide explai	Loan Repayme Office Overhe Polling Expen Printing Exper Salaries/Wage	nse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 20	2 FILER N John W				3 Filer ID (Eth	ics Commission Filers)	
4 Date	5 Payee na			and the second			
11/02/2023	-	ompany Ad Specialties LLC					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
\$5,000.00	217 North	I-35E		Desoto	тх	75115	
8	(a) Catego	y (See Categories listed at the top of this	s schedule) (I	b) Description	••• ··································		
PURPOSE PollingExpense OF EXPENDITURE				Campaign 2024	4 Brochure Produ	uction and design	
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder livi	ing expense	
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH John Wiley Price Commissioner			District 3	Office held Commissioner Distr			
Date	Payee na	ime			******		
11/07/2023	Beyond	the Slogan Consulting					
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code	
\$2,000.00	2710 Routh	Creek #4120		Richardson	n TX	75082	
PURPOSE OF EXPENDITURE		r (See Categories listed at the top of this s ngExpense	schedule)	Description Campaign Text	Program for Vol	uchers	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought Office held			
Date	Payee na	ame					
11/11/2023	Dallas C	ounty Democratic Party					
Amount (\$)	Payee ac	dress;		City;	State;	Zip Code	
\$1,250.00	1414 N Wa	shington Ave		Dallas	тх	75204	
	Category	(See Categories listed at the top of this s	schedule)	Description			
PURPOSE OF EXPENDITURE	Fees			Campaign Filing	g Fee		
		Check if travel outside of Texas. Complete So	chedule T.	Check If Austi	n, TX, officeholder livir	ig expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	1 100 M 100	ate / Officeholder name /iley Price		Office sought Office he		Office held Commissioner Distr	
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SCHEDULE F1

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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 The Instruction Guide explai	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 20	2 FILER N John W			3 Filer ID (Eth	ics Commission Filers)		
4 Date 11/29/2023	5 Payeen Partner	ame s in Education	a los a la constante		in the second second		
6 Amount (\$)	7 Payee a		City;	State;	Zip Code		
\$750.00	2031 E Le	dbetter Drive	Dallas	ТХ	75216		
8 PURPOSE OF EXPENDITURE	OF			(b) Description Holiday Meal Sponsor			
	(c)	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder liv	ing expense		
9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH John Wiley Price			Office sought Commission		Office held Commissioner Dist		
Date	Payee n	ame			1.1.1.1.1.1.1.1		
11/24/2023	MMS C	ompany Ad Specialties LLC					
Amount (\$)	Payee a	address;	City;	State;	Zip Code		
\$20,000.00	217 North	I-35E	Desoto	ΤХ	75115		
Category (See Category (See Category OF Category (See Category Category (See Category Categor		ry (See Categories listed at the top of this Expense		Description Canvassing Program Labor			
	C	Check if travel outside of Texas, Complete	Schedule T. Check if A	T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name Wiley Price	542 552 554	Office sought Offic Commissioner District 3 Com			
Date	Payee	name					
12/26/2023	U.S. Po	ostal Service					
Amount (\$)	Payee a	address;	City;	State;	Zip Code		
\$38.05	401 Tom L	andry Hwy	Dallas	ТХ	75360		
	Catego	ry (See Categories listed at the top of this	schedule) Description				
PURPOSE OF EXPENDITURE	OfficeC)verheadRentalExpense	Mailing Resc	lutions			
	C	Check if travel outside of Texas. Complete	Schedule T. Check if A	Austin, TX, officeholder liv	ring expense		
Complete ONLY if direct expenditure to benefit C/O		idate / Officeholder name	Office sough	t	Office held		

SCHEDULE F1

EXPENDIT	IPECATE	CODIES	EODB	OV 9(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 The Instruction Guide explai	Loan Repayment/Reimbursem Office Overhead/Rental Expen Polling Expense Printing Expense Salaries/Wages/Contract Labo ns how to complete this form	nse Transportation E Travel In Distric Travel Out Of D or Other (enter a ca		
1 Total pages Schedule F1: 20				3 Filer ID (E	thics Commission Filers)	
	John W			and the second second		
4 Date . 12/01/2023	5 Payee n MMS C	ame ompany Ad Specialties LLC				
6 Amount (\$)	7 Payee a	ddress;	City;	State;	Zip Code	
\$700.00	217 North	1-35E	Desot	o TX	75115	
(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense OF EXPENDITURE			(b) Description Campaign Lease December 2023			
	(c)	Check if travel outside of Texas. Complete	Schedule T. Check	if Austin, TX, officeholder I	iving expense	
9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH John Wiley Price			Office soug Commissi	ht ioner District 3	Office held Commissioner Distr	
Date	Payee na	ame			Put v	
12/18/2023	MMS Co	mpany Ad Specialties LLC				
Amount (\$)	Payee a	ddress;	City;	State;	Zip Code	
\$1,457.00	217 North I	-35E	Desot	a delater and	75115	
PURPOSE OF EXPENDITURE	Categon PollingE	 (See Categories listed at the top of this XPENSE 		n Sweatshirts		
1999-2001 W. 1-1288 Wei 2015 Statistics		Check if travel outside of Texas. Complete S	Schedule T. Check	if Austin, TX, officeholder li	ving expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				Office held Commissioner Distr		
Date	Payee na	ame				
12/01/2023	Hailee H	all				
Amount (\$)	Payee ac	n	City;	State;	Zip Code	
\$500.00	6335 Elder	Grove	Dallas	тх	75232	
	Category	(See Categories listed at the top of this s	chedule) Description	1		
PURPOSE OF EXPENDITURE	Advertisi	ngExpense	Social Med	ia Decmber 2023		
		Check if travel outside of Texas. Complete S	cheduleT. Check i	f Austin, TX, officeholder liv	ving expense	
			discontinue and a second		and the last of th	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	Office soug	ht	Office held	

SCHEDULE F1

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EXPENDITURE	CALEGORIES	FORBOX	8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Overhead/R Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		xpense Vages/Contract Labor	Travel In District Travel Out Of Dist	pment & Related Expense	
1 Total pages Schedule F1 20	2 FILER N John W				3 Filer ID (Eth	ics Commission Filers)	
4 Date 12/04/2023	5 Payee n						
6 Amount (\$) \$400.00	7 Payee address; 4042 Huckleberry Circle			City; Dallas	State; TX	Zip Code 75216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense			(b) Description Radio Commercial Production			
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder liv	ng expense	
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH John Wiley Price				Office sought Commissioner	r District 3	Office held Commissioner Dist	
Date 12/04/2023	Payee na Rodney	ame Powell Bliss Food Service		ere Santa			
Amount (\$) \$375.00	Payee ad PO Box 224	216 - King 42		City; Dallas	State; TX	Zip Code 75222	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FoodBeverageExpense		Description Food for COVID Outreach Clinic District 3				
	Check if travel outside of Texas, Complete Schedule T.			Check if Aust	in, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought	A.	Office held	
Date 12/15/2023	Payee na	ame mpany Ad Specialties LLC				and a state	
Amount (\$) \$1,630.00	Payee ad 217 North I-			City; Desoto	State; TX	Zip Code 75115	
PURPOSE OF EXPENDITURE	10 10	(See Categories listed at the top of this s dsMemorialsExpense	schedule)	Description Blanets for Cha	rity Event	- Angele-	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livir	ig expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held	
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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Travel In District Travel Out Of Dis	quipment & Related Expense
1 Total pages Schedule F1: 20	: 2 FILER N John W	NAME			3 Filer ID (Et	hics Commission Filers)
4 Date	5 Payee n					
12/15/2023		y Framing				
6 Amount (\$)	7 Payee a	ddress;	re objectivities a	City;	State;	Zip Code
\$160.00	7009 John	n W Carpenter Fwy		Dallas	тх	75247
8	(a) Catego	ory (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	GiftAwa	ardsMemorialsExpense		Framing for Cor	nstituent	
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder liv	ving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
12/18/2023		Ingraving				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
\$288.00	208 S Tyler	ť		Dallas	тх	75208
		y (See Categories listed at the top of this s	schedule)	Description	- Internet	
PURPOSE OF EXPENDITURE	GiftAwar	rdsMemorialsExpense		Framing for Con	istituent	
		Check if travel outside of Texas, Complete So	ichedule T.	Check if Austi	n, TX, officeholder liv	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee na	ame	and the second se			
12/12/2023	Phil Fish	er				
Amount (\$)	Payee ad			City;	State;	Zip Code
\$2,000.00	5002 Biliind	say Rd		Seogoville	тх	75159
	Category	/ (See Categories listed at the top of this sc	chedule)	Description		
PURPOSE OF EXPENDITURE	PollingE	xpense		Yard SIgn Asser	nbly and distrib	ution
		Check if travel outside of Texas. Complete Sch	chedule T.	Check if Austin	n, TX, officeholder livi	ng expense
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	John W	Viley Price		Commissioner E	District 3	Commissioner Distr
	ATT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

Forms provided by Texas Ethics Commission

SCHEDULE F1

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

EXPENDITURE	CATEGORIES FOR BC	X 8/2

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic 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 ns how to complete this form.	Travel In District Travel Out Of Dis	quipment & Related Expense	
1 Total pages Schedule F1: 20	2 FILER M	JAME		3 Filer ID (Et	hics Commission Filers)	
4 Date	5 Payee n					
12/14/2023	Darryl A	Ayers Jr.				
6 Amount (\$)	7 Payee a		City;	State;	Zip Code	
\$385.00	206 Cool N	Meadow	Red Oak	ТХ	75154	
8	(a) Catego	ry (See Categories listed at the top of this	schedule) (b) Description			
PURPOSE OF EXPENDITURE	Advertis	singExpense	Photography t	for R&B 3 District	Employees	
	(c)	Check if travel outside of Texas, Complete S	chedule T. Check if Au	ustin, TX, officeholder liv	ring expense	
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name Wiley Price	Office sought Commissione	Office sought Office held Commissioner District 3 Commissio		
Date	Payee na	ame				
12/18/2023	Vincent	Hall				
Amount (\$)	Payee a	ddress;	City;	State;	Zip Code	
\$500.00	6335 Elder	Grove	Dallas	тх	75232	
PURPOSE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		chedule) Description Mail labor			
OF		- Poilos				
and the second s		Check if travel outside of Texas. Complete So	chedule T. Check if Au	stin, TX, officeholder livi	ing expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	41 100 1044	ate / Officeholder name Viley Price	Office sought Commissione	r District 3	Office held Commissioner Distr	
Date	Payee na	ame				
12/19/2023	MMS Co	mpany Ad Specialties LLC				
Amount (\$)	Payee ac	ldress;	City;	State;	Zip Code	
\$12,500.00	217 North I-	35E	Desoto	ТХ	75115	
	Category	(See Categories listed at the top of this sc	hedule) Description			
PURPOSE OF EXPENDITURE	PollingEx	kpense	Canvassing Pr	ogram Labor Pha	se Two	
		Check if travel outside of Texas. Complete Sci	neduleT. Check if Aus	tin, TX, officeholder livir	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought		Office held	
	John M	/iley Price	Commissioner		Commissioner Distr	

Forms provided by Texas Ethics Commission

SCHEDULE F1

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

EXPENDITUR	E CATEGORIES	FOR	BOX 8	a
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidata/Officeholder/Politic Credit Card Payment	ay al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing Ex Salaries/W	kpense /ages/Contract Labor	Travel In District Travel Out Of Dist	uipment & Related Expense
1 Total pages Schedule F1: 20	2 FILER N John W	IAME	and the second sec		3 Filer ID (Eth	ics Commission Filers)
4 Date						
12/27/2023	5 Payee na Minerva	ame Quezada				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$750.00	327 E Ledi	better		Dallas	тх	75216
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	OF EXPENDITURE		Repair of the ABS system in OURMAN Campaign SUV			
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name Wiley Price		Office sought Commissioner	District 3	Office held Commissioner Distr
Date	Payee na	ime				
07/31/2023	Paypal					
Amount (\$)	Payee ac	idress;	in and in the second	City;	State:	Zip Code
\$156.71	2211 North	First		San Jose	CA	95131
	Category Fees	See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	rees			Paypal processi	ing fees	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name /iley Price		Office sought Commissioner	District 3	Office held Commissioner Distr
Date	Payee na	ame				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this se	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULEASNEE	DED	

	EXPEN	DITURE CATE	GORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	l Committee Legal Service	e Expense emorials Expense s	Office Over Polling Exp Printing Exp Salaries/W	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equi Travel In District Travel Out Of Distric Other (enter a categ	bment & Related Expe
1 Total pages Schedule F4:	2 FILER NAME	ction Guide explai	is now to co	mplete this form.	3 Filer ID (Ethics	Commission Filers)
2	John W Price					
4 TOTAL OF UNITEM	IZED EXPENDITURI	ES CHARGED	TOACR	EDITCARD	\$ \$0.00	
5 Date 07/30/2023	6 Payee name Fuel City					
7 Amount (\$)	8 Payee address;			City;	State;	Zip Code
\$280.00	801 S Riverfront Blvd			Dallas	ТХ	75207
9 TYPE OF EXPENDITURE	Political		Non-Po	litical		1. A. A.
10 PURPOSE OF EXPENDITURE	(a) Category (See Categorie TransportationEq se	and the second to		(b) Description Gas for RMAN2 (Campaign SUV	
and the second second	(C) Check if travel ou	tside of Texas. Complete	Schedule T.	Check if Au	ustin, TX, officeholder livir	g expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offic John Wiley Pric			fice sought Commissioner Dist	Office F rict 3 Comn	neld nissioner Distr
Date	Payee name					
08/31/2023	Fuel City					
Amount (\$)	Payee address;			City;	State;	Zip Code
\$280.00	801 S Riverfront Blvd			Dallas	тх	75207
TYPE OF EXPENDITURE	Political	[Non-Po	litical	317	
PURPOSE OF EXPENDITURE	Category (See Categorie TransportationEqu se			Description Gas for RMAN2 (Campaign SUV	dimension of
	Check if travel or	Itside of Texas, Complete	Schedule T.	Check if Au	ustin, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offic John Wiley Price			fice sought ommissioner Distr	Office Price	ield

						10.1000
		EXPENDITURE CATE	GORIES F	OR BOX 10(a)		
Accounting/Banking Consulting Expense Contributions/Donations Made B			Office Over Polling Exp Printing Ex Salaries/W		Travel In District Travel Out Of Dist	ipment & Related Expen
1 Total pages Schedule F4: 2	2 FILER	internet in the second s			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM		ENDITURES CHARGE	TOACR	EDIT CARD	\$ \$0.00	
5 Date 09/30/2023	6 Payee Fuel Cit			- 1771 (b		
7 Amount (\$) \$254.95	8 Payee 801 S Rive	and the second		City; Dallas	State; TX	Zip Code 75207
9 TYPE OF EXPENDITURE	F I	Political	Non-Po	litical		
10 PURPOSE OF EXPENDITURE	100 1041	r (See Categories listed at the top of this portationEquipmentAndRels		(b) Description Gas for OURMA	N Campaign SUV	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	ustin, TX, officeholder livi	ng expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		lidate / Officeholder name n Wiley Price		ffice sought Commissioner Dist	Office rict 3 Com	held nissioner Distr
Date 12/15/2023	Payee r Fuel Cit					
Amount (\$) \$496.86	Payee a 801 S Rive	address; rfront Blvd		City; Dallas	State; TX	Zip Code 75207
TYPE OF EXPENDITURE	P	olitical	Non-Po	litical		
PURPOSE OF EXPENDITURE		r (See Categories listed at the top of this portationEquipmentAndRela	- 21	Description Gas for OURMAN	N and RMAN2 Car	npaign SUVs
		Check if travel outside of Texas. Complete	Schedule T.	Check if Au	ıstin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		idate / Officeholder name Wiley Price		fice sought ommissioner Distr	Office ict 3 Comn	neld hissioner Distr