

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME
John W Price

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 48,825.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 32,570.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 78,973.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$.00

18 AFFIDAVIT

I swear, or affirm, under 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.

74-F2C9-461F-B322-126B09

10/26/20 - 10:31:25

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

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	\$48,825.00
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	\$31,252.01
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	\$1,318.08
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
10/10/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Larry & Sharon Hall

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
4518 Rosebud Dr Rowlett TX 75089

8 Principal occupation / Job title (See Instructions)
Information/President

9 Employer (See Instructions)

Date
10/06/2020

Full name of contributor out-of-state PAC (ID#: _____)
John Benda

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

Contributor address; City; State; Zip Code
801 S Riverfront Blvd Dallas TX 75207

Principal occupation / Job title (See Instructions)
Fuel/Owner

Employer (See Instructions)

Date
10/06/2020

Full name of contributor out-of-state PAC (ID#: _____)
Communications Workers of America Political Action Committee

Amount of contribution (\$)
\$750.00

Contributor address; City; State; Zip Code
1408 N Washington Ave # 300 Dallas TX 75204

Principal occupation / Job title (See Instructions)
PAC

Employer (See Instructions)

Date
10/06/2020

Full name of contributor out-of-state PAC (ID#: _____)
John Proctor

Amount of contribution (\$)
\$2,500.00

Contributor address; City; State; Zip Code
1424 Oak Meadows Drive Dallas TX 75232

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

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1 Total pages Schedule A1:
9

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
10/07/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
McDonald & Ellen Williams

7 Amount of contribution (\$) **\$5,000.00**

6 Contributor address; City; State; Zip Code
8604 Greenville Avenue, Dallas TX 75243
Suite 200

8 Principal occupation / Job title (See Instructions)
Accounting

9 Employer (See Instructions)
Self

Date
10/06/2020

Full name of contributor out-of-state PAC (ID#: _____)
Charles Bailey

Amount of contribution (\$) **\$50.00**

Contributor address; City; State; Zip Code
1811 Meadow Valley Lane Dallas TX 75232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/05/2020

Full name of contributor out-of-state PAC (ID#: _____)
Mark Stiles

Amount of contribution (\$) **\$500.00**

Contributor address; City; State; Zip Code
5 Oakleigh Blvd Beaumont TX 77706

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/08/2020

Full name of contributor out-of-state PAC (ID#: _____)
Mattie Thompson

Amount of contribution (\$) **\$300.00**

Contributor address; City; State; Zip Code
3020 W. Rochelle Road Irving TX 75062

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
9

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
10/08/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Marc Richman

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
304 S Record Street, Suite Dallas TX 75202
200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)
Owner

Date
10/08/2020

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

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

Contributor address; City; State; Zip Code
171 17th Street, NW Suite Atlanta GA 30363
1600

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Self

Date
10/08/2020

Full name of contributor out-of-state PAC (ID#: _____)
Thomas Benson

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
515 S. Riverfront Blvd Dallas TX 75207

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)

Date
10/08/2020

Full name of contributor out-of-state PAC (ID#: _____)
Pete Schenkel

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

Contributor address; City; State; Zip Code
614 N Bishop Ave, Suite 3 Dallas TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
9

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
10/08/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Marian Brown For Sheriff

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

6 Contributor address; City; State; Zip Code
P. O. Box 851635 Mesquite TX 75185

8 Principal occupation / Job title (See Instructions)
Sheriff

9 Employer (See Instructions)

Date
10/08/2020

Full name of contributor out-of-state PAC (ID#: _____)
John Beckwith

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

Contributor address; City; State; Zip Code
4155 S R L Thornton Dallas TX 75224
Freeway

Principal occupation / Job title (See Instructions)
Owner - Golden Gate

Employer (See Instructions)

Date
10/15/2020

Full name of contributor out-of-state PAC (ID#: _____)
Beatrice Wallace

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
2911 Turtle Creek Boulevard, Dallas TX 75219
Suite 1250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/11/2020

Full name of contributor out-of-state PAC (ID#: _____)
Wendell Wentz

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
6102 Wimbledon Drice Rockwall TX 75087

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
9

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
10/11/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Linda & Mitch Hart

7 Amount of contribution (\$) **\$5,000.00**

6 Contributor address; City; State; Zip Code
3811 Turtle Creek Boulevard, Dallas TX 75219
Suite 900

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/10/2020

Full name of contributor out-of-state PAC (ID#: _____)
Barry Andrews

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

Contributor address; City; State; Zip Code
2730 Irvng Boulevard Dallas TX 75207

Principal occupation / Job title (See Instructions)
Distributor/Owner

Employer (See Instructions)

Date
10/06/2020

Full name of contributor out-of-state PAC (ID#: _____)
Linebarger Goggan Blair & Sampson LLP

Amount of contribution (\$) **\$5,000.00**

Contributor address; City; State; Zip Code
P. O. Box 17428 Austin TX 78760

Principal occupation / Job title (See Instructions)
Attorneys

Employer (See Instructions)

Date
10/09/2020

Full name of contributor out-of-state PAC (ID#: _____)
Carl Shepherd

Amount of contribution (\$) **\$300.00**

Contributor address; City; State; Zip Code
P. O. Box 703851 Dallas TX 75370

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
9

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
10/09/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Betty, Richard Tanner

7 Amount of contribution (\$)
\$25.00

6 Contributor address; City; State; Zip Code
1135 Pinedale Lane Dallas TX 75241

8 Principal occupation / Job title (See Instructions)
Retiree

9 Employer (See Instructions)

Date
10/09/2020

Full name of contributor out-of-state PAC (ID#: _____)
Jonquil Akhir

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
217 Tessman Trail Hutchins TX 75141

Principal occupation / Job title (See Instructions)
Apparel Owner

Employer (See Instructions)

Date
10/01/82020

Full name of contributor out-of-state PAC (ID#: _____)
Joseph Kemp

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

Contributor address; City; State; Zip Code
1015 N Duncanville Road Duncanville TX 75116

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/11/2020

Full name of contributor out-of-state PAC (ID#: _____)
Buckley Chappell

Amount of contribution (\$)
\$2,500.00

Contributor address; City; State; Zip Code
1581 FM 740S Forney TX 75126

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
10/11/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Tammie McMillin

7 Amount of contribution (\$)
\$2,500.00

6 Contributor address; City; State; Zip Code
1581 FM 740S Forney TX 75126

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/12/2020

Full name of contributor out-of-state PAC (ID#: _____)
Roland Parridh

Amount of contribution (\$)
\$3,000.00

Contributor address; City; State; Zip Code
256 Regents Park Desoto TX 75115

Principal occupation / Job title (See Instructions)
Restaurant Owner

Employer (See Instructions)

Date
10/15/2020

Full name of contributor out-of-state PAC (ID#: _____)
CMorgan Jones

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

Contributor address; City; State; Zip Code
1785 E Interstate 30 Garland TX 75043

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)

Date
10/10/2020

Full name of contributor out-of-state PAC (ID#: _____)
Harold Kaemerle, Jr.

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

Contributor address; City; State; Zip Code
2165 San Diego Ave, Suite 205 San Diego CA 92110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
10/11/2020

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

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

6 Contributor address; City; State; Zip Code
P. O. Box 2027 Colleyville TX 76034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/20/2020

Full name of contributor out-of-state PAC (ID#: _____)
Jennifer & Drew Campbell

Amount of contribution (\$)
\$1,500.00

Contributor address; City; State; Zip Code
2215 Cedar Springs Dallas TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/21/2020

Full name of contributor out-of-state PAC (ID#: _____)
Byron Campbell

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

Contributor address; City; State; Zip Code
6508 Kenwood Dallas TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/20/2020

Full name of contributor out-of-state PAC (ID#: _____)
Texas Bail PAC

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
1306 W Anderson Lane, Ste Austin TX 78757
A

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
10/21/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Tennell Atkins

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
2717 Meadow Stone Dallas TX 75237

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Todd Jones

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

Contributor address; City; State; Zip Code
3135 Royal Gable Dr Dallas TX 75229

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)			
4 Date 10/06/2020	5 Payee name Hailee Hall				
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1409 South Lamar Dallas TX 75214				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name John Price</td> <td style="width:20%; border:none;">Office sought Commissioner District 3</td> <td style="width:20%; border:none;">Office held Commissioner Distr</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3	Office held Commissioner Distr		
Date 10/10/2020	Payee name John Ames Tax Assessor Collector				
Amount (\$) \$116.25	Payee address; City; State; Zip Code 1201 Elm Street, Ste Dallas TX 75270 2600.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TravelInDistrict	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name John Price</td> <td style="width:20%; border:none;">Office sought Commissioner District 3</td> <td style="width:20%; border:none;">Office held Commissioner Distr</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3	Office held Commissioner Distr		
Date 10/10/2020	Payee name A'lana Collins				
Amount (\$) \$326.90	Payee address; City; State; Zip Code 1401 N. Hampton Desoto TX 75115				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name John Price</td> <td style="width:20%; border:none;">Office sought Commissioner District 3</td> <td style="width:20%; border:none;">Office held C</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3	Office held C		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)			
4 Date 10/06/2020	5 Payee name Evans Engraving				
6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code 208 S. Tyler Dallas TX 75208				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/06/2020	Payee name United State Postal Service				
Amount (\$) \$80.25	Payee address; City; State; Zip Code 401 Tom Landry Hwy Dallas TX 75260				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/06/2020	Payee name Main Street Checks				
Amount (\$) \$24.87	Payee address; City; State; Zip Code 920 19th Street North Birmingham AL 35203				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PrintingExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name John Price</td> <td style="width:20%; border:none;">Office sought Commissioner District 3</td> <td style="width:20%; border:none;">Office held Commissioner Distr</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3	Office held Commissioner Distr		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)			
4 Date 10/10/2020	5 Payee name United State Postal Service				
6 Amount (\$) \$18.60	7 Payee address; City; State; Zip Code 401 Tom Landry Hwy Dallas TX 75260				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/10/2020	Payee name Stella Allen				
Amount (\$) \$250.00	Payee address; City; State; Zip Code 97 Eagle Point Waxahachie TX 75165				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/10/2020	Payee name Yosif Tire Shop				
Amount (\$) \$450.00	Payee address; City; State; Zip Code 337 E Ledbetter Dr. Dallas TX 75216				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name John Price</td> <td style="width:20%; border:none;">Office sought Commissioner District 3</td> <td style="width:20%; border:none;">Office held Commissioner Distri</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3	Office held Commissioner Distri		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 10/12/2020	5 Payee name Evans Engraving	
6 Amount (\$) \$324.00	7 Payee address; City; State; Zip Code 208 S. Tyler Dallas TX 75208	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	(b) Description <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 10/10/2020	Payee name United State Postal Service	
Amount (\$) \$20.55	Payee address; City; State; Zip Code 401 Tom Landry Hwy Dallas TX 75260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description <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 10/10/2020	Payee name United State Postal Service	
Amount (\$) \$20.55	Payee address; City; State; Zip Code 401 Tom Landry Hwy Dallas TX 75260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description <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

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: 11	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)			
4 Date 10/15/2020	5 Payee name United State Postal Service				
6 Amount (\$) \$20.55	7 Payee address; City; State; Zip Code 401 Tom Landry Hwy Dallas TX 75260				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/05/2020	Payee name Brake Stop				
Amount (\$) \$250.00	Payee address; City; State; Zip Code 4308 Live Oak Dallas TX 75204				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/09/2020	Payee name Discount Tire Shop				
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1155 N Interstate 35E Desoto TX 75115				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 Date 10/07/2020	5 Payee name Evans Engraving	
6 Amount (\$) \$846.00	7 Payee address; City; State; Zip Code 208 S. Tyler Dallas TX 75208	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	(b) Description <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	
Date 10/15/2020	Candidate / Officeholder name Hailee Hall	
Amount (\$) \$500.00	Office sought Commissioner District 3	
Office held Commissioner Dist	Candidate / Officeholder name John Price	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description <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	
Date 10/11/2020	Candidate / Officeholder name A & J Auto Repair	
Amount (\$) \$100.00	Office sought Commissioner District 3	
Office held Commissioner Dist	Candidate / Officeholder name John Price	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description <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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 11	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)			
4 Date 10/07/2020	5 Payee name Phil Fisher				
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 5002 Bilindsay Seagoville TX 75159				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PollingExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name John Price</td> <td style="width:20%;">Office sought Commissioner District 3</td> <td style="width:20%;">Office held Commissioner Distr</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3	Office held Commissioner Distr		
Date 10/22/2020	Payee name A'lana Collins				
Amount (\$) \$287.12	Payee address; City; State; Zip Code 1401 N. Hampton Desoto TX 75115				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name John Price</td> <td style="width:20%;">Office sought Commissioner District 3</td> <td style="width:20%;">Office held Commissioner Distr</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3	Office held Commissioner Distr		
Date 10/08/2020	Payee name O'Reilly				
Amount (\$) \$508.65	Payee address; City; State; Zip Code 212 North Hampton Desoto TX 75115				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name John Price</td> <td style="width:20%;">Office sought Commissioner District 3</td> <td style="width:20%;">Office held Commissioner Distr</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3	Office held Commissioner Distr		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)			
4 Date 10/08/2020	5 Payee name Evans Engraving				
6 Amount (\$) \$288.00	7 Payee address; City; State; Zip Code 208 S. Tyler Dallas TX 75208				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/26/2020	Payee name Politics United Marketing				
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code P. O. Box 19180 Dallas TX 75219				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PollingExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/12/2020	Payee name O'Reilly				
Amount (\$) \$230.72	Payee address; City; State; Zip Code 212 North Hampton Desoto TX 75115				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)			
4 Date 10/13/2020	5 Payee name Service Broadcasting				
6 Amount (\$) \$8,250.00	7 Payee address; City; State; Zip Code P. O. Box 860 Grand Prairie TX 75052				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name John Price</td> <td style="width:20%;">Office sought Commissioner District 3</td> <td style="width:20%;">Office held Commissioner Distr</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3	Office held Commissioner Distr		
Date 10/16/2020	Payee name Radio One - Dallas				
Amount (\$) \$5,001.00	Payee address; City; State; Zip Code 13331 Preston Road Dallas TX 75240 -Suite 1180				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name John Price</td> <td style="width:20%;">Office sought Commissioner District 3</td> <td style="width:20%;">Office held Commissioner Distr</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3	Office held Commissioner Distr		
Date 10/16/2020	Payee name AMAC Productions				
Amount (\$) \$350.00	Payee address; City; State; Zip Code P. O. Box 860 Grand Prairie TX 75052				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name John Price</td> <td style="width:20%;">Office sought Commissioner District 3</td> <td style="width:20%;">Office held Commissioner Distr</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)			
4 Date 10/19/2020	5 Payee name Hailee Hall				
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1409 South Lamar Dallas TX 75214				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name John Price</td> <td style="width:20%; border:none;">Office sought Commissioner District 3</td> <td style="width:20%; border:none;">Office held Commissioner Distr</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3	Office held Commissioner Distr		
Date 10/17/2020	Payee name Evans Engraving				
Amount (\$) \$288.00	Payee address; City; State; Zip Code 208 S. Tyler Dallas TX 75208				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) GiftAwardsMemorialsExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 10/18/2020	Payee name MMS Company Ad Specialties LLC				
Amount (\$) \$500.00	Payee address; City; State; Zip Code 217 North I-35E Desoto TX 75115				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name John Price</td> <td style="width:20%; border:none;">Office sought Commissioner District 3</td> <td style="width:20%; border:none;">Office held Commissioner Distr</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3	Office held Commissioner Distr		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)			
4 Date 10/16/2020	5 Payee name MMS Company Ad Specialties LLC				
6 Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 217 North I-35E Desoto TX 75115				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PollingExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name John Price</td> <td style="width:20%; border:none;">Office sought Commissioner District 3</td> <td style="width:20%; border:none;">Office held Commissioner Distr</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3	Office held Commissioner Distr		
Date 10/16/2020	Payee name Brake Stop				
Amount (\$) \$500.00	Payee address; City; State; Zip Code 4308 Live Oak Dallas TX 75204				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name John Price</td> <td style="width:20%; border:none;">Office sought Commissioner District 3</td> <td style="width:20%; border:none;">Office held Commissioner Distr</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3	Office held Commissioner Distr		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 4	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ \$0.00
5 Date 10/07/2020	6 Payee name O'Reilly	
7 Amount (\$) \$555.36	8 Payee address; City; State; Zip Code 212 North Hampton Desoto TX 75115	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
		Office held Commissioner Distr
Date 10/06/2020	Payee name Gulf Oil	
Amount (\$) \$108.55	Payee address; City; State; Zip Code 801 S Riverfront Blvd Dallas TX 75207	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description <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 Commissioner District 3
		Office held Commissioner Distr

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: 4	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ \$0.00
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5 Date 10/07/2020	6 Payee name Quik Trip
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7 Amount (\$) \$135.07	8 Payee address; City; State; Zip Code 1235 E Beltline Rd Desoto TX 75115
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input checked="" type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3	Office held Commissioner Distr
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Date 10/11/2020	Payee name O'Reilly
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Amount (\$) \$213.88	Payee address; City; State; Zip Code 212 North Hampton Desoto TX 75115
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input checked="" type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description
		<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 Commissioner District 3	Office held Commissioner Distr
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 4	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ \$0.00
5 Date 10/17/2020	6 Payee name Gulf Oil	
7 Amount (\$) \$82.33	8 Payee address; City; State; Zip Code 801 S Riverfront Blvd Dallas TX 75207	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
		Office held Commissioner Distr
Date 10/20/2020	Payee name Gulf Oil	
Amount (\$) \$82.34	Payee address; City; State; Zip Code 801 S Riverfront Blvd Dallas TX 75207	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description <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 Commissioner District 3
		Office held Commissioner Distr

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 4	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ \$0.00
5 Date 10/26/2020	6 Payee name Gulf Oil	
7 Amount (\$) \$75.83	8 Payee address; City; State; Zip Code 801 S Riverfront Blvd Dallas TX 75207	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TravelOutOfDistrict	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought Commissioner District 3
		Office held Commissioner Distr
Date 10/10/2020	Payee name Quik Trip	
Amount (\$) \$64.72	Payee address; City; State; Zip Code 1235 E Beltline Rd Desoto TX 75115	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description <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 Commissioner District 3
		Office held Commissioner Distr

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