CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how t	to complete this form.	1 Filer ID (Ethic	s Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST John		W		E USE ONLY
NAME	NICKNAME	LAST Price		SUFFIX	ELECTRONIC 01/13/2025	ALLY FILED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; PO Box 224725	APT / SUITE #; Dallas	CITY: STATE TX	75222		JAN 14'25 AMLO:
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 762-6992	EXTE	NSION		red or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Zan		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST Holmes, Jr.		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #; CI	TY;	STATE;	ZIP CODE
TREASURER ADDRESS	PO Box 224725		D	allas	TX	75222
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(214)	762-6992	EXTE	NSION		JAN 14'25 AHLO
9 REPORT TYPE	January 15	30th day before	election	Runoff	treasure	y after campaign er appointment older Only)
	July 15	8th day before e		Exceeded Modified Reporting Limit	Final Re	eport (Attach C/OH - FR)
10 PERIOD COVERED	Month . 07	Day Year 01 /2024	THROUGH	Month	/31 /20:	/ear 24
11 ELECTION	ELECTION DAY	Year Primary Genera		Other Description		
12 OFFICE	OFFICE HELD (if any) County Commissi	oner-District #3	13 OFFIC	CE SOUGHT (if kno	ewn)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EE OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITUR AND OFFICEHOLDERS ARE REQ	RES MAY HAVE BEEN MA	DE WITHOUT THE CA	ANDIDATE'S OR OFFICE	HOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TO	REASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	3		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16	Filer ID (Ethics Com	mission Filers)			
John W Price							
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTR PLEDGES, LOANS, OR GUARANTEES C CONTRIBUTIONS MADE ELECTRONICA 	F LOANS, OR	\$.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR G		\$ 28,978.11				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEN	DITURE.	\$1,431.44				
	4. TOTAL POLITICAL EXPENDITURES		\$ 78,024.71				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MA OF REPORTING PERIOD	NTAINED AS OF THE LAST D.	\$ 136,622.4	12			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUT LAST DAY OF THE REPORTING PERIOD		\$.00				
Please complete either option below: (1) Affidavit							
NOTARY STAMP/SEA	L						
Sworn to and subscribed	before me by	this the	day of				
20, to certify	which, witness my hand and seal of office.						
Signature of officer administe	ring oath Printed name of officer admin	istering oath	Title of officer	administering oath			
	OR						
(2) Unsworn Declarati	on						
My name is		_, and my date of birth is					
My address is							
	(street)	(city) (stat	e) (zip code)	(country)			
Executed in	County, State of, on the	e day of (month)	, 20 (year)	8			
	-	Signature of Candidate	e/Officeholder (Declar	arant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			- OOVER O	TILLI 10 5			
19	FILER NA	ME	20 Filer ID (Ethics Cor	nmission Filers)			
21		LE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT			
1.	~	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$\$28,978.11			
2.		\$\$0.00					
3.		\$\$0.00					
4.		\$\$0.00					
5.	~	\$\$75,161.83					
6.		\$\$0.00					
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	v	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

SCHEDULE A1

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
John W Pr		3 Filer ID (Ethics Commission Filers)
4 Date 7/24/2024	Full name of contributor	7 Amount of contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 1001 Belleview #1001 Dallas TX 75215	
Principal od Managem	ant Self Employer (See Instructions)	ions)
Date 7/29/2024	Full name of contributor	Amount of contribution (\$) \$13.70
	Contributor address; City; State; Zip Code 401 Tom Landry Hwy Dallas TX 75260-9995	
Principal occ REFUND	cupation / Job title (See Instructions) Employer (See Instruct USPS	ions)
Date 8/01/2024	Full name of contributor	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3597 Alaska Ave Dallas TX 75216	
Principal oc	cupation / Job title (See Instructions) Employer (See Instructions) Retired	tions)
Date 08/01/2024	Full name of contributor	Amount of contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code PO Box 249 Colleyville TX 76604	
Principal oc Owner	ccupation / Job title (See Instructions) Employer (See Instructions) Self	tions)
		ē.

SCHEDULE A1

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

		E PROPERTY.
Th	e 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 08/01/2024	5 Full name of contributor out-of-state PAC (ID#:) Joan E Jackson Bouldin	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 1510 Seevers Ave Dallas TX 75216-1437	
8 Principal occ	supation / Job title (See Instructions) 9	ions)
Date 08/19/2024	Full name of contributor	Amount of contribution (\$) \$350.00
	Contributor address; City; State; Zip Code 1004 Hanson Way Virgina Bch VA 23454-6045	
Principal occ CEO	upation / Job title (See Instructions) Employer (See Instruct Self	ions)
Date 10/22/2024	Full name of contributor	Amount of contribution (\$) \$20,000.00
	Contributor address; City; State; Zip Code 801 RIverfront Blvd Dallas TX 75207	
Principal occ	upation / Job title (See Instructions) Employer (See Instructions) Self	tions)
Date 10/24/2024	Full name of contributor	Amount of contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code 1414 W. Wheatland Rd., Duncanville TX 75116	
	Suite 100	

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 10/28/2024	5 Full name of contributor out-of-state PAC (ID#:) Kim Phipps For Judge Campaign 6 Contributor address; City; State; Zip Code P.O. Box 670213 Dallas TX 75367	7 Amount of contribution (\$) \$100.00
8 Principal of Attorney	ccupation / Job title (See Instructions) 9 Employer (See Instructions) Self	tions)
Date 10/28/2024	Full name of contributor	Amount of contribution (\$) \$500.00
Principal od President	ccupation / Job title (See Instructions) Employer (See Instructions) Self	tions)
Date 11/12/2024	Full name of contributor	Amount of contribution (\$) \$14.41
	Contributor address; City; State; Zip Code 401 Tom Landry Hwy Dallas TX 75260	
Principal oc REFUND	Employer (See Instructions) USPS	tions)
Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:) Eric Moye	Amount of contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 600 Commerce Street Dallas TX 75202	
Principal oc	ccupation / Job title (See Instructions) Employer (See Instructions) Dallas County	ctions)

SCHEDULE A1

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

Th	e 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 10/01/2024	Full name of contributor	7 Amount of contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 8111 LBJ Freeway Suite Dallas TX 75251 6600	
8 Principal occ Attorney	cupation / Job title (See Instructions) 9	tions)
Date 10/01/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code P, O, Box 22031 Dallas TX 75222	
Principal occ Judge	upation / Job title (See Instructions) Employer (See Instructions) Dallas County	tions)
Date 10/01/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code P. O. Box 542601 Gand Prairie TX 75054	
Principal occ Judge	upation / Job title (See Instructions) Employer (See Instructions) D	tions)
Date 10/02/2024	Full name of contributor	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 201 Landry Court Irving TX 85063	
Principal occ Judge	Employer (See Instructions) Employer (See Instructions) Dallas	itions)
	ATTACH ARRIVALLY CORP. CETTING CO. III.	

SCHEDULE A1

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

			1 Total same Cabadala Ada
Th	ne Instruction Guide explains how to cor	1 Total pages Schedule A1: 5	
2 FILER NAM John W Pri			3 Filer ID (Ethics Commission Filers)
4 Date 0/04/2024	5 Full name of contributor ou Robbie Partida-Kipness	I-of-state PAC (ID#:	\$100.00
	1 150 1984 107 NO 2020 202	ity; State; Zip Code	
8 Principal oc Judge	ccupation / Job title (See Instructions)	9 Employer (See Instr Dallas County	JAN 14 '25 AN 10:0
Date Full name of contributor out-of-state PAC (ID#:			\$1,000.00
		ity; State; Zip Code	
Principal occ Altorney	cupation / Job title (See Instructions)	Employer (See Instr Self	uctions)
Date	Full name of contributor	t-of-state PAC (ID#:	Amount of contribution (\$)
	The state of the s	ity; State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instr	ructions)
Date	Full name of contributor	it-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; C	ity; State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instr	ructions)
		CODIES OF THIS SCHEDULE A	

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 19 John W Price 4 Date 5 Payee name 07/17/2024 US Postal Service 6 Amount (\$) State: Zip Code 7 Payee address; City: \$14.41 401 Tom Landry Hwy Dallas TX 75260 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 GiftAwardsMemorialsExpense Mailing of Funeral Resolution PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought 9 Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH County Commission John Price Payee name Date 07/23/2024 **US Postal Service** City: State: Zip Code Amount (\$) Payee address; \$19.70 401 Tom Landry Hwy Dallas TX 65260 Description Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense Mailing of Funeral Resolutoin PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 07/01/2024 Mineava Quazada Tire Shop Amount (\$) Payee address; City; State; Zip Code \$1,500.00 337 E Ledbetter Dallas TX 75232 Category (See Categories listed at the top of this schedule) Description 2 Campaign SUV Wheels OurMan and RMAN2 TransportationEquipmentAndRelatedExpense PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct

John Price

expenditure to benefit C/OH

County Commissioner #

County Commission

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) John W Price 4 Date 5 Payee name 07/01/2024 MMS Company Ad Specialties LLC 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1,500.00 217 N I-35E Desoto TX 75115 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 AdvertisingExpense Production and Design Work PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH John Price County Commissioner # County Commission Payee name Date 07/08/2024 Hailee Hall Amount (\$) City; State; Zip Code Payee address; \$500.00 6335 ELDER GROVE DR 75232 Dallas TX Category (See Categories listed at the top of this schedule) Description AdvertisingExpense Social Media PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH John Price County Commission County Commissioner # Pavee name Date 07/08/2024 MMS Company Ad Specialties LLC Amount (\$) Payee address; City; State: Zip Code \$1,500.00 217 N I-35E TX 75115 Desoto Category (See Categories listed at the top of this schedule) Description July 2024 Campaign Ofc Rental OfficeOverheadRentalExpense **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH County Commission John Price County Commissioner # 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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Travel In District Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 19 John W Price 4 Date 5 Payee name 07/10/2024 **Evans Engraving** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$352.00 208 S Tyler Dallas TX 75208 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 GiftAwardsMemorialsExpense Framing of Funeral Resolution PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH John Price County Commission Pavee name Date 07/10/2024 Classic Oil and Lube Amount (\$) City; State; Zip Code Pavee address: \$106.69 152 E Davis Street Dallas TX 75203 Description Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense Campaign SUV RMAN Oil Change PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH John Price County Commission County Commissioner # Pavee name Date 07/15/2024 MMS Company Ad Specialties LLC Amount (\$) Pavee 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 GiftAwardsMemorialsExpense Back to School Backpacks **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH John Price County Commissioner # County Commission 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) John W Price 4 Date 5 Payee name 07/15/2024 John Ames Tax Assessor Collector 6 Amount (\$) 7 Payee address; City; State; Zip Code \$76.25 500 Elm Street Dallas TX 75202 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description TransportationEquipmentAndRelatedExpense License Plate CMISNR PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH John Price County Commission County Commissioner # Date Payee name 08/16/2024 Texas Organization of Black County Commissioners Amount (\$) Payee address; City: State: Zip Code \$100.00 205 Veteran's memorial Drive Navasoto TX 77868 Description Category (See Categories listed at the top of this schedule) Elected County Official Annual Memebership Fees Fees **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH John Price County Commissioner # County Commission Payee name Date 08/02/2024 Hailee Hall Amount (\$) Payee address; City; State; Zip Code \$500.00 6335 ELDER GROVE DR Dallas TX 75232 Category (See Categories listed at the top of this schedule) Description Social Media AdvertisingExpense **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH John Price County Commissioner # County Commission

SCHEDULE F1

if the requested info	ormation is not applicable, DO NOT inc	clude this page in the r	eport.		
	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel In District Travel Out Of Distri	pment & Related Expense	
1 Total pages Schedule F1: 19	2 FILER NAME John W Price		3 Filer ID (Ethio	cs Commission Filers)	
4 Date 08/02/2024	5 Payee name MMS Company Ad Specialties LLC				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$841.24	217 N I-35E	Desoto	TX	75115	
8	(a) Category (See Categories listed at the top of this so	hedule) (b) Description			
PURPOSE OF EXPENDITURE	OfficeOverheadRentalExpense	August 2024 C OURMAN Reg		t and Reimbursemen	
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living e					
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/O	John Price	County Comm	nissioner#	County Commission	
Date	Payee name				
08/09/2024	Evans Engraving				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$540.00	208 S Tyler	Dallas	TX	75208	
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE	GiftAwardsMemorialsExpense	Framing of Fu	neral Resolution		
OF EXPENDITURE					
2.0 2.12.1.011.2	Check if travel outside of Texas. Complete Sch	edule T. Check if Au	stin, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
08/26/2024	Hailee Hall				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$500.00	6335 ELDER GROVE DR	Dallas	TX	75232	
	Category (See Categories listed at the top of this sch	nedule) Description			
PURPOSE	AdvertisingExpense	Social Media			
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Sch	edule T. Check if Au	stin, TX, officeholder livi	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/O	H John Price	County Comr	County Commissioner # County Comm		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Political Committee		Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment		The Instruction Guide explain	s how to co	emplete this form.			
1 Total pages Schedule F1: 19	2 FILER N John W				3 Filer ID (Ethic	cs Commission Filers)	
4 Date	5 Payee na	ame					
08/27/2024	MMS C	ompany Ad Specialties LLC					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
\$2,300.00	217 N I-35	E		Desoto	TX	75115	
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE	20.10	singExpense			s and September	2024 Rent	
OF	AutoridonigeAportos						
EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	ng expense	
9 Complete ONLY if direct		andidate / Officeholder name		Office sought		Office held	
expenditure to benefit C/OF	H John	Price		County Commissioner #		County Commissio	
Date	Payee na	ame					
08/29/2024	Roy Sm	ith Auto					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$500.00	3807 S Lar	ncaster Rd		Dallas	TX	75215	
	Categor	y (See Categories listed at the top of this s	schedule)	Description			
PURPOSE	Transpo	ortationEquipmentAndRelated	Expense	pense 2 Truck Repair OurMan and RMAN2			
OF EXPENDITURE							
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candio	date / Officeholder name		Office sought		Office held	
expenditure to benefit C/OF	H John I	Price		County Commissioner #		County Commission	
Date	Payee r	name					
08/29/2024	Texas N	Metro News					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$4,500.00	320 South	R L Thornton Fry Ste 100		Dallas	TX	75203	
	Categor	y (See Categories listed at the top of this s	schedule)	Description			
PURPOSE	Advertis	singExpense		Campaign Adve	ertising		
OF EXPENDITURE							
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder livi	ing expense	
Complete ONLY if direct	Candi	date / Officeholder name		Office sought		Office held	
expenditure to benefit C/Oh				County Comm	issioner#	County Commission	
	Δ7	TTACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Travel In District Travel Out Of District Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 19 John W Price 4 Date 5 Payee name 10/01/2024 Apple Services 6 Amount (\$) 7 Payee address; City: State: Zip Code \$1.98 Goldman Sachs Bank, Lockbox 6112, P.O. Box 7247 Philadelphia PA 19170-6112 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 OfficeOverheadRentalExpense iPhone storage fees PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH John Price County Commissioner # County Commission Pavee name Date 09/05/2024 **Evans Engraving** City; State: Zip Code Amount (\$) Payee address; \$446.50 208 S Tyler Dallas TX 75208 Category (See Categories listed at the top of this schedule) Description GiftAwardsMemorialsExpense Framing of Funeral Resolution **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH John Price County Commission Payee name Date 09/24/2024 Underground Customs Body Works Amount (\$) Payee address; City; State: Zip Code \$400.00 6569 Hunnicut Rd 75224 Dallas TX Category (See Categories listed at the top of this schedule) Description Body Repair on RMAN Campaign SUV TransportationEquipmentAndRelatedExpense PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH John Price County Commissioner # County Commission

SCHEDULE F1

ii tilo requested iiii	Jimation is	not applicable, be itel	noraco ti	no page m		Porti			
		EXPENDITURE CATE	ORIES F	OR 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 explain	Office Overhead/Rental Expense Beverage Expense Polling Expense vards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)		Related Expense		
1 Total pages Schedule F1:	2 FILER N	IAME				3 Filer ID (Et	nics Com	mission Filers)	
19	John W	Price							
4 Date 10/21/2024	5 Payee no US Pos	ame tal Service							
6 Amount (\$)	7 Payee a			City;		State;	Zi	p Code	
\$38.71	401 Tom L	andry Hwy		Dalla	ıs	TX	7	5260	
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description	on				
PURPOSE OF EXPENDITURE	verheadRentalExpense		Mailing of	Funer	al Resolutions	(2)			
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Chec	k if Austi	n, TX, officeholder l	ving exper	se	
9 Complete ONLY if direct					Offic	e held			
Date	Payee n	ame							
10/02/2024	Laymon	Lightfoot Campaign							
Amount (\$)	Payee a	ddress;		City;		State;	Z	ip Code	
\$500.00	1521 Herit	age Blvd		Glen	n Heig	ths TX	7	5154	
	Categor	y (See Categories listed at the top of this s	schedule)	Descripti	ion				
PURPOSE OF EXPENDITURE	ContributionsDonationsMadeByCandidateCommittee			Contribut	ion				
		Check if travel outside of Texas. Complete S	Schedule T.	Chec	ck if Austi	in, TX, officeholder living expense			
Complete ONLY if direct	Candi	date / Officeholder name		Office sought			Offic	Office held	
expenditure to benefit C/OI	d Laym	on Lightfood		City Council Place 5		ace 5	City	Council Place !	
Date	Payee r	name							
10/02/2024	ALW Er	ntertainment							
Amount (\$)	Payee a	address;		City;		State	Z	ip Code	
\$750.00	731 South	RL Thornton Frwy		Dall	as	TX	7	75203	
	Categor	y (See Categories listed at the top of this	schedule)	Descript	ion				
PURPOSE OF	GiftAwa	ardsMemorialsExpense		Constitue	ent Awa	ards for State	Fair Clas	ssic	
EXPENDITURE		1900 100 10 10 100 100 100 100 100 100 1				S STORY DAY WE SERVE			
		Check if travel outside of Texas. Complete \$	Schedule T.			in, TX, officeholder			
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office so	ought		Off	ice held	
	A.	TTACH ADDITIONAL COPIES	OF THIS	SCHEDULE	AS NE	EDED			

SCHEDULE F1

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		EXPENDITURE CATE	GORIES F	OR 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 Gift/Awards/Memorials 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:	2 FILER N John W				3 Filer ID (Ethic	s Commission Filers)
4 Date 10/02/2024	5 Payee na Hailee h			,		
6 Amount (\$) \$500.00	7 Payee a 6335 ELDI	ddress; ER GROVE DR		City; Dallas	State; TX	Zip Code 75232
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top Advertising Expense OF EXPENDITURE			schedule)	(b) Description Social Media		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O				Office sought County Commis	ssioner#	Office held County Commission
Date 10/02/2024	Payee n	ame ompany Ad Specialties LLC				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$700.00	217 N I-35	E		Desoto	TX	75115
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this verheadRentalExpense	schedule)	Description October Rent Ca	ampaign Office	
		Check if travel outside of Texas. Complete 5	Schedule T.	Check if Austi	n, TX. officeholder livin	ng expense
Complete ONLY if direct	Candi	date / Officeholder name		Office sought		Office held
expenditure to benefit C/OI	H John	Price		County Commis	ssioner#	County Commission
Date 10/04/2024	Payee r	name Engraving				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$399.50	208 S Tyle	r		Dallas	TX	75208
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	GiftAwa	ardsMemorialsExpense		Framing of Fun	eral Resolution	
		Check if travel outside of Texas, Complete	Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O	VA.	date / Officeholder name		Office sought		Office held
	A.	TTACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR 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 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:	2 FILER N				3 Filer ID (Ethic	cs Commission Filers)
4 Date 10/07/2024	5 Payee na MMS Co	me empany Ad Specialties LLC				
6 Amount (\$) \$5,600.00	7 Payee at 217 N I-35		State; TX	Zip Code 75115		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PollingExpense (b) Description Slate Design				d Distribution	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name County Commissioner #			issioner#	Office held County Commission		
Date	Payee na	ime				
10/16/2024	Darryl A	vers, Jr				
Amount (\$)	Payee a			City;	State;	Zip Code
\$500.00	206 Cool M	6 Cool Meadow			TX	75154
PURPOSE OF EXPENDITURE	Category EventEx	/ (See Categories listed at the top of this pense	schedule)	Description Photography		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livi	ng expense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OI	H John F	Price		County Commi	ssioner#	County Commission
Date	Payee n					
10/16/2024	Paula B	iggs				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$400.00	8301 S Pol	k		Dallas	TX	75232
	Categor	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	FoodBe	verageExpense		Catering for Dis Dallas Govt Ce		Meeting at South
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder livi	ng expense
Complete ONLY if direct		date / Officeholder name		Office sought		Office held
expenditure to benefit C/O	H John I	Price		County Comm	County Commission	
	AT	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BO	X 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 Elegal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAM John W Pri					3 Filer	ID (Ethic	es Commission Filers)	
4 Date 10/18/2024	5 Payee name								
6 Amount (\$) \$3,197.00	7 Payee addre 2151 W Comm				City; Dallas		State; TX	Zip Code 75212	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PrintingExpense (b) Description Mailing Service to Print Campaign Ma				n Mailer				
	(c) Ch	eck if travel outside of Texas. Complete S	Schedule T.		Check if Aust	in, TX, office	eholder livin	ng expense	
Complete ONLY if direct Candidate / Officeholder name September 1 September 1 September 2 September 2 Candidate / Officeholder name September 2 Septem				Office sought County Commissioner #			#	Office held County Commission	
Date	Payee name								
10/22/2024	The Order I	Desk							
Amount (\$)	Payee addre	ess;			City;		State;	Zip Code	
\$12,141.17	9840 Monroe	pe Dr Ste 104 Da			Dallas		TX	75220	
PURPOSE OF EXPENDITURE	Category (\$ PrintingExp	ee Categories listed at the top of this seense	schedule)	Description November 5 2024 Mailers - 3 Rounds			bunds		
	Ch	eck if travel outside of Texas. Complete S	Schedule T.		Check if Aust	tin, TX, office	eholder livir	ng expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder John Price				Office sought County Commissioner #			#	Office held County Commission	
Date 10/22/2024	Payee nam								
Amount (\$) \$1,000.00	Payee addre				City; Dallas		State; TX	Zip Code 75203	
PURPOSE OF EXPENDITURE	Category (8 Advertising	ee Categories listed at the top of this Expense	schedule)		scription ember 5 20)24 Maile	rs - 3 Ro	ounds	
	Ch	ack if travel outside of Texas. Complete S	Schedule T.		Check if Aus	tin, TX, offic	eholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholder name ee			ice sought unty Comm	issioner	#	Office held County Commission	
	ATTA	CH ADDITIONAL COPIES	OF THIS	SCHED	ULE AS NE	EDED			

SCHEDULE F1

If the requested info	ormation is	not applicable, DO NOT	include t	his page in the re	eport.	
		EXPENDITURE CATE	EGORIES F	OR BOX 8(a)	I wind	
Accounting/Banking Fees Consulting Expense Food Contributions/Donations Made By Candidate/Officeholder/Political Committee Cnedt Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense 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:	2 FILER NAME John W Price			3 Filer ID (Ethic	cs Commission Filers)	
4 Date 10/31/2024	5 Payee no MMS Co	ame ompany Ad Specialties LLC				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$5,000.00	217 N I-35	217 N I-35E Desoto				75115
8	2-	ry (See Categories listed at the top of the	nis schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PollingExpense			Canvass Progra	am and Design W	/ork
	(c)	Check if travel outside of Texas. Complete	e Schedule T.	Check if Aus	tin, TX, officeholder livin	ng expense
9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH John Price				Office sought County Comm	nissioner#	Office held County Commission
Date	Payee n	ame				
10/31/2024	Mesquit	e BBQ				
Amount (\$)	Payee a			City;	State;	Zip Code
\$2,250.00	145 E Davi	is Street		Mesquite	TX	75149
	Categor	y (See Categories listed at the top of the	is schedule)	Description		
PURPOSE OF EXPENDITURE	EventEx	xpense		Catering for Gr Center	and Opening of N	Mesquite Government
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Aus	stin, TX, officeholder living	ng expense
Complete ONLY if direct		date / Officeholder name		Office sought		Office held
expenditure to benefit C/OI	H John	Price		County Comm	nissioner#	County Commission
Date	Payee r	name				
10/30/2024	Hailee H	Hall				
Amount (\$)	Payee a			City;	State;	Zip Code
\$500.00	6335 ELDI	ER GROVE DR		Dallas	TX	75232
	Categor	y (See Categories listed at the top of the	is schedule)	Description		
PURPOSE OF EXPENDITURE	Advertis	singExpense		Social Media		
		Check if travel outside of Texas. Complete	le Schedule T.	Check if Aus	stin, TX, officeholder livi	ng expense
Complete ONLY if direct		date / Officeholder name		Office sought		Office held
expenditure to benefit C/O	H John	Price		County Comm	nissioner#	County Commission

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 19 John W Price 4 Date 5 Pavee name 10/31/2024 MMS Company Ad Specialties LLC 6 Amount (\$) 7 Payee address; City; State; Zip Code \$725.00 217 N I-35E Desoto TX 75115 (a) Category (See Categories listed at the top of this schedule) (b) Description OfficeOverheadRentalExpense November 2024 Campaign Office Rent PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH John Price County Commission County Commissioner # Date Payee name 11/13/2024 **US Postal Service** Amount (\$) Payee address; City: State: Zip Code \$36.15 401 Tom Landry Hwy Dallas TX 75260 Category (See Categories listed at the top of this schedule) Description OfficeOverheadRentalExpense Mailing of Funeral Resolutions (2) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Pavee name Date 11/04/2024 Beyond the Slogan Amount (\$) Payee address; Zip Code City: State: \$7,200.00 2710 Routh Creek #1102 75062 Richardson TX Description Category (See Categories listed at the top of this schedule) Text Program PURPOSE **PollingExpense** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH County Commission John Price County Commissioner # ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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		EXPENDITURE CATE	GORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mede By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explain	s how to co	omplete this form.			
1 Total pages Schedule F1: 19	2 FILER N John W				3 Filer ID (Ethic	s Commission Filers)	
4 Date 11/12/2024	5 Payee na Evans E	ame Ingraving					
6 Amount (\$) \$423.00	7 Payee ac 208 S Tyle			City; Dallas	State; TX	Zip Code 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense (b) Description Framing of Full				eral Resolution		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought			Office sought		Office held	
Date	Payee na	ame					
11/15/2024	US Post	al Service					
Amount (\$)	Payee address;			City;	State;	Zip Code	
\$400.00	401 Tom La	andry Hwy		Dallas	TX	75260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees			Description Annual Post Office Box Fee			
		Check if travel outside of Texas. Complete 5	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct		date / Officeholder name		Office sought	Office sought Office held		
expenditure to benefit C/Oh	John F	Price		County Commis	ssioner#	County Commission	
Date 11/26/2024	Payee n	ame ks United Methodist Church					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
\$200.00	4606 S Pol			Dallas	TX	75232	
	Categor	y (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Advertis	singExpense		Adviertising in 6	8th Anniversary	Program Book	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	ng expense	
Complete ONLY if direct	Candid	date / Officeholder name		Office sought		Office held	
expenditure to benefit C/O	H John I	Price		County Commi	ssioner#	County Commission	
	AT	TACH 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
Credit Card Payment

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

STE

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political Committee		Gift/Awards/Memorials Expense Legal Services				Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment		The Instruction Guide explain	ins how to co	omplete this form.					
1 Total pages Schedule F1: 19	2 FILER N				3 Filer ID (Ethic	cs Commission Filers)			
4 Date	5 Payeen	ame							
11/29/2024		Ayers, Jr.							
6 Amount (\$)	7 Payee a			City;	State;	Zip Code			
\$500.00	206 Cool N	Meadow		Red Oak	TX	75154			
8	(a) Catego	Dry (See Categories listed at the top of this	is schedule)	(b) Description					
PURPOSE	EventE	xpense		Photography for	Mesquite Govt	Center Grand			
OF				Opening					
EXPENDITURE	(c)	Check if travel outside of Texas. Complete:	Schedule T.	Check if Austi	in, TX, officeholder livin	ng expense			
0 0		Idate / Officeholder name	Many Horsessa U.V.	Office sought		Office held			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Price		County Commi	issioner#	Office field			
				- County Commi					
Date	Payee n	ame							
10/31/2024	MMS C	company Ad Specialties LLC							
Amount (\$)	Payee a	address;		City;	State;	Zip Code			
\$5,492.59	217 N I-35	E		Desoto	TX	75115			
	Categor	ry (See Categories listed at the top of this	s schedule)	Description					
PURPOSE	Polling	Expense		Canvassing Pro	gram Phase Two	0			
OF EXPENDITURE									
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder living	ng expense			
Complete ONLY if direct		idate / Officeholder name		Office sought		Office held			
expenditure to benefit C/Oł	d John	Price		County Commi	County Commission				
Date	Payee	name							
12/31/2024	Paypal								
Amount (\$)	Payee a	address;		City;	State;	Zip Code			
\$248.90	2211 Norti	h First Street		San Jose CA 951		95131			
	Categor	ry (See Categories listed at the top of this	s schedule)	Description					
PURPOSE	Fees			Paypal Fees					
OF EXPENDITURE	W L								
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder livi	ing expense			
Complete ONLY if direct	Candi	idate / Officeholder name		Office sought		Office held			
expenditure to benefit C/O	H John	Price		County Comm	issioner#	County Commission			
	A	TTACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED				

SCHEDULE F1

if the requested into	ormation is not applicable, DO NOT in	clude this page in the re	eport.
	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	F. 300
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 19	2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 11/26/2024	5 Payee name Stronger Together		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$500.00	3798 Shady Hill Drive	Dallas	TX 75229
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Miss Fort Worth	n Teen Pageant Lily Roberts
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/04/2024	Evans Engraving		
Amount (\$)	Payee address;	City;	State; Zip Code
\$282.00	208 S Tyler	Dallas	TX 75208
	Category (See Categories listed at the top of this sol	hedule) Description	
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Framing of Fur	neral Resolution
	Check if travel outside of Texas. Complete Scr	nedule T. Check if Aus	itin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/12/2024	MMS Company Ad Specialties LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,000.00	217 N I-35E	Desoto	TX 75115
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	GiftAwardsMemorialsExpense	Blanket Drive f	or Senior Citizen/ Homeless
	Check if travel outside of Texas. Complete Sch	hedule T. Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)			
	The Instruction Guide explains	how to complete this form.				
1 Total pages Schedule F1: 19	2 FILER NAME John W Price		3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name					
12/13/0224	Tea Cake Kids					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$474.14	217 Tessman	Hutchins	TX	75141		
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description				
PURPOSE	GiftAwardsMemorialsExpense	Newborn Gifts f	for Constituents			
OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	tin, TX, officeholder living	expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/OI	H John Price			County Commission		
Date	Payee name					
12/12/2024	MMS Company Ad Specialties LLC					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$1,000.00	217 N I-35E	Desoto	TX	75115		
	Category (See Categories listed at the top of this so	hedule) Description				
PURPOSE	EventExpense	Kwanzaa Card				
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Aus	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/O	H John Price			County Commission		
Date	Payee name					
12/20/2024	MMS Company Ad Specialties LLC					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$3,828.53	217 N I-35E	Desoto	TX	75115		
	Category (See Categories listed at the top of this so	thedule) Description		1000		
PURPOSE	GiftAwardsMemorialsExpense		nt for R&B3 Employ	ees Appreciation		
OF EXPENDITURE		Gifts				
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Aus	stin, TX, officeholder living	expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
Complete ONLY if direct expenditure to benefit C/O		Simos sought				
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 19 John W Price 4 Date 5 Payee name 12/09/2024 **US Postal Service** 6 Amount (\$) 7 Payee address; State; Zip Code City; \$19.30 401 Tom Landry Fwy Dallas TX 75260 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 OfficeOverheadRentalExpense Mailing of Resolutions PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 12/09/2024 MMS Company City; State: Zip Code Amount (\$) Pavee address: \$725.00 217 N 135E 75115 Desoto TX Category (See Categories listed at the top of this schedule) Description OfficeOverheadRentalExpense December 2024 Campaign Office Rent PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Commissioner Dist John Price Commissioner Dist #3 Payee name Date 12/04/2024 Hailee Hall Amount (\$) Payee address; City: State: Zip Code \$500.00 6335 Elder Grove Dr 75232 Dallas TX Category (See Categories listed at the top of this schedule) Description AdvertisingExpense Social Media PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH John Price Commissioner Dist Commissioner Dist #3

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

If the requested information is

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/Magge/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Nages/Contract Labor	Travel Out Of District Other (enter a catego	
Total pages Schedule F1:	2 FILER NAME John W Price		3 Filer ID (Ethics	Commission Filers)
Date 12/23/2024	5 Payee name Beaudry Gallery & Framing			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$332.07	7009 John W Carpenter Fw	Dallas	TX	75247
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	GiftAwardsMemorialsExpense	Framing of Histo	orial Piece for Mer	morial
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office		
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	itin, TX, officeholder livin	g expense
		Office sought		Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXP	ENDITURE CAT	EGORIES	FOR BOX 1	0(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	By Gift/Award:	rage Expense s/Memorials Expense	Office Ov Polling E Printing I		Expense	Travel In Dis Travel Out C	on Equipme trict of District	Expense ent & Related Expense not listed above)
The Instruction	Guide explains how to co	mplete this form.		USE A NEW I				
1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME John W Price					3 FILER ID	(Ethics C	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD				\$\$1,431	.44	
5 CREDIT CARD ISSUER	Name of financial institut USAA Saving	ion						
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Cre	edit Card Issue	er Paid		
	ş \$408.19	07/31/2024		07/01/2024	; 07/13/202	24;07/25/2	024	
7 PAYEE	(a) Payee name		(b) Payee add	dress;	Cit	Ty,	State,	Zip Code
	Fuel City		801 RIverfr	ront Blvd	Dallas		TX	75204
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lit TransportationEquipm			(b) Description				
✓ Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.		Check if Austin	n, TX, officeho	lder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held John Price County Commissioner #3 County Commissioner #3					er #3		
PAYMENT	(a) Amount Charged (b) Date Expenditure Ch			(c) Date(s) Cr	edit Card Issu	er Paid		
	\$ \$370.91		08/3/2024/	08/13/2024	4; 08/22/2	024		
PAYEE	(a) Payee name		(b) Payee ad	dress;	Cit	ty,	State,	Zip Code
	Fuel City		801 Riverfi	ront Blvd	Dallas		TX	75204
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories In TransportationEquipm		_	(b) Description				
✓ Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name		fice Sought	er#3 Co	o ounty Com	ffice Held	er #3
PAYMENT	(a) Amount Charged	(b) Date Expendite	ure Charged	(c) Date(s) Cr	edit Card Issu	er Paid		
	ş \$421.36	09/30/2024		08/30/2024	1; 09/06/202	24; 09//14	/2024	
PAYEE	(a) Payee name		(b) Payee ad			ty,	State,	Zip Code
	Fuel City		801 Riverf	ront Biva	Dallas		TX	75204
PURPOSE OF EXPENDITURE	(a) Category (see Categories II TransportationEquipm			(b) Description				
Political Non-Political	(c) Check if travel out	tside of Texas. Complet	te Schedule T.		Check if Au	stin, TX, office	eholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder John Price	name		fice Sought Commission	er#3 Co	ounty Con	office Held	
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDUL	E AS NEE	DED		

EXPENDITURES MADE BY CREDIT CARD

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

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SCHEDULE	EA
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EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expens
Travel In District
Travel Out Of District
Other (epiter a category not listed above)

-

Candidate/Officeholder/Politic	cal Committee Legal Servi		s/Wages/Contract Labor Other (enter a category not listed above				
The Instruction	Guide explains how to co	mplete this form.		USE A NEW	PAGE FOR EACH	CREDIT CARD	ISSUER
1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME John W Price				3 FII	LER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$\$	1,431.44	
5 CREDIT CARD	Name of financial instituti	ion					
ISSUER	USAA Saving						
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Cr	edit Card Issuer Pai	d	The state of the s
	\$ \$230.98	12/01/2024		12/18/2024	1		
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
	Brake Stop		4308 Live (Oak St	Dallas	TX	75204
8 PURPOSE OF	(a) Category (See Categories lis			(b) Description	on		
EXPENDITURE Political	TransportationEquipm	entAndRelatedE	Expense	Campaign	OURMAN SUV	maintenance	
✓ Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.		Check if Austin, TX, o	officeholder living	expense
9 Complete ONLY if direct	Candidate / Officeholder r	name	Off	ice Sought		Office Held	
expenditure to benefit C/OH	John Price		Commiss	sioner Dist #	3 Commi	issioner Dist	#3
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Cr	redit Card Issuer Pai	d	
	\$						
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list	sted at the top of this sche	dule)	(b) Description	on		
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	fice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) C	redit Card Issuer Pa	id	
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories la	sted at the top of this scho	edule)	(b) Description			
Non-Political	(c) Check if travel out	tside of Texas. Comple	te Schedule T.		Check if Austin, T	X, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought		Office Held	i
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDUL	E AS NEEDED)	