

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT CITY SECRETARY

## FORM C/OH COVER SHEET PG 1

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

**1 ACCOUNT #**  
(Ethics Commission filers)  
00000002

**2 PAGE #**  
1 of 40

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR

FIRST

MI

Betsy

NICKNAME

LAST

SUFFIX

Price

**OFFICE USE ONLY**

Date Received

RECEIVED

JUL 15 2011

Date Hand Delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P O Box 100066  
Fort Worth, TX 76185

Change of Address

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR

FIRST

MI

Alice

NICKNAME

LAST

SUFFIX

Puente

**6 CAMPAIGN TREASURER ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

3824 Bellaire Cir  
Fort Worth, TX 76109

**7 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION

(817) 207-8643

**8 REPORT TYPE**

- January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)
- July 15     8th day before election     Exceeded \$500 limit     Final report (Attach C/OH - FR)

**9 PERIOD COVERED**

Month Day Year THROUGH Month Day Year

06/09/2011

06/30/2011

**10 ELECTION**

ELECTION DATE  
Month Day Year

ELECTION TYPE

- Primary     Runoff     General     Special

**11 OFFICE**

OFFICE HELD (if any)  
Mayor, Fort Worth

**12 OFFICE SOUGHT (if known)**

**13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

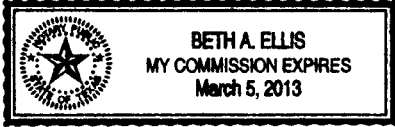
**FORM C/OH  
COVER SHEET PG 2**

<b>14 C/OH NAME</b> Price, Betsy	<b>15 ACCOUNT #</b> (Ethics Commission filers) 00000002
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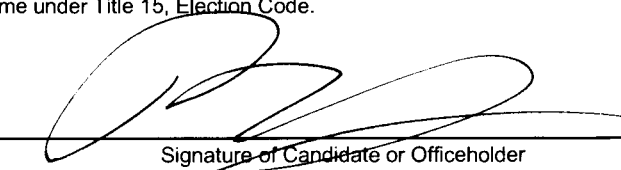
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 86,000.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 56.94
	4. TOTAL POLITICAL EXPENDITURES	\$ 220,416.43
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14,538.81
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,692.15

**18 AFFIDAVIT**

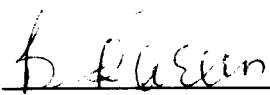


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Betsy Price, this the 14<sup>th</sup> day of July, 2011, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering oath

Beth A. Ellis

 \_\_\_\_\_  
 Print name of officer administering oath

\_\_\_\_\_  
 Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/19 Report: 3/40	
<b>2</b> FILER NAME Price, Betsy		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000002	
<b>4</b> Date  06/13/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AWM Management Trust  <b>6</b> Contributor address; City; State; Zip Code Burnett Plaza, Suite 1500, 801 Cherry Street - Unit #9 Fort Worth, TX 76102-6881	<b>7</b> Amount of contribution (\$)  \$10,000.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  06/11/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ball, Paula R.  <b>6</b> Contributor address; City; State; Zip Code 3404 Hilltop Road Fort Worth, TX 76109	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  06/13/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Caroline  <b>6</b> Contributor address; City; State; Zip Code 3233 Westcliff Road West Fort Worth, TX 76109-2131	<b>7</b> Amount of contribution (\$)  \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  06/16/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bennett, Michael  <b>6</b> Contributor address; City; State; Zip Code 2429 Rogers Avenue Fort Worth, TX 76109	<b>7</b> Amount of contribution (\$)  \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  06/18/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berry, Mike  <b>6</b> Contributor address; City; State; Zip Code 6217 Genoa Rd Fort Worth, TX 76116	<b>7</b> Amount of contribution (\$)  \$500.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/19 Report: 4/40	
2 FILER NAME Price, Betsy		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date  06/13/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blakewell, Bob  6 Contributor address; City; State; Zip Code 3450 Green Arbor Court Fort Worth, TX 76109	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  06/16/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BNSF RAILPAC  Contributor address; City; State; Zip Code P.O. Box 961039 Fort Worth, TX 76161-0039	Amount of contribution (\$)  \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boswell, Edith A.  Contributor address; City; State; Zip Code 1320 Lake Street Fort Worth, TX 76102	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Browder, Betsy Dearing  Contributor address; City; State; Zip Code 203 Highland Drive Aledo, TX 76008	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christie, Lee F.  Contributor address; City; State; Zip Code 306 W. 7th Street, Suite 901 Fort Worth, TX 76109	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/19 Report: 5/40	
2 FILER NAME Price, Betsy		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 06/16/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cochran, Curtis T. ..... 6 Contributor address; City; State; Zip Code 4159 Inman Ct Fort Worth, TX 76109	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coffey, Debra ..... Contributor address; City; State; Zip Code 5532 Rocky Creek Park Road Fort Worth, TX 76036-2061	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Conatser, Jerry ..... Contributor address; City; State; Zip Code P.O. Box 15302 Fort Worth, TX 76119	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Conley, Patrick D. ..... Contributor address; City; State; Zip Code P.O. Box 17083 Fort Worth, TX 76102-0083	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Conservative Voters Forum ..... Contributor address; City; State; Zip Code 3501 Elm Creek Court Fort Worth, TX 76109	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/19 Report: 6/40	
2 FILER NAME Price, Betsy		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date  06/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Costello, Michael  6 Contributor address; City; State; Zip Code 4 Parkway Court Trophy Club, TX 76262	7 Amount of contribution (\$)  \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  06/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cunningham, D'Aun  Contributor address; City; State; Zip Code 4719 Ranch View Road Fort Worth, TX 76109	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darr, Tom  Contributor address; City; State; Zip Code 5655 Woodway Drive Fort Worth, TX 76133-2957	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/16/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davenport, Arlie Jr.  Contributor address; City; State; Zip Code 4070 Clarke Fort Worth, TX 76107	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/16/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Gilbert D. Jr.  Contributor address; City; State; Zip Code 3616 Norfolk Rd Fort Worth, TX 76109	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/19 Report: 7/40	
2 FILER NAME Price, Betsy		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date  06/14/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diano, Betty Kieb  6 Contributor address; City; State; Zip Code 6351 Montego Court Fort Worth, TX 76116-1628	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  06/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Distefano, Alfred  Contributor address; City; State; Zip Code 8433 Meadowbrook Drive Fort Worth, TX 76120	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Durant, Tom  Contributor address; City; State; Zip Code P.O. Box 1717 Grapevine, TX 76099	Amount of contribution (\$)  \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fegan, Nancy  Contributor address; City; State; Zip Code 1303 Bellefonte Colleyville, TX 76034	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Reform Club PAC  Contributor address; City; State; Zip Code P.O. Box 1681 Fort Worth, TX 76101	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 6/19 Report: 8/40

**2** FILER NAME Price, Betsy

**3** ACCOUNT # (Ethics Commission filers)  
00000002

**4** Date  
06/15/2011

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Fort Worth Roundtable, LLC

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

**6** Contributor address; City; State; Zip Code  
101 Summit Avenue, Suite 208  
Fort Worth, TX 76102

\$500.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date  
06/13/2011

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Fox, Karen Vermaire

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
6801 Briarwood Drive  
Fort Worth, TX 76132

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/22/2011

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Freese and Nichols PAC

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
4055 International Plaza, Suite 200  
Fort Worth, TX 76109

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/14/2011

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Gachman, Arnold

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1229 Shady Oaks Lane  
Fort Worth, TX 76107

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
06/11/2011

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Garrett, David E.

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
207 Mountain View Drive  
Bedford, TX 76021-4173

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 7/19 Report: 9/40

**2** FILER NAME Price, Betsy

**3** ACCOUNT # (Ethics Commission filers)  
00000002

**4** Date  
  
06/15/2011

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Gearhart, Marvin

**6** Contributor address; City; State; Zip Code  
8805 Forum Way  
Fort Worth, TX 76140

**7** Amount of contribution (\$)  
  
\$200.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Good Government Fund

06/13/2011

Contributor address; City; State; Zip Code  
201 Main Street, Suite 2500  
Fort Worth, TX 76102

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

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Good Government Fund

06/16/2011

Contributor address; City; State; Zip Code  
201 Main Street, Suite 2500  
Fort Worth, TX 76102

Amount of contribution (\$)  
  
\$10,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Graham, Jane

06/22/2011

Contributor address; City; State; Zip Code  
6411 Colonial Drive  
Granbury, TX 76049-4118

Amount of contribution (\$)  
  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Grant, John III

06/15/2011

Contributor address; City; State; Zip Code  
3244 Hemphill  
Fort Worth, TX 76110

Amount of contribution (\$)  
  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 8/19 Report: 10/40	
<b>2 FILER NAME</b> Price, Betsy		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000002	
<b>4 Date</b>  06/16/2011	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Harman, Judith  <b>6 Contributor address; City; State; Zip Code</b> 2222 Winton Terrace E. Fort Worth, TX 76109	<b>7 Amount of contribution (\$)</b>  \$100.00	<b>8 In-kind contribution description (if applicable)</b>    <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
Date  06/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hill, Lyda  Contributor address; City; State; Zip Code 2001 Ross Avenue, Suite 4600 Dallas, TX 75201	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)    <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hodges, L. Allen III  Contributor address; City; State; Zip Code 306 West 7th Street, Suite 701 Fort Worth, TX 76102-4906	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)    <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hudson, Leslie S. Jr.  Contributor address; City; State; Zip Code 410 Lillard Road, #101 Arlington, TX 76012	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)    <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunter, James F.  Contributor address; City; State; Zip Code P.O. Box 100309 Fort Worth, TX 76185-0309	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)    <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/19 Report: 11/40	
2 FILER NAME Price, Betsy		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date 06/12/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Brian H. ..... 6 Contributor address; City; State; Zip Code 3200 McCart Avenue Fort Worth, TX 76110-3630	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 06/14/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joulani, Walid ..... 6 Contributor address; City; State; Zip Code 2900 Rush Court Fort Worth, TX 76017	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 06/13/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly, Dee J. ..... 6 Contributor address; City; State; Zip Code 201 Main Street, Suite 2500 Fort Worth, TX 76102-3129	7 Amount of contribution (\$) \$4,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 06/13/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly Hart PAC ..... 6 Contributor address; City; State; Zip Code 201 Main Street, Suite 2500 Fort Worth, TX 76102	7 Amount of contribution (\$) \$5,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 06/16/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keltner, David ..... 6 Contributor address; City; State; Zip Code 5924 Cypress Point Drive Fort Worth, TX 76132	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 10/19 Report: 12/40

**2** FILER NAME Price, Betsy

**3** ACCOUNT # (Ethics Commission filers)

00000002

**4** Date

06/14/2011

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Kleberg, Scott

**6** Contributor address; City; State; Zip Code

301 Commerce Street, Suite 1300  
Fort Worth, TX 76102

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

\$250.00

**8** In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

06/11/2011

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Kypreos, Cindy

Contributor address; City; State; Zip Code

6616 Cherry Hills Drive  
Fort Worth, TX 76132

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/11/2011

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Kypreos, Nick

Contributor address; City; State; Zip Code

6616 Cherry Hills Drive  
Fort Worth, TX 76132

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/16/2011

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Lancaster, Cleve

Contributor address; City; State; Zip Code

1705 Western  
Fort Worth, TX 76107

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/14/2011

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Lasater, Mollie L.

Contributor address; City; State; Zip Code

3815 Lisbon Street, Suite 203  
Fort Worth, TX 76107

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 11/19 Report: 13/40	
<b>2</b> FILER NAME Price, Betsy		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000002	
<b>4</b> Date  06/20/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leatherwood, Gary  ..... <b>6</b> Contributor address; City; State; Zip Code 3813 Lafayette Fort Worth, TX 76107	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  06/16/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Leggett Rentals LLC  ..... <b>6</b> Contributor address; City; State; Zip Code 6816-D Camp Bowie Fort Worth, TX 76116	<b>7</b> Amount of contribution (\$)  \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  06/29/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lowrance, Dan  ..... <b>6</b> Contributor address; City; State; Zip Code 4051 Modlin Avenue Fort Worth, TX 76107-1601	<b>7</b> Amount of contribution (\$)  \$500.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  06/10/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Luskey, Alan  ..... <b>6</b> Contributor address; City; State; Zip Code 4113 Lake Breeze Drive Benbrook, TX 76132	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  06/13/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCullough, P.M. (Mrs.)  ..... <b>6</b> Contributor address; City; State; Zip Code 3552 Centenary Dallas, TX 75225	<b>7</b> Amount of contribution (\$)  \$500.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/19 Report: 14/40	
2 FILER NAME Price, Betsy		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date  06/21/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Medina, Thomas  6 Contributor address; City; State; Zip Code P.O. Box 10131 Fort Worth, TX 76114-0131	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  06/16/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Melissa  Contributor address; City; State; Zip Code 2429 Rogers Avenue Fort Worth, TX 76109	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  06/16/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nader Design Group  Contributor address; City; State; Zip Code 309 W. 7th Street, Suite 920 Fort Worth, TX 76102	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  06/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Newell, David  Contributor address; City; State; Zip Code P.O. Box 101446 Fort Worth, TX 76185	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  06/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nowlin, Wade  Contributor address; City; State; Zip Code 510 Hazelwood Dr. Fort Worth, TX 76107	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 13/19 Report: 15/40	
<b>2</b> FILER NAME Price, Betsy		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000002	
<b>4</b> Date  06/16/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Brien, Mike  <b>6</b> Contributor address; City; State; Zip Code 4416 Ranch View Road Fort Worth, TX 76109	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  06/29/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Owen, Wayne  <b>6</b> Contributor address; City; State; Zip Code 8712 Overland Drive Fort Worth, TX 76179	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  06/12/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Palmarozzi, Elizabeth  <b>6</b> Contributor address; City; State; Zip Code 6745 East Park Drive Fort Worth, TX 76132	<b>7</b> Amount of contribution (\$)  \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  06/13/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Petsche, Mary K.  <b>6</b> Contributor address; City; State; Zip Code 4704 Santa Cova Court Fort Worth, TX 76126-1940	<b>7</b> Amount of contribution (\$)  \$1,000.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>4</b> Date  06/09/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pettit, David  <b>6</b> Contributor address; City; State; Zip Code 1201 Clover Lane Fort Worth, TX 76107	<b>7</b> Amount of contribution (\$)  \$250.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #  
Schedule: 14/19 Report: 16/40

**2** FILER NAME Price, Betsy

**3** ACCOUNT # (Ethics Commission filers)  
00000002

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Primeaux, Nancy

06/14/2011

**6** Contributor address; City; State; Zip Code  
9028 Green Oaks Circle  
Dallas, TX 75243

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
PSEL PAC

06/13/2011

Contributor address; City; State; Zip Code  
201 Main Street, Suite 2500  
Fort Worth, TX 76102

Amount of contribution (\$) In-kind contribution description (if applicable)

\$5,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
PSEL PAC

06/16/2011

Contributor address; City; State; Zip Code  
201 Main Street, Suite 2500  
Fort Worth, TX 76102

Amount of contribution (\$) In-kind contribution description (if applicable)

\$10,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Puente, Gina

06/30/2011

Contributor address; City; State; Zip Code  
416 E. College St.  
Grapevine, TX 76051

Amount of contribution (\$) In-kind contribution description (if applicable)

\$500.00

In-Kind: Beverages for event

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Rosenthal, James R.

06/14/2011

Contributor address; City; State; Zip Code  
3952 Thistle Lane  
Fort Worth, TX 76109

Amount of contribution (\$) In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 15/19 Report: 17/40

**2** FILER NAME Price, Betsy

**3** ACCOUNT # (Ethics Commission filers)

00000002

**4** Date

06/13/2011

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Runnion, V.G. Jr.

**6** Contributor address; City; State; Zip Code  
2713 Colonial Parkway  
Fort Worth, TX 76109-1212

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

\$50.00

**8** In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

06/14/2011

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Sands, Mike

Contributor address; City; State; Zip Code  
6387 Hilldale Court  
Fort Worth, TX 76116

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/13/2011

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Shannon, Greg D.

Contributor address; City; State; Zip Code  
3205 Tanglewood Trail  
Fort Worth, TX 76109-2015

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/16/2011

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Shivers, John

Contributor address; City; State; Zip Code  
5017 El Campo Avenue  
Fort Worth, TX 76107

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/15/2011

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Siglinger, Julie Johncox

Contributor address; City; State; Zip Code  
6421 Fernshaw Place  
Fort Worth, TX 76116-8163

Amount of  
contribution (\$)

\$125.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/19 Report: 18/40	
2 FILER NAME Price, Betsy		3 ACCOUNT # (Ethics Commission filers) 00000002	
4 Date  06/15/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Siglinger, Paul  6 Contributor address; City; State; Zip Code 6421 Fernshaw Place Fort Worth, TX 76116-8163	7 Amount of contribution (\$)  \$125.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  06/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Speed PAC  Contributor address; City; State; Zip Code 2206 Aberdeen Drive Trophy Club, TX 76262	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  06/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stevenson, John M. (Hon.)  Contributor address; City; State; Zip Code 1207 Hillcrest Street Fort Worth, TX 76107	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  06/16/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stocker, C.W. III  Contributor address; City; State; Zip Code 1223 S. Main Street Fort Worth, TX 76104	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  06/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stoneham, John A.  Contributor address; City; State; Zip Code 4285 Lomo Alto Drive Dallas, TX 75219-1540	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 17/19 Report: 19/40	
<b>2</b> FILER NAME Price, Betsy		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000002	
<b>4</b> Date  06/13/2011	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Suerte PAC  <b>6</b> Contributor address; City; State; Zip Code 201 Main Street, Suite 2500 Fort Worth, TX 76102	<b>7</b> Amount of contribution (\$)  \$2,000.00	<b>8</b> In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  06/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terry, Gary  Contributor address; City; State; Zip Code 117 Shady Lake Court Hurst, TX 76054	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  06/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Progress Fund  Contributor address; City; State; Zip Code Burnett Plaza, Suite 1500, 801 Cherry Street - Unit #9 Fort Worth, TX 76102-6881	Amount of contribution (\$)  \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  06/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vaughan, Michael S. M.D.  Contributor address; City; State; Zip Code 6108 Annandale Drive Fort Worth, TX 76132-4449	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  06/09/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vega, David  Contributor address; City; State; Zip Code 2355 Decatur Ave Fort Worth, TX 76106	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable) In-kind: Signs
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 18/19 Report: 20/40

**2** FILER NAME Price, Betsy

**3** ACCOUNT # (Ethics Commission filers)  
00000002

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
06/11/2011 Vega, David

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)  
\$1,000.00 In-Kind: Signs

**6** Contributor address; City; State; Zip Code  
2355 Decatur Ave  
Fort Worth, TX 76106

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
06/18/2011 Vega, David

Amount of contribution (\$) In-kind contribution description (if applicable)  
\$1,000.00 In-Kind: Signs

Contributor address; City; State; Zip Code  
2355 Decatur Ave  
Fort Worth, TX 76106

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
06/13/2011 Whitney, Erwin C.

Amount of contribution (\$) In-kind contribution description (if applicable)  
\$100.00

Contributor address; City; State; Zip Code  
P.O. Box 101477  
Fort Worth, TX 76185-1477

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
06/13/2011 Williams, Roger

Amount of contribution (\$) In-kind contribution description (if applicable)  
\$1,000.00

Contributor address; City; State; Zip Code  
5 Crown Road  
Weatherford, TX 76087

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
06/14/2011 Wolsey, Cindy

Amount of contribution (\$) In-kind contribution description (if applicable)  
\$50.00

Contributor address; City; State; Zip Code  
4800 Overton Hollow  
Fort Worth, TX 76109

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 19/19 Report: 21/40

**2** FILER NAME Price, Betsy

**3** ACCOUNT # (Ethics Commission filers)  
00000002

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Wolsey, Randy

**7** Amount of contribution (\$) **8** In-kind contribution description (if applicable)

06/14/2011

**6** Contributor address; City; State; Zip Code  
4800 Overton Hollow  
Fort Worth, TX 76109

\$50.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/18 Report: 23/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/13/2011	<b>5</b> Payee name Allyn Media
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<b>6</b> Amount (\$) \$65,398.86	<b>7</b> Payee address City; State; Zip Code 3232 McKinney Avenue, Suite 660 Dallas, TX 75204
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Print material and creative design services
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/14/2011	Payee name Allyn Media
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Amount (\$) \$24,046.25	Payee address City; State; Zip Code 3232 McKinney Avenue, Suite 660 Dallas, TX 75204
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Print material and creative design services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/17/2011	Payee name Allyn Media
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Amount (\$) \$6,100.00	Payee address City; State; Zip Code 3232 McKinney Avenue, Suite 660 Dallas, TX 75204
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> GOTV calls and database expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/17/2011	Payee name Allyn Media
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Amount (\$) \$1,238.07	Payee address City; State; Zip Code 3232 McKinney Avenue, Suite 660 Dallas, TX 75204
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing and postage expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 2/18 Report: 24/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/28/2011	<b>5</b> Payee name AT&T
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<b>6</b> Amount (\$) \$96.68	<b>7</b> Payee address City; State; Zip Code 2834 S. Hulen Fort Worth, TX 76109
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Telephone
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/27/2011	Payee name Atchley & Associates, LLP
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Amount (\$) \$3,994.60	Payee address City; State; Zip Code 6850 Austin Center Boulevard, Suite 180 Austin, TX 78731
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Accounting & Compliance Services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/30/2011	Payee name Booker Industries
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Amount (\$) \$38,052.15	Payee address City; State; Zip Code 5415 Maple Ave Ste 230 Dallas, TX 75235
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage for dierct mail
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/17/2011	Payee name Call-Em-All
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Amount (\$) \$66.00	Payee address City; State; Zip Code 2611 Internet Blvd Ste 120 Frisco, TX 75203
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimburse Allyn Media: voicemail line
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 3/18 Report: 25/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/11/2011	<b>5</b> Payee name Central Market
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<b>6</b> Amount (\$) \$41.89	<b>7</b> Payee address City; State; Zip Code 4651 West Freeway Ste A Fort Worth, TX 78107
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimburse Julie Johncox: Event supplies
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/17/2011	Payee name Chase Couriers
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Amount (\$) \$137.00	Payee address City; State; Zip Code 1002 N Central Expwy Ste 229 Richardson, TX 75080
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimburse Allyn Media: courier fees
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/27/2011	Payee name Constant Contact
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Amount (\$) \$97.44	Payee address City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimburse Matt Hayden: Campaign marketing expense
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/10/2011	Payee name Costco Wholesale Warehouse
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Amount (\$) \$95.91	Payee address City; State; Zip Code 5300 Overton Ridge Boulevard Fort Worth, TX 76132
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimburse Julie Johncox: Event Food and Beverage
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION Guide explains how to complete this form.

<b>1</b> PAGE # Schedule: 4/18 Report: 26/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/13/2011	<b>5</b> Payee name Costco Wholesale Warehouse
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<b>6</b> Amount (\$) \$35.48	<b>7</b> Payee address City; State; Zip Code 5300 Overton Ridge Boulevard Fort Worth, TX 76132
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Food and Beverage
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/13/2011	Payee name Costello, Morgan
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Amount (\$) \$240.00	Payee address City; State; Zip Code 2700 Premer Street Trophy Club, TX 76111
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/20/2011	Payee name Costello, Morgan
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Amount (\$) \$250.00	Payee address City; State; Zip Code 2700 Premer Street Trophy Club, TX 76111
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/14/2011	Payee name Czech Stop
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Amount (\$) \$5.95	Payee address City; State; Zip Code 105 N. College Avenue West, TX 76691
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimburse Stanford Campaigns: Meals
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 5/18 Report: 27/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/18/2011	<b>5</b> Payee name Deck, Robert
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<b>6</b> Amount (\$) \$600.00	<b>7</b> Payee address City; State; Zip Code 2839 Sandage Ave. Fort Worth, TX 76109
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Signs (Expense for loan made by Tom Price)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/17/2011	Payee name Downtown Fort Worth, Inc.
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Amount (\$) \$50.00	Payee address City; State; Zip Code 777 Taylor Street, Suite 100 Fort Worth, TX 76102
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Luncheon
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/17/2011	Payee name FAAAX
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Amount (\$) \$137.71	Payee address City; State; Zip Code 218 Mistletoe Richardson, TX 75081
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimburse Allyn Media: courier fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/13/2011	Payee name Families for Fiscal Responsibility
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Amount (\$) \$200.00	Payee address City; State; Zip Code 317 Brian Dr Keller, TX
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 6/18 Report: 28/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/30/2011	<b>5</b> Payee name FedEx Office
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<b>6</b> Amount (\$) \$6.24	<b>7</b> Payee address City; State; Zip Code 6020 Camp Bowie Blvd Fort Worth, TX 76116
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Copies
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/09/2011	Payee name Fundraising Solutions
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Amount (\$) \$5,876.00	Payee address City; State; Zip Code 1500 Jackson Street, #817 Dallas, TX 75201
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/17/2011	Payee name Fundraising Solutions
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Amount (\$) \$9,364.80	Payee address City; State; Zip Code 1500 Jackson Street, #817 Dallas, TX 75201
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/29/2011	Payee name Fundraising Solutions
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Amount (\$) \$3,903.00	Payee address City; State; Zip Code 1500 Jackson Street, #817 Dallas, TX 75201
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 7/18 Report: 29/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/10/2011	<b>5</b> Payee name Gloria's Restaurant
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<b>6</b> Amount (\$) \$70.00	<b>7</b> Payee address City; State; Zip Code 2600 W. Seventh Street, #175 Fort Worth, TX 76107
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Food and Beverage
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/13/2011	Payee name Greve, Christene
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Amount (\$) \$1,035.00	Payee address City; State; Zip Code 3708 Black Canyon Road Fort Worth, TX 76109
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/28/2011	Payee name Greve, Christene
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Amount (\$) \$745.00	Payee address City; State; Zip Code 3708 Black Canyon Road Fort Worth, TX 76109
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract Labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/13/2011	Payee name Hobby Lobby
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Amount (\$) \$94.18	Payee address City; State; Zip Code 5020 S. Hulen Street Fort Worth, TX 76132
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimburse Christene Greve: Supplies for event
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 8/18 Report: 30/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/16/2011	<b>5</b> Payee name Hobby Lobby
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<b>6</b> Amount (\$) \$2.15	<b>7</b> Payee address City; State; Zip Code 5020 S. Hulen Street Fort Worth, TX 76132
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cards
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/18/2011	Payee name Horn, Ty
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Amount (\$) \$600.00	Payee address City; State; Zip Code 2839 Sandage Ave. Fort Worth, TX 76109
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Signs (Expense for loan made by Tom Price)
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/20/2011	Payee name Italy Pizza and Pasta
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Amount (\$) \$40.94	Payee address City; State; Zip Code 6751 Bridge St. Fort Worth, TX 76112
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Meal
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/13/2011	Payee name Jack In The Box
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Amount (\$) \$19.55	Payee address City; State; Zip Code 1001 South Freeway Fort Worth, TX 76104
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Food and Beverage
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 9/18 Report: 31/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/27/2011	<b>5</b> Payee name JP Solutions
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<b>6</b> Amount (\$) \$2,456.00	<b>7</b> Payee address City; State; Zip Code 6421 Fershaw Pl Fort Worth, TX 76116
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign management services and mileage reimbursement
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/27/2011	Payee name K2 Custom Cakes & More
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Amount (\$) \$75.00	Payee address City; State; Zip Code 3573 Westfield Avenue Fort Worth, TX 76133
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimburse Katie Price: Campaign event supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/30/2011	Payee name Lili's Bistro on Magnolia
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Amount (\$) \$2,324.79	Payee address City; State; Zip Code 1310 W Magnolia Ave Fort Worth, TX 76104
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Food and Beverage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/14/2011	Payee name McDonald's
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Amount (\$) \$2.80	Payee address City; State; Zip Code 3901 Airport Fwy Fort Worth, TX 76111
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Reimburse Stanford Campaigns: Meals
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

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

**The INSTRUCTION GUIDE explains how to complete this form.**

<b>1 PAGE #</b> Schedule: 10/18 Report: 32/40		<b>2 FILER NAME</b> Price, Betsy		<b>3 ACCOUNT # (TEC filers)</b> 00000002	
<b>4 Date</b> 06/21/2011	<b>5 Payee name</b> Michael's Restaurant				
<b>6 Amount (\$)</b> \$10,105.43	<b>7 Payee address City; State; Zip Code</b> 3413 West 7th Street Fort Worth, TX 76107-2718				
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Food/Beverage Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Event Food and Beverage		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 06/13/2011	<b>Payee name</b> NASICA Consulting Services				
<b>Amount (\$)</b> \$8,605.00	<b>Payee address City; State; Zip Code</b> P.O. Box 167621 Irving, TX 75016				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Grass Roots		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 06/20/2011	<b>Payee name</b> NASICA Consulting Services				
<b>Amount (\$)</b> \$5,790.00	<b>Payee address City; State; Zip Code</b> P.O. Box 167621 Irving, TX 75016				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Polling & Victory Bonus		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	
<b>Date</b> 06/21/2011	<b>Payee name</b> NASICA Consulting Services				
<b>Amount (\$)</b> \$8,605.00	<b>Payee address City; State; Zip Code</b> P.O. Box 167621 Irving, TX 75016				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Grass Roots		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:	



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 11/18 Report: 33/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/09/2011	<b>5</b> Payee name National American Miss
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<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address City; State; Zip Code 5821 West Sam Houston Parkway North, #100 Houston, TX 77041
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsor
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/16/2011	Payee name Office Depot
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Amount (\$) \$9.72	Payee address City; State; Zip Code 4613 Hulen, Suite B Fort Worth, TX 76132
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Supplies
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/16/2011	Payee name Party Warehouse
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Amount (\$) \$21.61	Payee address City; State; Zip Code 6550 Camp Bowie Boulevard Fort Worth, TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Supplies
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/10/2011	Payee name PIRYX INC.
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Amount (\$) \$11.25	Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 12/18 Report: 34/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/13/2011	<b>5</b> Payee name PIRYX INC.
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<b>6</b> Amount (\$) \$137.25	<b>7</b> Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/14/2011	Payee name PIRYX INC.
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Amount (\$) \$11.25	Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/15/2011	Payee name PIRYX INC.
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Amount (\$) \$20.25	Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/16/2011	Payee name PIRYX INC.
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Amount (\$) \$69.75	Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 13/18 Report: 35/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/17/2011	<b>5</b> Payee name PIRYX INC.
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<b>6</b> Amount (\$) \$11.25	<b>7</b> Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/20/2011	Payee name PIRYX INC.
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Amount (\$) \$36.00	Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/21/2011	Payee name PIRYX INC.
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Amount (\$) \$11.25	Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/22/2011	Payee name PIRYX INC.
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Amount (\$) \$54.00	Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 14/18 Report: 36/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/23/2011	<b>5</b> Payee name PIRYX INC.
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<b>6</b> Amount (\$) \$56.25	<b>7</b> Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/24/2011	Payee name PIRYX INC.
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Amount (\$) \$27.00	Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/28/2011	Payee name PIRYX INC.
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Amount (\$) \$36.00	Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/29/2011	Payee name PIRYX INC.
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Amount (\$) \$22.50	Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Transaction Fee
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 15/18 Report: 37/40	<b>2 FILER NAME</b> Price, Betsy	<b>3 ACCOUNT # (TEC filers)</b> 00000002
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<b>4 Date</b> 06/12/2011	<b>5 Payee name</b> Price, Homer
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<b>6 Amount (\$)</b> \$225.00	<b>7 Payee address City; State; Zip Code</b> 6302 Granbury Cut-Off Apt. 2206 Fort Worth, TX 76132
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor	<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Signs (Expense for loan made by Tom Price)
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 06/18/2011	<b>Payee name</b> Price, Homer
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<b>Amount (\$)</b> \$300.00	<b>Payee address City; State; Zip Code</b> 6302 Granbury Cut-Off Apt. 2206 Fort Worth, TX 76132
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Salaries/Wages/Contract Labor	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Signs (Expense for loan made by Tom Price)
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 06/14/2011	<b>Payee name</b> Stanford Campaigns
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<b>Amount (\$)</b> \$388.68	<b>Payee address City; State; Zip Code</b> 2520 Longview Street, Suite 410 Austin, TX 78705
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Solicitation/Fundraising Expense	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Research
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 06/10/2011	<b>Payee name</b> Staples
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<b>Amount (\$)</b> \$8.42	<b>Payee address City; State; Zip Code</b> 5650 Overton Ridge Boulevard Fort Worth, TX 76132
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Office Overhead/Rental Expense	<b>Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Office Supplies
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 16/18 Report: 38/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/14/2011	<b>5</b> Payee name Staples
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<b>6</b> Amount (\$) \$9.19	<b>7</b> Payee address City; State; Zip Code 1660 South University Dr Fort Worth, TX 76107
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/21/2011	Payee name Staples
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Amount (\$) \$43.28	Payee address City; State; Zip Code 5650 Overton Ridge Boulevard Fort Worth, TX 76132
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/29/2011	Payee name Staples
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Amount (\$) \$32.46	Payee address City; State; Zip Code 5650 Overton Ridge Boulevard Fort Worth, TX 76132
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/27/2011	Payee name T&B Synergy Inc.
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Amount (\$) \$2,683.00	Payee address City; State; Zip Code 6015 Harris Parkway Fort Worth, TX 76132
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Rent
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES**

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 17/18 Report: 39/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/15/2011	<b>5</b> Payee name Target
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<b>6</b> Amount (\$) \$53.52	<b>7</b> Payee address City; State; Zip Code 5700 Overton Ridge Boulevard Fort Worth, TX 76132
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Food
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/22/2011	Payee name Taylor Rental
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Amount (\$) \$617.03	Payee address City; State; Zip Code 220 University Drive Fort Worth, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign event supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/09/2011	Payee name Texans Can!
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Amount (\$) \$250.00	Payee address City; State; Zip Code 325 W. 12th Street Dallas, TX 75208
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Award Luncheon
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/09/2011	Payee name Valentine Direct Marketing, LLC
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Amount (\$) \$4,832.65	Payee address City; State; Zip Code 5415 Maple Avenue, Suite 230 Dallas, TX 75235
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 18/18 Report: 40/40	<b>2</b> FILER NAME Price, Betsy	<b>3</b> ACCOUNT # (TEC filers) 00000002
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<b>4</b> Date 06/09/2011	<b>5</b> Payee name Valentine Direct Marketing, LLC
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<b>6</b> Amount (\$) \$5,063.64	<b>7</b> Payee address City; State; Zip Code 5415 Maple Avenue, Suite 230 Dallas, TX 75235
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage
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<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/15/2011	Payee name Valentine Direct Marketing, LLC
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Amount (\$) \$3,510.63	Payee address City; State; Zip Code 5415 Maple Avenue, Suite 230 Dallas, TX 75235
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Final Mail Piece
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/15/2011	Payee name Valentine Direct Marketing, LLC
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Amount (\$) \$1,130.36	Payee address City; State; Zip Code 5415 Maple Avenue, Suite 230 Dallas, TX 75235
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising Mailing and Postage
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 06/10/2011	Payee name Wal Mart
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Amount (\$) \$21.43	Payee address City; State; Zip Code 6300 Oakmont Boulevard Fort Worth, TX 76132
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Supplies
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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