

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 10																				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:40%; font-size: small;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">John</td> <td style="text-align: center;">W</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Price</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		John	W	NICKNAME	LAST	SUFFIX		Price		<b>OFFICE USE ONLY</b>									
MS / MRS / MR	FIRST	MI																					
	John	W																					
NICKNAME	LAST	SUFFIX																					
	Price																						
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:25%; font-size: small;">APT / SUITE #;</td> <td style="width:25%; font-size: small;">CITY;</td> <td style="width:25%; font-size: small;">STATE;</td> <td style="width:20%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>P. O. Box 224725</td> <td style="text-align: center;">Dallas</td> <td style="text-align: center;">TX</td> <td style="text-align: center;">75222</td> <td></td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P. O. Box 224725	Dallas	TX	75222		Date Received											
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																			
P. O. Box 224725	Dallas	TX	75222																				
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">AREA CODE</td> <td style="width:40%; font-size: small;">PHONE NUMBER</td> <td style="width:35%; font-size: small;">EXTENSION</td> </tr> <tr> <td style="text-align: center;">(469 )</td> <td style="text-align: center;">658-7140</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(469 )	658-7140		Date Hand-delivered or Date Postmarked															
AREA CODE	PHONE NUMBER	EXTENSION																					
(469 )	658-7140																						
<b>6</b> CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:40%; font-size: small;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">Zan</td> <td style="text-align: center;">W</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Holmes, Jr.</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Zan	W	NICKNAME	LAST	SUFFIX		Holmes, Jr.		Receipt #	Amount \$								
MS / MRS / MR	FIRST	MI																					
	Zan	W																					
NICKNAME	LAST	SUFFIX																					
	Holmes, Jr.																						
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:15%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>510 East Fifth Street</td> <td></td> <td style="text-align: center;">Dallas</td> <td style="text-align: center;">TX</td> <td style="text-align: center;">75203</td> </tr> </table>				STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	510 East Fifth Street		Dallas	TX	75203									
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<b>9</b> REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><input type="checkbox"/> January 15</td> <td style="width:20%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:20%;"><input type="checkbox"/> Runoff</td> <td style="width:20%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>				<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)											
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<b>10</b> PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:15%; font-size: small;">Year</td> <td style="width:20%;"></td> <td style="width:25%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:15%; font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">/ 01</td> <td style="text-align: center;">/ 2020</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">10</td> <td style="text-align: center;">/ 05</td> <td style="text-align: center;">/ 2020</td> </tr> </table>				Month	Day	Year		Month	Day	Year	07	/ 01	/ 2020	THROUGH	10	/ 05	/ 2020					
Month	Day	Year		Month	Day	Year																	
07	/ 01	/ 2020	THROUGH	10	/ 05	/ 2020																	
<b>11</b> ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td style="font-size: small;"><input type="checkbox"/> Primary</td> <td style="font-size: small;"><input type="checkbox"/> Runoff</td> <td style="font-size: small;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">/ 03</td> <td style="text-align: center;">/ 2020</td> <td style="font-size: small;"><input checked="" type="checkbox"/> General</td> <td style="font-size: small;"><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	11	/ 03	/ 2020	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special					
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11	/ 03	/ 2020	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																			
<b>12</b> OFFICE	OFFICE HELD (if any) County Commissioner-District #3	<b>13</b> OFFICE SOUGHT (if known) County Commissioner-District #3																					

**GO TO PAGE 2**



# 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	\$22,250.00
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	\$12,068.65
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 type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0.00
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: 3
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 08/27/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FirstCash, Inc. Multi-Candidate PAC <hr/> 6 Contributor address; City; State; Zip Code 1600 W. 7th Street Fort Worth TX 76102	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) PAC		9 Employer (See Instructions)
Date 08/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Quesada, PC <hr/> Contributor address; City; State; Zip Code 3811 Turtle Creek Blvd., Dallas TX 75218 Suite 1400	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Heller <hr/> Contributor address; City; State; Zip Code 13806 Wooded Creek Dr. Farmers TX 75244 Branch	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Sheperd <hr/> Contributor address; City; State; Zip Code P. O, Box 70851 Dallas TX 75370	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.		<b>1</b> Total pages Schedule A1: 3
<b>2</b> FILER NAME John W Price		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/08/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Tillotson <hr/> <b>6</b> Contributor address; City; State; Zip Code 1807 Ross Avenue, Suite 325 Dallas TX 75201	<b>7</b> Amount of contribution (\$) \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 07/08/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Baron and Blue <hr/> <b>Contributor address; City; State; Zip Code</b> 25 Highland Park Village, Ste Dallas TX 75205 100-772	<b>Amount of contribution (\$)</b> \$5,000.00
<b>Principal occupation / Job title (See Instructions)</b> President		<b>Employer (See Instructions)</b> Self
<b>Date</b> 09/06/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Broadus <hr/> <b>Contributor address; City; State; Zip Code</b> 3335 SeEVERS Ave Dallas TX 75216	<b>Amount of contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> DCCCD		<b>Employer (See Instructions)</b> DCCCD
<b>Date</b> 09/16/2020	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickey East <hr/> <b>Contributor address; City; State; Zip Code</b> PO Box 803615 Dallas TX 75380	<b>Amount of contribution (\$)</b> \$300.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME John W Price		3 Filer ID (Ethics Commission Filers)
4 Date 09/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Afisu Olabimtan <hr/> 6 Contributor address; City; State; Zip Code 74 Buck Trail Sadler TX 76264	7 Amount of contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Henry <hr/> Contributor address; City; State; Zip Code 105 Pecan Lane Oak Leaf TX 75154	Amount of contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifton E. Miller <hr/> Contributor address; City; State; Zip Code 30 Meadowbrook Lane Trophy Club TX 76262	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Self Employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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	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.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME John W Price	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/01/2020	<b>5</b> Payee name MMS Company AD Specialties, LLC	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 217 North I-35E Desoto TX 75115	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 07/10/2020	Payee name Alana Collins	
Amount (\$) \$471.90	Payee address; City; State; Zip Code 1401 N Hampton Desoto TX 75115	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 07/16/2020	Payee name Alana Collins	
Amount (\$) \$337.88	Payee address; City; State; Zip Code 1401 N Hampton Desoto TX 75115	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> 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			

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<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME John W Price	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/24/2020	<b>5</b> Payee name Alana Collins	
<b>6</b> Amount (\$) \$473.14	<b>7</b> Payee address; City; State; Zip Code 1401 N Hampton Desoto TX 75115	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 08/20/2020	Payee name Alana Collins	
Amount (\$) \$1,019.57	Payee address; City; State; Zip Code 1401 N Hampton Desoto TX 75115	
<b>PURPOSE OF EXPENDITURE</b>	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
	Candidate / Officeholder name Office sought Office held	
Date 08/22/2020	Payee name MMS Company AD Specialties, LLC	
Amount (\$) \$2,800.00	Payee address; City; State; Zip Code 217 North I-35E Desoto TX 75115	
<b>PURPOSE OF EXPENDITURE</b>	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
	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
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<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME John W Price	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/01/2020	<b>5</b> Payee name Alana Collins	
<b>6</b> Amount (\$) \$466.16	<b>7</b> Payee address; City; State; Zip Code 1401 N Hampton Desoto TX 75115	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) SalariesWagesContractLabor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 09/25/2020	Payee name Dallas County Democratic Party	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 1401 N Washington Dallas TX 75204	
<b>PURPOSE OF EXPENDITURE</b>	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 09/01/2020	Payee name MMS Company AD Specialties, LLC	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 217 North I-35E Desoto TX 75115	
<b>PURPOSE OF EXPENDITURE</b>	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
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
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<b>4</b> Date 10/01/2020	<b>5</b> Payee name MMS Company AD Specialties, LLC	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 217 North I-35E Desoto TX 75115	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Amount (\$)	Payee address; City; State; Zip Code	
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<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> 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