

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: 15				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST John	MI W	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
	NICKNAME	LAST Price	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;		STATE;	ZIP CODE	
	217 N IH 35E		Desoto		TX	75115	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(469)	658-7133					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Dr Zan	MI W				
	NICKNAME	LAST Holmes, Jr	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;			STATE;	ZIP CODE
	217 N IH35E		Desoto			TX	75115
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(469)	658-7133					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month Day Year		Month Day Year				
	01	/ 01	/ 2020	THROUGH	01 / 31 / 2020		
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description					
		03 / 03 / 2020	<input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)				
	County Commissioner-District #3		County Commissioner-District #3				

GO TO PAGE 2

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)

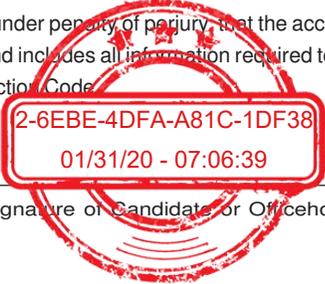
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED 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)	\$ 15,830.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 105,097.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 81,851.60
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.



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	\$15,830.00
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	\$104,556.65
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	\$541.01
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:
5

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
01/02/2020

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

7 Amount of contribution (\$)
\$150.00

6 Contributor address; City; State; Zip Code
[REDACTED] Dallas TX 75219

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/03/2020

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

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

Contributor address; City; State; Zip Code
[REDACTED] Dallas TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/14/2020

Full name of contributor out-of-state PAC (ID#: _____)
Dr. Marvin Dulaney

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
[REDACTED] Desoto TX 75115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/14/2020

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

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

Contributor address; City; State; Zip Code
[REDACTED] Arlington TX 76012

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:
5

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
01/16/2020

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
[REDACTED] Dallas TX 75241

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/16/2020

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

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

Contributor address; City; State; Zip Code
[REDACTED] Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/24/2020

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
[REDACTED] Cedar Hill TX 75104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/24/2020

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
[REDACTED] Dallas TX 75232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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
01/27/2020

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

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

6 Contributor address; City; State; Zip Code
[REDACTED] Oak Leaf TX 75154

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/27/2020

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
[REDACTED] Dallas TX 75237

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/27/2020

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

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

Contributor address; City; State; Zip Code
[REDACTED] Mesquite TX 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/27/2020

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

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

Contributor address; City; State; Zip Code
[REDACTED] Dallas TX 75231

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:
5

2 FILER NAME
John W Price

3 Filer ID (Ethics Commission Filers)

4 Date
01/27/2020

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

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
[REDACTED] Dallas TX 75204

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/27/2020

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
[REDACTED] Dallas TX 75216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/27/2020

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

Amount of contribution (\$)
\$150.00

Contributor address; City; State; Zip Code
[REDACTED] Duncanville TX 75137

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/27/2020

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
[REDACTED] Duncanville TX 75138

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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
01/27/2020

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

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
[REDACTED] Dallas TX 75339

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/27/2020

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

Amount of contribution (\$)
\$130.00

Contributor address; City; State; Zip Code
[REDACTED] Dallas TX 75232

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)

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
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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: 4	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)			
4 Date 01/06/2020	5 Payee name US Postmaster				
6 Amount (\$) \$99,000.00	7 Payee address; City; State; Zip Code 401 Tom Landry Highway Dalla 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 John Price</td> <td style="width:20%; border:none;">Office sought County Commissioner D</td> <td style="width:20%; border:none;">Office held County Commission</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner D
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner D	Office held County Commission		
Date 01/07/2020	Payee name U. S. Postal Service				
Amount (\$) \$45.95	Payee address; City; State; Zip Code 401 Tom Landry Highway Dalla TX 75260				
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 01/27/2020	Payee name Evans Engraving and Stamping				
Amount (\$) \$275.00	Payee address; City; State; Zip Code 208 South 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		
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: 4	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)			
4 Date 01/27/2020	5 Payee name Lakeside National Bank				
6 Amount (\$) \$2.00	7 Payee address; City; State; Zip Code P O Box 9 Rockwall TX 75287				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 County Commissioner D</td> <td style="width:20%; border:none;">Office held County Commissioner</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner D
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner D	Office held County Commissioner		
Date 01/13/2020	Payee name MMS Company Ad Specialties LLC				
Amount (\$) \$1,843.25	Payee address; City; State; Zip Code 217 N IH 35E Desoto TX 75115				
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 County Commissioner D</td> <td style="width:20%; border:none;">Office held County Commissioner</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner D
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner D	Office held County Commissioner		
Date 01/13/2020	Payee name MMS Company Ad Specialties LLC				
Amount (\$) \$1,324.95	Payee address; City; State; Zip Code 217 N IH 35E Desoto TX 75115				
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%; 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 County Commissioner D</td> <td style="width:20%; border:none;">Office held County Commissioner</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner D
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner D	Office held County Commissioner		

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: 4	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)			
4 Date 01/15/2020	5 Payee name Evans Engraving and Stamping				
6 Amount (\$) \$756.00	7 Payee address; City; State; Zip Code 208 South 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 01/16/2020	Payee name US Postal Service				
Amount (\$) \$39.50	Payee address; City; State; Zip Code 401 Tom Landry Highway Dallas TX 75260				
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 01/17/2020	Payee name Jesse Hornbuckle				
Amount (\$) \$250.00	Payee address; City; State; Zip Code 214 S Tyler Dallas TX 75208				
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%; 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 County Commissioner D</td> <td style="width:20%; border:none;">Office held County Commissioner</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner D
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner D	Office held County Commissioner		

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: 4	2 FILER NAME John W Price	3 Filer ID (Ethics Commission Filers)			
4 Date 01/24/2020	5 Payee name Akilah Jackson				
6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 549 Missionary Ridge Desoto TX 75115				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor	(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 County Commissioner D</td> <td style="width:20%; border:none;">Office held County Commissior</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner D
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner D	Office held County Commissior		
Date 01/29/2020	Payee name Lester Car Auto Stereo				
Amount (\$) \$900.00	Payee address; City; State; Zip Code 1106 Explorer Stree Duncanville TX 75137				
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 County Commissioner D</td> <td style="width:20%; border:none;">Office held County Commissior</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner D
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name John Price	Office sought County Commissioner D	Office held County Commissior		
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: 3	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 01/28/2020	6 Payee name Shell Oil	
7 Amount (\$) \$56.23	8 Payee address; City; State; Zip Code 710 W Pleasant Run Rd Lancaster TX 74134	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CreditCardPayment	(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 County Commissioner Dist
		Office held County Commissior
Date 01/29/2020	Payee name Shell Gas Station	
Amount (\$) \$56.70	Payee address; City; State; Zip Code 710 W Pleasant Run Rd Lancaster TX 75134	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CreditCardPayment	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 County Commissioner Dis
		Office held County Commissior

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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: 3	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 01/28/2020	6 Payee name US Postal Service	
7 Amount (\$) \$250.00	8 Payee address; City; State; Zip Code 401 Tom Landry Highway Dallas TX 75260	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CreditCardPayment	(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 County Commissioner Dist
		Office held County Commissior
Date 01/28/2020	Payee name Quik Trip Desoto	
Amount (\$) \$49.86	Payee address; City; State; Zip Code 1235 Beltline Road Desoto TX 75115	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CreditCardPayment	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 County Commissioner Dis
		Office held County Commissior

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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: 3	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 01/29/2020	6 Payee name Quik Trip Desoto	
7 Amount (\$) \$55.00	8 Payee address; City; State; Zip Code 1235 Beltline Road Desoto TX 75115	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CreditCardPayment	(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 County Commissioner Dist
		Office held County Commissior
Date 01/29/2020	Payee name Tom Thumb Fuel	
Amount (\$) \$73.22	Payee address; City; State; Zip Code 214 E Pleasant Run Road Desoto TX 75115	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CreditCardPayment	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 County Commissioner Dis
		Office held County Commissior

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