

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

29

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
<input type="checkbox"/> Change of Address	PO Box 224725	Dallas	TX	75222	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received	
	(214)	762-6992		ELECTRONICALLY FILED 01/13/2025	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked	
		Zan		Receipt #	
	NICKNAME	LAST	SUFFIX	Amount \$	
		Holmes, Jr.		Date Processed	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
(Residence or Business)	PO Box 224725		Dallas	TX	75222
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Imaged	
	(214)	762-6992		JAN 14 '25 AM 10:02	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	07	01	2024		12 / 31 / 2024
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	
	County Commissioner-District #3				
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME
John W Price

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,978.11
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,431.44
	4. TOTAL POLITICAL EXPENDITURES	\$ 78,024.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 136,622.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Please complete either option below.

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$\$28,978.11
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$\$0.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$\$0.00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$\$0.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$75,161.83
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$\$0.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$\$2,862.88
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$\$0.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$\$0.00
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$\$0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
07/24/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Willis Johnson

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

6 Contributor address; City; State; Zip Code
1001 Belleview #1001 Dallas TX 75215

8 Principal occupation / Job title (See Instructions)
Managemant

9 Employer (See Instructions)
Self

Date
07/29/2024

Full name of contributor out-of-state PAC (ID#: _____)
US Postal Service

Amount of contribution (\$)
\$13.70

Contributor address; City; State; Zip Code
401 Tom Landry Hwy Dallas TX 75260-9995

Principal occupation / Job title (See Instructions)
REFUND

Employer (See Instructions)
USPS

Date
08/01/2024

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
3597 Alaska Ave Dallas TX 75216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Retired

Date
08/01/2024

Full name of contributor out-of-state PAC (ID#: _____)
Michael Rader

Amount of contribution (\$)
\$2,000.00

Contributor address; City; State; Zip Code
PO Box 249 Colleyville TX 76604

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions)		9 Employer (See Instructions) Self
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nannie Puryear	Amount of contribution (\$) \$350.00
	Contributor address; City; State; Zip Code 1004 Hanson Way Virginia Bch VA 23454-6045	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Self
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Benda	Amount of contribution (\$) \$20,000.00
	Contributor address; City; State; Zip Code 801 Riverfront Blvd Dallas TX 75207	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Medlock	Amount of contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code 1414 W. Wheatland Rd., Suite 100 Duncanville TX 75116	
Principal occupation / Job title (See Instructions) CEO/President		Employer (See Instructions) Townview Realtors

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry or Sandra Heflin Contributor address; City; State; Zip Code P. O. Box 518 Rockwall TX 75087	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Self
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) US Postal Service Contributor address; City; State; Zip Code 401 Tom Landry Hwy Dallas TX 75260	Amount of contribution (\$) \$14.41
Principal occupation / Job title (See Instructions) REFUND		Employer (See Instructions) USPS
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Moye Contributor address; City; State; Zip Code 600 Commerce Street Dallas TX 75202	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Dallas County
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayesha Rah	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 8111 LBJ Freeway Suite Dallas TX 75251 6600		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Sef
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonya Parker	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code P. O. Box 22031 Dallas TX 75222		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Dallas County
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Jackson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code P. O. Box 542601 Gand Prairie TX 75054		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) D
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dianne Jones	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 201 Landry Court Irving TX 85063		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Dallas

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbie Partida-Kipness	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4435 Mill Run Rd Dallas TX 75244		
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Dallas County JAN 14 '25 @10:02
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie Tillery	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 4513 Scenic Circle Garland TX 75043		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 07/17/2024	5 Payee name US Postal Service	
6 Amount (\$) \$14.41	7 Payee address; 401 Tom Landry Hwy	City: Dallas State: TX Zip Code: 75260
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	(b) Description Mailing of Funeral Resolution
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought: Office held: County Commission
Date 07/23/2024	Payee name US Postal Service	
Amount (\$) \$19.70	Payee address; 401 Tom Landry Hwy	City: Dallas State: TX Zip Code: 65260
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description Mailing of Funeral Resolutoin
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 07/01/2024	Payee name Mineava Quazada Tire Shop	
Amount (\$) \$1,500.00	Payee address; 337 E Ledbetter	City: Dallas State: TX Zip Code: 75232
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description 2 Campaign SUV Wheels OurMan and RMAN2
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought: County Commissioner # Office held: County Commission

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 07/01/2024	5 Payee name MMS Company Ad Specialties LLC	
6 Amount (\$) \$1,500.00	7 Payee address; 217 N I-35E	City; State; Zip Code Desoto TX 75115
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description Production and Design Work
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #
		Office held County Commissio
Date 07/08/2024	Payee name Hailee Hall	
Amount (\$) \$500.00	Payee address; 6335 ELDER GROVE DR	City; State; Zip Code Dallas TX 75232
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Social Media
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #
		Office held County Commissio
Date 07/08/2024	Payee name MMS Company Ad Specialties LLC	
Amount (\$) \$1,500.00	Payee address; 217 N I-35E	City; State; Zip Code Desoto TX 75115
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description July 2024 Campaign Ofc Rental
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #
		Office held County Commissio

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
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4 Date 07/10/2024	5 Payee name Evans Engraving
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6 Amount (\$) \$352.00	7 Payee address; 208 S Tyler	City; Dallas	State; TX	Zip Code 75208
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	(b) Description Framing of Funeral Resolution
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought	Office held County Commission
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Date 07/10/2024	Payee name Classic Oil and Lube
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Amount (\$) \$106.69	Payee address; 152 E Davis Street	City; Dallas	State; TX	Zip Code 75203
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description Campaign SUV RMAN Oil Change
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #	Office held County Commission
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Date 07/15/2024	Payee name MMS Company Ad Specialties LLC
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Amount (\$) \$1,600.00	Payee address; 217 N I-35E	City; Desoto	State; TX	Zip Code 75115
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description Back to School Backpacks
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #	Office held County Commission
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 07/15/2024	5 Payee name John Ames Tax Assessor Collector	
6 Amount (\$) \$76.25	7 Payee address; 500 Elm Street	City; State; Zip Code Dallas TX 75202
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	(b) Description License Plate CMISNR
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #
		Office held County Commissionior
Date 08/16/2024	Payee name Texas Organization of Black County Commissioners	
Amount (\$) \$100.00	Payee address; 205 Veteran's memorial Drive	City; State; Zip Code Navasoto TX 77868
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Elected County Official Annual Membership Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #
		Office held County Commissionior
Date 08/02/2024	Payee name Hailee Hall	
Amount (\$) \$500.00	Payee address; 6335 ELDER GROVE DR	City; State; Zip Code Dallas TX 75232
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Social Media
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #
		Office held County Commissionior

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
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4 Date 08/02/2024	5 Payee name MMS Company Ad Specialties LLC
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6 Amount (\$) \$841.24	7 Payee address: 217 N I-35E	City: Desoto	State: TX	Zip Code 75115
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	(b) Description August 2024 Campaign Ofc Rent and Reimbursement OURMAN Registration
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #	Office held County Commissio
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Date 08/09/2024	Payee name Evans Engraving
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Amount (\$) \$540.00	Payee address: 208 S Tyler	City: Dallas	State: TX	Zip Code 75208
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description Framing of Funeral Resolution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/26/2024	Payee name Hailee Hall
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Amount (\$) \$500.00	Payee address: 6335 ELDER GROVE DR	City: Dallas	State: TX	Zip Code 75232
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Social Media
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #	Office held County Commissio
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 08/27/2024	5 Payee name MMS Company Ad Specialties LLC	
6 Amount (\$) \$2,300.00	7 Payee address; 217 N I-35E	City; State; Zip Code Desoto TX 75115
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description Voter Lapel Pins and September 2024 Rent
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #
		Office held County Commissio
Date 08/29/2024	Payee name Roy Smith Auto	
Amount (\$) \$500.00	Payee address; 3807 S Lancaster Rd	City; State; Zip Code Dallas TX 75215
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description 2 Truck Repair OurMan and RMAN2
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #
		Office held County Commissio
Date 08/29/2024	Payee name Texas Metro News	
Amount (\$) \$4,500.00	Payee address; 320 South R L Thornton Fry Ste 100	City; State; Zip Code Dallas TX 75203
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description Campaign Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #
		Office held County Commissio

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 10/01/2024	5 Payee name Apple Services	
6 Amount (\$) \$1.98	7 Payee address; Goldman Sachs Bank, Lockbox 6112, P.O. Box 7247	City; State; Zip Code Philadelphia PA 19170-6112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	(b) Description iPhone storage fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #
		Office held County Commission
Date 09/05/2024	Payee name Evans Engraving	
Amount (\$) \$446.50	Payee address; 208 S Tyler	City; State; Zip Code Dallas TX 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description Framing of Funeral Resolution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #
		Office held County Commission
Date 09/24/2024	Payee name Underground Customs Body Works	
Amount (\$) \$400.00	Payee address; 6569 Hunnicut Rd	City; State; Zip Code Dallas TX 75224
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description Body Repair on RMAN Campaign SUV
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #
		Office held County Commission

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)		
4 Date 10/21/2024	5 Payee name US Postal Service			
6 Amount (\$) \$38.71	7 Payee address; 401 Tom Landry Hwy	City; Dallas	State; TX	Zip Code 75260
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		(b) Description Mailing of Funeral Resolutions (2)	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 10/02/2024	Payee name Laymon Lightfoot Campaign			
Amount (\$) \$500.00	Payee address; 1521 Heritage Blvd	City; Glenn Heights	State; TX	Zip Code 75154
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ContributionsDonationsMadeByCandidateCo mmittee		Description Contribution	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Laymon Lightfoot	Office sought City Council Place 5	Office held City Council Place !	
Date 10/02/2024	Payee name ALW Entertainment			
Amount (\$) \$750.00	Payee address; 731 South RL Thornton Frwy	City; Dallas	State; TX	Zip Code 75203
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense		Description Constituent Awards for State Fair Classic	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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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 10/02/2024	5 Payee name Hailee Hall	
6 Amount (\$) \$500.00	7 Payee address; 6335 ELDER GROVE DR	City; State; Zip Code Dallas TX 75232
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description Social Media
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #
		Office held County Commissio
Date 10/02/2024	Payee name MMS Company Ad Specialties LLC	
Amount (\$) \$700.00	Payee address; 217 N I-35E	City; State; Zip Code Desoto TX 75115
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description October Rent Campaign Office
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #
		Office held County Commissio
Date 10/04/2024	Payee name Evans Engraving	
Amount (\$) \$399.50	Payee address; 208 S Tyler	City; State; Zip Code Dallas TX 75208
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description Framing of Funeral Resolution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Bookkeeping	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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)
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4 Date 10/07/2024	5 Payee name MMS Company Ad Specialties LLC
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6 Amount (\$) \$5,600.00	7 Payee address; 217 N I-35E	City; Desoto	State; TX	Zip Code 75115
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PollingExpense	(b) Description Slate Design and Distribution
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #	Office held County Commission
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Date 10/16/2024	Payee name Darryl Ayers, Jr
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Amount (\$) \$500.00	Payee address; 206 Cool Meadow	City; Red Oak	State; TX	Zip Code 75154
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description Photography
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner #	Office held County Commission
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Date 10/16/2024	Payee name Paula Briggs
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Amount (\$) \$400.00	Payee address; 8301 S Polk	City; Dallas	State; TX	Zip Code 75232
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FoodBeverageExpense	Description Catering for District 3 Town Hall Meeting at South Dallas Govt Center
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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