# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

1 Filer ID (Ethics Com	minain Ellan)		
T Flier ID (Ethics Comi	nission Filers)	2 Total pages filed: 43	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Betsy  NICKNAME LAST  Price	MI	Date Received  RECEIVED  AUG 5 2016
4 ORIGINAL REPORT TYPE	30th day before election 15th app	off Other (specify) eeded \$500 limit day after treasurer cointment (officeholder only)	AUG 5 AUG  CITY OF FORT WORTH  CITY SECRETARY  Date Hand-delivered or Date Postmarked  Receipt # Amount \$
5 ORIGINAL PERIOD COVERED	Month Day Year 07 / 01 / 2015 THI	Month Day Year ROUGH 12 / 31 / 2015	Date Processed  Date Imaged
on 12/21) on Sched	ing amended to report 2 exp dule F1 that were inadverto	penditures (Constant Contact cently omitted from the original of the cover sheet summary pages	al filed report and to
7 AFFIDAVIT	report is	or affirm, under penalty of perjury, true and correct.  NLY if applicable:	that this corrected
	made in 🤃	<b>ual reports:</b> I swear, or affirm, th good faith and without an intent t information contained in the repo	to mislead or to misrepre-
Notary Put My Con	report no that the re or affirm,	ports: I swear, or affirm, that I t later than the 14th business day eport as originally filed is inaccurat that any error or omission in the e in good faith.	y after the date I learned te or incomplete. I swear,
AFFIX NOTARY STAM	1P / SEAL ABOVE	Signature of Candidate or O	fficeholder
Sworn to and subscribed	d before me, by the said		S day of Augus. +
Signature of officer adm	inistering oath Printed r	HAELUS name of officer administering oath	No harry  Title of officer administering oath
Ren		Of The Campaign Finance Rep	oort Form

#### FORM C/OH **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 42 CANDIDATE / MS/MRS/MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Betsy NAME Date Received **NICKNAME** LAST **SUFFIX** Price CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE Date Hand-delivered or Date Postmarked OFFICEHOLDER PO Box 100066 MAILING Receipt # Amount **ADDRESS** Change of Address Fort Worth, TX 76185 Date Processed Date Imaged CAMPAIGN MS / MRS / MR **FIRST** MI TREASURER Alice NAME NICKNAME LAST SUFFIX Puente CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER ADDRESS** 3824 Bellaire Cir (Residence or Business) Fort Worth, TX 76109 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 817-207-8643 REPORT **TYPE** January 15 30th day before election X Runoff · 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Month Day Year Month Day Year **COVERED** 07/01/2015 **THROUGH** 12/31/2015 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Mayor **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

				2 of 42
13 C / OH NAME	Price, Betsy	14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures made by political. These expenditures may have been made without the candidate's or officend officeholders are required to report this information only if they receive n	ceholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		CAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, ARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	14,150.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	2,321.42
	4. TOTAL POLITIC	CAL EXPENDITURES	\$	59,061.12
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE	\$	364,868.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY PITING PERIOD	\$	0.00
17 AFFADAVIT	MARY J. KAYSER Notary Public, State of Comm. Expires 01-11 Notary ID 389606	f Texas -2017	to be reporte	
	Mars	Rate &	n_ ueta	day

# SUBTOTALS - C/OH COVER SHEET PG 3 3 of 42 18 FILER NAME Price, Betsy 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT

Price, B	etsy		
	JLE SUBTOTALS F SCHEDULE	SUB	TOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	14,150.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
з. 🔲	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	55,710.18
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	3,350.94
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/42 FILER NAME 3 Filer ID Price, Betsv 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/03/2015 3301 Hamilton Avenue Partners LLC \$500.00 6 Contributor address; City; State; Zip Code 777 Taylor St Ste 1126 Fort Worth, TX 76102 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/06/2015 Hardy, Cherie S \$150.00 Contributor address; City; State; Zip Code 401 W Belknap Fort Worth, TX 76196 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 11/19/2015 McClean, Robert H \$10,000.00 Contributor address; City; State; Zip Code 226 Bailey Ave Ste 106 Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/13/2015 Q PAC \$3,000.00 Contributor address; City; State; Zip Code 301 Commerce St Ste 3200 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/08/2015 Wilson, Kirk \$500.00 Contributor address; City; State; Zip Code 4418 Brookview Drive Dallas, TX 75220 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Wilson Associates

# SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Bo

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transl in District

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gilt/Awards/Memorials E Legal Services  The Instruction Guid	Expense		Expen Wage	es/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed a	above)
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	Sch: 1/31 Rpt: 5/42		Price, Betsy						L		
4	Date	<b>T</b> 5	Рауее пате			<u> </u>			_		
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6	Amount (\$)	7	Payee addres	ess; City;	State;	; Zip Co	ode				
ı	\$250.00		PO BOX 15	51272							
			ARLINGTO	DN, TX 76015							
8	PURPOSE	(a)	Category (s	See Categories listed at the	e top of this sch	iedule)	(b)	Description			
	OF EXPENDITURE		Contribution	ns/Donations Mad	de By		1	<u> </u>		ide of Texas, Complete Schedule T.	
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# SCHEDULE F1

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica		Fees Food/Beverage Ex Gift/Awards/Memo ittee Legal Services	Expense F Iorials Expense F	Polling Expense Printing Expense			Transportation Equipmen Travel in District Travel Out of District OTHER (enter a category	•
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4	Date	<b>5</b> Pa	ayee name						
	08/05/2015	TA	TCHLEY AND ASSOC	JIATES LLP					
6	Amount (\$)	7 Pay	ayee address; City;	State;	Zip Code				
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		AL	JSTIN, TX 78731						
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	Amount (\$) \$478.50	1 1	iyee address;	•	Zip Couc				
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# SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	By - G cal Committee Le	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Polling Expense Printing Expense Salaries/Wages/Co		Travel in District Travel Out of District OTHER (enter a category not listed above)
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Total pages Schedule F1: Sch: 3/31 Rpt: 7/42	Price, Betsy			3	Filer ID
4 Date	5 Payee name				
09/21/2015	CAPITAL GR	RILLE			
6 Amount (\$) \$162.67	7 Payee address 800 MAIN ST		tate; Zip Code		
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8 PURPOSE OF EXPENDITURE	(a) Category <sub>(See</sub> Food/Beveraç	e Categories listed at the top of this: age Expense		_	side of Texas. Complete Schedule T. K, officeholder living expense EAL EXPENSE
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Amount (\$) \$1,000.00	Payee address; 5500 CARUTI	s; City; Stat TH HAVEN LANE	ate; Zip Code		
	DALLAS, TX 7	75225			
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeh H	nolder name	Office sought		Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Credit Card Payment		Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services The Instruction Cuide explain	_	ense ges/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
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	DALLAS, T	X 75204			
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- CANAVIE divoce	= 11.4-4-10ffi		cought		
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 5/31 Rpt: 9/42 Price, Betsy 4 Date Payee name 10/13/2015 CRAIG GOLDMAN CAMPAIGN 6 Amount (\$) Payee address; City; State; Zip Code \$250.00 PO BOX 100039 FORT WORTH, TX 76185 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/11/2015 DEE ANDERSON CAMPAIGN Amount (\$) Payee address; State; Zip Code City; \$250.00 PO BOX 1892 FORT WORTH, TX 76101 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee CAMPAIGN CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/06/2015 DEE KELLY ALUMNI CENTER Amount (\$) Payee address; State; Zip Code City; \$500.00 2820 STADIUM DRIVE FORT WORTH, TX 76109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense MEMORIAL HONORING DEE KELLY SR. Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Advertising Expense Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Travel Out of District
OTHER (enter a category not listed above) Printing Expense
Salaries/Wages/Contract Labor Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 6/31 Rpt: 10/42 Price, Betsy 4 Date Payee name 08/26/2015 FLYING SAUCER 6 Amount (\$) 7 Payee address; City; State; Zip Code \$51.50 111 E THIRD ST FORT WORTH, TX 76102 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense CAMPAIGN MEAL EXPENSE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/28/2015 FLYING SAUCER Amount (\$) Payee address; City; State; Zip Code \$60.40 111 E THIRD ST FORT WORTH, TX 76102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN MEAL EXPENSE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/27/2015 FLYING SAUCER Amount (\$) Payee address; City; State; Zip Code \$73.54 111 E THIRD ST FORT WORTH, TX 76102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN MEAL EXPENSE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		ommittee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense F	-	nse es/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)	
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9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/O	Officeholder name	Offi	fice sought		Office held	
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	09/13/2015		FORT WC	ORTH DELTA DELTA	, DELTA				
_	Amount (\$)	r	Payee addr	•	State; 7	Zip Code			_
	\$750.00		1617 CAR	RLETON AVE					
	,								
	····		FORT WC	ORTH, TX 76107					
	PURPOSE	(a)		(See Categories listed at the top		ule) (b)	Description	=	
1	OF EXPENDITURE		Solicitation	n/Fundraising Expens	ie.			tside of Texas, Complete Schedule T. 'X, officeholder living expense	
	, , , , , , , , , , , , , , , , , , ,						FUNDRAISING		
	!								
	Complete ONLY if direct		Candidate/O	Officeholder name	Offi	ice sought		Office held	
	expenditure to benefit C/OF	<u>н</u>							
	Date		Payee name						_
	12/04/2015			ORTH PROMOTION &	k DEVELC	)PMENT I	FUND 2015		
	Amount (\$)		Payee addre	•	State; Z	Zip Code			
	\$3,500.00		PO BOX 8	3040					
l	1								
_		╂		ORTH, TX 76124					
_	PURPOSE OF			(See Categories listed at the top		le) (b)	Description	- L. G. Ladde T	
	EXPENDITURE			ons/Donations Made E e/Officeholder/Political		20	<b>-</b>	tside of Texas. Complete Schedule T. X, officeholder living expense	
	1	1	Canal	/Omcorrondon.	Comme		DONATION	, manual	
	!					_			_
	Complete ONLY if direct		Candidate/Of	fficeholder name	Offic	ce sought		Office held	
_	expenditure to benefit C/OH	1						<u> </u>	_
		_							

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Food/Beverage Expense
Gift/Awards/Memorials Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 8/31 Rpt: 12/42 Price, Betsy 4 Date Payee name 11/24/2015 FORT WORTH REPUBLICAN WOMEN State; Zip Code 6 Amount (\$) Payee address; City; \$400.00 PO BOX 101613 FORT WORTH, TX 76185 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CHRISTMAS ORNAMENTS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/24/2015 FORT WORTH REPUBLICAN WOMEN Amount (\$) Payee address; City; State; Zip Code \$160.00 PO BOX 101613 FORT WORTH, TX 76185 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **DUES EXPENDITURE** Check if Austin, TX, officeholder living expense MEMBERSHIP AND CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/02/2015 FORT WORTH ZOO Amount (\$) Pavee address: State: Zip Code City; \$500.00 1989 COLONIAL PARKWAY FORT WORTH, TX 76110 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee DONATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gilt/Awards/Memorials Expense Legal Services  The Instruction Guide expl		pense ages/Contract Labor	Travel Out of District OTHER (enter a category not listed abov	/e)
1	Total pages Schedule F1:	T <sub>2</sub> FILER NAM			·	3 Filer ID	
	Sch: 9/31 Rpt: 13/42	Price, Bets					
4	Date	5 Payee name	e				
	07/24/2015	FRISCO P	RINTING				
6	Amount (\$)	7 Payee addre	ess; City; S	State; Zip Cod	le		
	\$303.10	8585 JOH	N WESLEY DR #200				
		FRISCO, T	X 75034				
8	PURPOSE	(a) Category (	See Categories listed at the top of th	nis schedule)	(b) Description		
	OF EXPENDITURE	Printing Ex			<u> </u>	outside of Texas, Complete Schedule T. n, TX, officeholder living expense	
						PRINTNG EXPENSE	
İ					<b>O</b> ,	Timerico E	
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sough	ht	Office held	
	expenditure to benefit C/OI						
	Date	Payee name	<del></del>				
	11/24/2015	FW SWAT	CHALLENGE SHOOT				
	Amount (\$)	Payee addre	ess; City; S	State; Zip Cod	e		
	\$500.00	4827 CAM	P BOWIE BLVD				
	!						
	!	FORT WO	RTH, TX 76107				
	PURPOSE	(a) Category (s	See Categories listed at the top of thi	is schedule)	b) Description		
ļ	OF EXPENDITURE	Contribution	ns/Donations Made By		<u> </u>	outside of Texas, Complete Schedule T,	
	LAF LINDIT C	Candidate/	Officeholder/Political Co	mmittee	Check if Austin,	, TX, officeholder living expense	
	!				DONATION		
_	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sough	ht	Office held	
ı	expenditure to benefit C/OF			<del></del>		<del></del>	
<del></del>	Date	Payee name					
	09/13/2015	1 -	P. BUSH CAMPAIGN				
	Amount (\$)	Payee addre		itate; Zip Code	<del></del>	<del></del>	
	\$500.00	ŀ	GRESS AVE STE 910		-		
		AUSTIN, TX	X 78701				
—	PURPOSE		ee Categories listed at the top of this	·badula) (	b) Description		
	OF		ns/Donations Made By	s scriedule)	Check if travel o	outside of Texas. Complete Schedule T.	
	EXPENDITURE		Officeholder/Political Co	mmittee	_	TX, officeholder living expense	
				ł	CAMPAIGN (	CONTRIBUTION	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		iceholder name	Office sough	nt	Office held	
	CAPONICIO LE SELECTION DE LA CONTRACTION DEL CONTRACTION DE LA CON						

# SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	3y - cal Cr	ommittee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense Printin Salarie	•	ense jes/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		FILER NAM	1E				3	Filer ID
	Sch: 10/31 Rpt: 14/42		Price, Bets	sy					
4	Date	5	Payee name	e				_	
_	12/04/2015		GOODE C	COMPANY BARBEQU	UE				
6	Amount (\$)	7	Payee addre	ress; City;	State; Zip	Code	!		
	\$1,498.21		2422 BAR <sup>7</sup>	TLETT ST STE 1					
			HOUSTON	N, TX 77098					
8	PURPOSE	(a'		(See Categories listed at the top		(b)	) Description		
ĺ	OF EXPENDITURE		Gift/Awards	ls/Memorials Expense	e				ide of Texas, Complete Schedule T.
l	1						CAMPAIGN (		, officeholder living expense FT EXPENSE
i	1						<b>O</b> ,	<b>C</b>	T EM ENGE
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	fficeholder name	Office s	ought			Office held
_	Date	$\Box$	Payee name	a					
	12/11/2015		•	OMPANY BARBEQU	JE				
_	Amount (\$)	<u></u>	Payee addre	ess; City;	State; Zip (	Code			
	\$48.83		2422 BART	TLETT ST STE 1					
	,								
	!		HOUSTON,	J, TX 77098					
	PURPOSE	(a)	Category (S	See Categories listed at the top	of this schedule)	(b)	) Description		
	OF EXPENDITURE			s/Memorials Expense			Check if travel o		de of Texas. Complete Schedule T.
	LAFLINDITOTAL	1					<u> </u>		officeholder living expense
	1	1					CAMPAIGN C	٦١٢	I EXPENSE
_	Complete ONLY if direct	<u></u>	Candidate/Off	ficeholder name	Office so				Office held
	expenditure to benefit C/OF		zäHulua.c. o	Centituer name	Omoc sc	Juyni			Опісе пеш
_	Date	_	Davis name						
	11/19/2015		Payee name HOBBY LO						
		₩			Ctato: 7in	2-40			
•	Amount (\$) \$55.02		Payee address		State; Zip C	Joue .			
	ΨουίοΣ	1	5020 0, 110.	LEN 31					
		1	FORT WOF	RTH, TX 76132					
	PURPOSE	(a)	Category (S	See Categories listed at the top o	of this schedule)	(b)	Description		
	OF EXPENDITURE			s/Memorials Expense			Check if travel or		le of Texas. Complete Schedule T.
		i					_		officeholder living expense
	1	ı					CHKIOTIMAG	CA.	RD EXPENSE
	Complete ONLY if direct			iceholder name	Office so				Office held
	expenditure to benefit C/OH		anuiua.c	Jenoider name	Ombe se	ugin			Опісе пеій
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Consulting Expense
Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 11/31 Rpt: 15/42 Price, Betsy Date Payee name 07/08/2015 JANE NELSON CAMPAIGN 6 Amount (\$) Payee address; City: State: Zip Code \$250.00 **PO BOX 608 GRAPEVINE, TX 76099 PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee CAMPAIGN CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/11/2015 JANE NELSON CAMPAIGN State; Zip Code Payee address; City; Amount (\$) \$250.00 **PO BOX 608 GRAPEVINE, TX 76099 PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **CAMPAIGN CONTRIBUTION** Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 08/13/2015 JODY JOHNSON CAMPAIGN Amount (\$) Payee address; City; State; Zip Code \$2,500.00 PO BOX 136067 FORT WORTH, TX 76136 (b) Description PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee CAMPAIGN CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 12/31 Rpt: 16/42 Price, Betsy 4 Date Payee name 12/23/2015 JOS A BANKS CLOTHIERS 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 1540 S UNIVERSITY DR STE 104 FORT WORTH, TX 76107 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN GIFT EXPENSE Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/14/2015 JOURNEY HOME Amount (\$) Payee address; City; State: Zip Code \$500.00 2400 CYPRESS ST FORT WORTH, TX 76102 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee PEDESTRIAN NIGHT SHELTER DONATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/01/2015 JP SOLUTIONS Amount (\$) Payee address; State; Zip Code City; \$500.00 6421 FERSHAW PLACE FORT WORTH, TX 76116 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense CONTRACT LABOR Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services	Office Overhe Polling Expen Printing Exper Salaries/Wage	nse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L	· · · · · · · · · · · · · · · · · · ·	The Instruction Guide explain	ns how to comp		
1	Total pages Schedule F1:			3	Filer ID
<b> </b> _	Sch: 13/31 Rpt: 17/42	Price, Betsy			
4	Date	5 Payee name			
	07/26/2015	JP SOLUTIONS			
6	Amount (\$) \$500.00	6421 FERSHAW PLACE	ite; Zip Code		
L	·	FORT WORTH, TX 76116	· <del>· · · · · · · · · · · · · · · · · · </del>		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	ichedule) (b)	<u> </u>	ide of Texas. Complete Schedule T. , officeholder living expense BOR
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name H	Office sought		Office held
Γ	Date	Payee name			
	09/25/2015	JP SOLUTIONS			
	Amount (\$) \$500.00	Payee address; City; State 6421 FERSHAW PLACE FORT WORTH, TX 76116	te; Zip Code		
	PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b)	Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor		<b>=</b>	de of Texas, Complete Schedute T. officeholder living expense BOR
	Complete <u>QNLY</u> if direct expenditure to benefit C/OF		Office sought		Office held
	Date	Payee name			
ĺ	11/03/2015	JP SOLUTIONS			
	Amount (\$) \$500.00	Payee address; City; State 6421 FERSHAW PLACE	e; Zip Code		
		FORT WORTH, TX 76116	1/6)		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sci Salaries/Wages/Contract Labor	chedule)	<u> </u>	de of Texas. Complete Schedule T. officeholder living expense BOR
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought		Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Event Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gilt/Awards/Memorials Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Travel in District Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 14/31 Rpt: 18/42 Price, Betsy 4 Date Payee name 12/04/2015 JP SOLUTIONS 6 Amount (\$) Payee address; City; State: Zip Code \$500,00 6421 FERSHAW PLACE FORT WORTH, TX 76116 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense CONTRACT LABOR Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/31/2015 JP SOLUTIONS Amount (\$) Payee address; City; State; Zip Code \$500.00 6421 FERSHAW PLACE FORT WORTH, TX 76116 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense CONTRACT LABOR Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/21/2015 JP SOLUTIONS Payee address; Amount (\$) City; State; Zip Code \$500.00 6422 FERSHAW PLACE FORT WORTH, TX 76116 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense CONTRACT LABOR Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Event Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Travel Out of District
OTHER (enter a category not listed above) Contributions/ Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 15/31 Rpt: 19/42 Price, Betsy 4 Date Рауее пате 10/21/2015 KONA GRILL 6 Amount (\$) Payee address; City; State; Zip Code \$35.66 3028 CRICKETT ST FORT WORTH, TX 76107 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN MEAL EXPENSE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/22/2015 LAMERS, JASON State; Zip Code Amount (\$) Payee address; City; 1712 JENSON ROAD \$300.00 FORT WORTH, TX 76112 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense CONTRACT LABOR Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/08/2015 LAMERS, JASON Payee address; Amount (\$) State; Zip Code City; \$300.00 1712 JENSON ROAD FORT WORTH, TX 76112 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **CONTRACT LABOR** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 16/31 Rpt: 20/42 Price, Betsy 4 Date Payee name 08/05/2015 LAMERS, JASON 6 Amount (\$) Payee address; City; State; Zip Code \$300.00 1712 JENSON ROAD FORT WORTH, TX 76112 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense CONTRACT LABOR Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/22/2015 LAMERS, JASON Amount (\$) Payee address; City; State; Zip Code \$300.00 1712 JENSON ROAD FORT WORTH, TX 76112 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense CONTRACT LABOR Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/04/2015 LAMERS, JASON Payee address; Amount (\$) City; State; Zip Code \$300.00 1712 JENSON ROAD FORT WORTH, TX 76112 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense CONTRACT LABOR Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expen Printing Exper		Transportation Equipment & Related Expe Travel in District Travel Out of District OTHER (enter a category not listed above	
	Credit Card Payment		The Instruction Guide explains	s how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID	
	Sch: 17/31 Rpt: 21/42	Price, Bets	<sub>Б</sub> у				
4	Date	5 Payee name	Э				
	11/19/2015	LONE STA	AR FILM SOCIETY				
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Code			
	\$250.00	1400 EVE	RMAN PKWY #167				
		FORT WO	RTH, TX 76140				
8	PURPOSE		See Categories listed at the top of this so	hadula) (b)	Description		
	OF		ons/Donations Made By	nedule) (**	_	utside of Texas. Complete Schedule T.	
	EXPENDITURE		Officeholder/Political Comr	mittee	L	TX, officeholder living expense	
					DONATION		
9	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office sought		Office held	
	experiulture to beriefit C/O		<u> </u>				
	Date	Payee name	)				
	12/15/2015	MAYS MEI	DIA GROUP				
	Amount (\$)	Payee addre	ess; City; State	e; Zip Code			
	\$6,965.68	312 CREE	KWOOD DRIVE				
		SUNNYVA	LE, TX 75182				
	PURPOSE	(a) Category (5	See Categories listed at the top of this sc	hedule) (b)	Description		
	OF EXPENDITURE	Printing Ex		,	<u> </u>	utside of Texas. Complete Schedule T.	
	EXI ENDITORE			- 1		TX, officeholder living expense HRISTMAS CARD	
					PRINTING CF	IKISTIWAS CARD	
	Complete ONII V if direct	Condidate/Off	Sachalder name	Office sought		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ficeholder name	Onice Sought		Office field	
					·		
	Date	Payee name					
	11/04/2015	PALM RES					
	Amount (\$)	Payee addre		e; Zip Code			
	\$162.17	140 5TH A\	VE S				
		NASHVILL	E, TN 37201				
	PURPOSE	(a) Category (S	ee Categories listed at the top of this sch	hedule) (b)	Description		
	OF EXPENDITURE	Food/Bever	rage Expense			utside of Texas, Complete Schedule T.	
						TX, officeholder living expense	
	,				CAMI AIGIN IVI	EAL LAI ENGL	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sought		Office held	
	Complete ONLY if direct expenditure to benefit C/OF		centiquer name (	onice sought		Office field	
	·			· · · · · · · · · · · · · · · · · · ·	<del></del> _		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exper Printing Expe		T T	ransportation Equipment & Retated Expense ravel in District ravel Out of District ITHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide explain	ns how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER N	IAME			3 F	iler ID
	Sch: 18/31 Rpt: 22/42	Price, E	Betsy				
4	Date	5 Payee n	ame				
	11/24/2015	PASCA	L ATHLETIC BOOSTER CLU	JB			
6	Amount (\$)	7 Payee a	ddress; City; Sta	te; Zip Code	i		
	\$250.00	2554 B	OYD AVE				
		]					
		FORT \	WORTH, TX 76109				
Ļ	RUDDOCE		<del> </del>	1/6	\ Description		
8	PURPOSE OF		/ (See Categories listed at the top of this sutions/Donations Made By	schedule)	Description Check if travel of	outside	of Texas. Complete Schedule T.
	EXPENDITURE		ate/Officeholder/Political Com	ımittee	<b>=</b>		iceholder living expense
					DONATION		
9	Complete ONLY if direct		/Officeholder name	Office sough	i .		Office held
	expenditure to benefit C/O	Н					
_	Date	Payee n	ame				
	12/04/2015	1 1	L ATHLETIC BOOSTER CLU	JB			
	Amount (\$)	Payee a	ddress; City; Sta	te; Zip Code	<u></u>		
	\$250.00	1 -	DYD AVE	, <u>,</u>			
	42000	20012					
		FORT \	VORTH, TX 76109				
	PURPOSE	(a) Category	(See Categories listed at the top of this s	schedule) (b)	Description		
	OF EXPENDITURE		utions/Donations Made By		_		of Texas. Complete Schedule T.
		Candida	ate/Officeholder/Political Com	mittee	DONATION	TX, off	ceholder living expense
					DONATION		
	O L L ONI V if disease	0	1045 - It - I	Office sought			Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		/Officeholder name	Office sought			Office field
	·				<del> </del>		
	Date	Payee na					
	12/04/2015		R BREAKFAST	·			
	Amount (\$)	Payee a	ldress; City; Stat	te; Zip Code			
	\$350.00	PO BO	( 101296				
		FORT V	VORTH, TX 76185				
	PURPOSE	(a) Category	(See Categories listed at the top of this s	chedule) (b)	Description		
	OF		itions/Donations Made By	,		outside o	of Texas. Complete Schedule T.
	EXPENDITURE	Candida	ite/Officeholder/Political Com	mittee		TX, offi	ceholder living expense
					DONATION		
	Complete ONLY if direct		Officeholder name	Office sought			Office held
	expenditure to benefit C/OF	T					

#### SCHEDULE F1

Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe e Printing Expe Salaries/Waç	pense ages/Contract Labor	Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed a	
L	<u>, , , , , , , , , , , , , , , , , , , </u>		The Instruction Guide ex	plains how to com	plete this form.	·	
1	Total pages Schedule F1:				1	3 Filer ID	
L	Sch: 19/31 Rpt: 23/42	<del> </del>				<u> </u>	
4		5 Payee name					
Ļ	07/08/2015	PRICE, BE		=: 0-1			
6	Amount (\$)	7 Payee addr	•	State; Zip Code	е		
	\$73.95	33809 201	IMMERCREST				
		FORT WC	ORTH, TX 76109				
8	PURPOSE OF	1	(See Categories listed at the top of	, , ,	b) Description		
	EXPENDITURE	Loan Repa	ayment/Reimbursement		<u> </u>	outside of Texas, Complete Schedule T.  , TX, officeholder living expense	
	I					G REIMBURSEMENT FOR (	CAMPAIGN
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office sough	nt	Office held	
_	Date	Payee name	e				
	07/13/2015	PRICE, BE	ETSY				
	Amount (\$)	Payee addre	ress; City;	State; Zip Code	e		,
	\$865.73	33809 SUI	MMERCREST				
		FORT WO	DRTH, TX 76109				
_	PURPOSE OF		See Categories listed at the top of t	, i	b) Description		
	OF EXPENDITURE	Loan Repa	ayment/Reimbursement	:	<b>=</b>	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
					<u></u>	, 12, officenoider living expense G REIMBURSEMENT FOR (	CAMPAIGN
		1			EXPENSES	• • • • • • • • • • • • • • • • • • • •	-
	Complete ONLY if direct expenditure to benefit C/OF		fficeholder name	Office sough	ıt	Office held	
	Date	Payee name	e			-	
	07/26/2015	PRICE, BE					
	Amount (\$)	Payee addre	ess; City; S	State; Zip Code	٠		
	\$497.43	33809 SUN	MMERCREST				
		1					
		FORT WO	RTH, TX 76109				
	PURPOSE	(a) Category (	See Categories listed at the top of the	his schedule) (b	Description		
	OF EXPENDITURE		ayment/Reimbursement		<b>=</b>	outside of Texas. Complete Schedule T.	
		l			_	TX, officeholder living expense  3 REIMBURSEMENT FOR C	`AMPAIGN
	1	Í			EXPENSES	) KENVIDOROLINERT I S	MIVII THE
	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sought		Office held	
	expenditure to benefit C/OH					<b>-</b>	
_							

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		ommiltee	Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (	ds Expense		ense ages/	Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	T2	FII FR NAM						3	Filer ID
-	Sch: 20/31 Rpt: 24/42	-	Price, Bets							
4	Date	5	•	<u> </u>				-	<u> </u>	
Ī	08/05/2015	ľ	Payee nam PRICE, BI							
Ļ	Amount (\$)	<del> </del> 7			Stato	; Zip Cod	lo.			
ľ	\$136.83	ľ	=	MMERCREST	State	, Zip Cou				
	Ψ130.03	i	33303 30	MINICINONEST						
			FORT WO	ORTH, TX 76109	1					
8	PURPOSE	(a	<b>)</b> Category (	See Categories listed a	the top of this sch	edule) (	<b>b</b> ) [	Description		
ľ	OF EXPENDITURE		Loan Repa	ayment/Reimbur	sement	]	Ļ			ide of Texas. Complete Schedule T. , officeholder living expense
						İ	L	_		REIMBURSEMENT FOR CAMPAIGI
								EXPENSES	•	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	fficeholder name	C	Office soug	ht			Office held
-	Data	Т		<del></del>				<del></del>		
	Date 08/05/2015		Payee name							
		┞			Ctata	Zin Cod				
	Amount (\$) \$240.57		Payee addr	ess; City; MMERCREST	State;	Zip Cod	е			
	<b>Φ240.5</b> 7		33009 301	VIIVIERCREST						
			FORT WO	RTH, TX 76109						
	PURPOSE	(a)	Category (	See Categories listed at	the top of this sch	edule) (	p) [	Description		
	OF EXPENDITURE		Loan Repa	ayment/Reimbur	sement			<b>=</b>		de of Texas. Complete Schedule T.
						ł	L	_		officeholder living expense REIMBURSEMENT FOR CAMPAIGN
								EXPENSES	•	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	C	Office sough	nt			Office held
	experience to belief or or							<b></b>		
	Date		Payee name	e						
	12/10/2015		PRICE, BE	TSY						
	Amount (\$)		Payee addre	ess; City;	State;	Zip Code	е			
	\$1,536.45		33809 SUN	MMERCREST						
			FORT WO	RTH, TX 76109						
	PURPOSE	(a)	Category (s	See Categories listed at	the top of this sche	dule) (t	o) D	Description		
	OF EXPENDITURE			yment/Reimbur		Jaule,	Ē	_	outsic	te of Texas. Complete Schedule T.
	EXPENDITURE		•	-		1				officeholder living expense
								SCHEDULE ( EXPENSES	G R	EIMBURSEMENT FOR CAMPAIGN
								AI LINGES		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Off	ficeholder name	0	ffice sough	ıt			Office held
	CAPCHURATE TO DEHEIR C/OF	<u> </u>								

#### SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		ie
1	Total pages Schedule F1:		
	Sch: 21/31 Rpt: 25/42	Price, Betsy	
4	Date	5 Payee name	
	07/08/2015	RING CENTRAL INC	
6	Amount (\$) \$35.85	7 Payee address; City; State; Zip Code 20 DAVIS DR BELMONT, CA 74002	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  CAMPAIGN PHONE LINE	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	08/10/2015	RING CENTRAL INC	
	Amount (\$) \$35.85	Payee address; City; State; Zip Code 20 DAVIS DR BELMONT, CA 74002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense  CAMPAIGN PHONE LINE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/08/2015	RING CENTRAL INC	
	Amount (\$) \$35.85	Payee address; City; State; Zip Code 20 DAVIS DR	
		BELMONT, CA 74002	
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  CAMPAIGN PHONE LINE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 22/31 Rpt: 26/42 Price, Betsy Date Payee name 10/08/2015 RING CENTRAL INC 6 Amount (\$) Payee address; State; Zip Code City: \$35.70 20 DAVIS DR BELMONT, CA 74002 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN PHONE LINE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/09/2015 RING CENTRAL INC Amount (\$) Payee address; State; Zip Code \$35.69 20 DAVIS DR BELMONT, CA 74002 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN PHONE LINE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/08/2015 RING CENTRAL INC Amount (\$) Payee address; City; State; Zip Code \$35.85 20 DAVIS DR BELMONT, CA 74002 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **CAMPAIGN PHONE LINE** Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

# SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politici Credit Card Payment		Event Expense Fees Food/Beverage Expens Gitt/Awards/Memorials amiltee Legal Services	e Expense	Office Overhe Polling Expen Printing Exper			Solicitation/-undraising expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
L	·		The Instruction Gu	ide explains h	ow to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	
	Sch: 23/31 Rpt: 27/42		Price, Betsy						
4	Date	5	Payee name						
	11/02/2015		ROTARY CLUB OF FORT \	WORTH					
6	Amount (\$)	7	Payee address; City;	State;	Zip Code				
	\$300.00		306 W 7TH STREET STE 7	15					
			FORT WORTH, TX 76102						
8	PURPOSE	(a)	Category (See Categories listed at th	e top of this sched	(b)	Description			
_	OF		DUES	e top or tina acrico	idic)		outside	e of Texas. Complete Schedule T.	
	EXPENDITURE							fficeholder living expense	
						MEMBERSH	IΡ		
_		<u> </u>	".   .		"			O#: L-Id	_
9	Complete ONLY if direct expenditure to benefit C/O	_	andidate/Officeholder name	Off	fice sought			Office held	
	Date		Payee name					·-	
	11/02/2015	:	SNOWBALL EXPRESS						
	Amount (\$)		Payee address; City;	State;	Zip Code			<u>-</u>	
	\$125.00		109 CEDAR BLUFF CT						
		,	ALEDO, TX 76008						
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sched	ule) (b)	Description			
	OF EXPENDITURE		Contributions/Donations Ma	de By				of Texas. Complete Schedule T.	
	EXI ENDITORE	'	Candidate/Officeholder/Polit	ical Committ	ee	Check if Austin, DONATION	TX, o	fficeholder living expense	
		l				DONATION			
	Complete ONLY if direct		andidate/Officeholder name	Off	ice sought			Office held	_
	expenditure to benefit C/OI		andidate/Officerolder frame	011	ioc sought			Cilide Heid	
_	Data			<del></del>					_
	Date 09/11/2015		Payee name SOUTHWESTERN EXPO A	ND HVEST	)CK				
		ļ				·····			
	Amount (\$)		Payee address; City; PO BOX 150	State;	Zip Code				
	\$500.00		20 POX 120						
		ı	FORT WORTH, TX 76101						
	PURPOSE	(a) (	Category (See Categories listed at the	e top of this schedu	<sub>ile)</sub> (b)	Description			
	OF EXPENDITURE		Contributions/Donations Mad			<u> </u>		of Texas. Complete Schedule T. ficeholder living expense	
			Candidate/Officeholder/Politi	cai Committ	ee	DONATION	17, 0	nceroider aving expense	
						Bornanoa			
-	Complete ONLY if direct	:۲	andidate/Officeholder name	Offi	ice sought			Office held	_
	expenditure to benefit C/OI		A TOTAL OF THE STATE OF THE STA	311	Jougni			299	
									_

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made 8 Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 24/31 Rpt: 28/42	2 FILER NAME Price, Betsy	_
4	· · · · · · · · · · · · · · · · · · ·	5 Payee name STEEL CITY POPS	_
6	Amount (\$) \$225.00	7 Payee address; City; State; Zip Code 2012 GREENVILLE AVE	
L		DALLAS, TX 75206	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  STAFF EVENT EXPENSE	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	_
	Date 11/13/2015	Payee name TACO DINER	_
	Amount (\$) \$90.50	Payee address; City; State; Zip Code  156 W 4TH ST  FORT WORTH, TX 76102	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN MEAL EXPENSE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	_
	Date 11/19/2015	Payee name TACO DINER	
	Amount (\$) \$80.20	Payee address; City; State; Zip Code 156 W 4TH ST	
		FORT WORTH, TX 76102	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  CAMPAIGN MEAL EXPENSE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H	
			_

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Expo Salaries/Wag	ense ges/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)				
L			The Instruction Guide explain	is how to com	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
1	Total pages Schedule F1:				[3	B Filer ID				
L	Sch: 25/31 Rpt: 29/42	Price, Bets	Sy							
4	Date	5 Payee name	e							
	11/20/2015	TARGET	IARGET							
6	Amount (\$)	7 Payee addr	ess; City; Stat	te; Zip Code	•					
	\$3.75	301 CARR	OLL ST.							
		FORT WO	RTH, TX 76107							
8	PURPOSE	(a) Category (	See Categories listed at the top of this s	chedule) (k	) Description					
	OF EXPENDITURE		s/Memorials Expense		<u> </u>	tside of Texas, Complete Schedule T.				
	EXPENDITURE			}	_	X, officeholder living expense				
		ļ			CHRISTMAS	CARD EXPENSE				
			<u>-                                      </u>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sough	t	Office held				
L	- CAPONICIO TO SONOM GAO									
	Date	Payee name	•							
	11/23/2015	TARGET								
	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Code	•					
	\$37.88	301 CARR	OLL ST							
		FORT WO	RTH, TX 76107							
	PURPOSE	(a) Category (s	See Categories listed at the top of this so	chedule) (b	) Description					
	OF EXPENDITURE	Gift/Award:	s/Memorials Expense		<u></u>	side of Texas. Complete Schedule T.				
	EXI ENDITORE				CAMPAIGN GI	X, officeholder living expense				
					CAMPAIGN GI	FIEAPENSE				
	Camplete ONLY if direct	Candidate/Off	iceholder name	Office sough	•	Office held				
	Complete ONLY if direct expenditure to benefit C/OI		icentitiei name	Office Sough	•	Office field				
					<del></del>					
	Date 11/23/2015	Payee name	: CITYVIEW							
	·									
	Amount (\$)	Payee addre		e; Zip Code						
	\$170.38	5700 OVE	RTON RIDGE BLVD							
		FORT WO	RTH, TX 76132							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of this so	chedule) (b	<b>Description</b>					
	EXPENDITURE	Event Expe	ense			side of Texas. Complete Schedule T. (, officeholder living expense				
				İ		IGHTS EXPENSE				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sought		Office held				
	expenditure to benefit C/OF		ocholaci name	Office addgrif	•	Office field				
	· · · · · · · · · · · · · · · · · · ·									

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		)
┞	Total pages Schedule F1:		
_	Sch: 26/31 Rpt: 30/42	Price, Betsy	
4	Date	5 Payee name	
	11/19/2015	TARRANT COUNTY COLLEGE FOUNDATION	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$1,000.00	1500 HOUSTON STREET	
		FORT WORTH, TX 76102	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	EM EMP. C.	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense	
	I	DONATION	
<u>L</u>			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  H	
	Date	Payee name	
	12/04/2015	TARRANT COUNTY REPUBLICAN PARTY	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
l	\$625.00	2405 GRAVEL ROAD	
	<b>#020.00</b>	2403 CHAVLE NOAD	
	, , , , , , , , , , , , , , , , , , ,		
		FORT WORTH, TX 76118	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas, Complete Schedule T.	
		Check if Austin, TX, officeholder living expense LINCOLN DAY DINNER CONTRIBUTION	
	!	ENVOCEMENT DIMINER CONTINUES INC.	
	C	Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
	OAPOHOLOIG IS I	·	
	Date	Payee name	
ĺ	09/13/2015	TEXANS FOR JOE STRAUS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	PO BOX 90388	
		SAN ANTONIO, TX 78209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Contributions/Donations Made By	
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		CAMPAIGN CONTRIBUTION	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		
—			
	*		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Event Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense
Travel in District Consulting Expense
Contributions/ Donations Made By Food/Beverage Expense Gilt/Awards/Memorials Expense Polling Expense Printing Expense Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 27/31 Rpt: 31/42 Price, Betsy Date Payee name TEXANS FOR KELLY HANCOCK 10/26/2015 State; Zip Code 6 Amount (\$) Payee address; City; \$250.00 PO BOX 821349 NORTH RICHLAND HILLS, TX 76182 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee CAMPAIGN CONTRIBUTION Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name TEXAS ASSOCIATION OF BLACK CITY COUNCIL MEMBERS 07/05/2015 State; Zip Code Amount (\$) Payee address; City; \$1,000.00 5132 SHARP ST DALLAS, TX 75247 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **EVENT SPONSORSHIP** Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 10/27/2015 TEXAS PEACE OFFICERS MEMORIAL RIDE State; Zip Code Amount (\$) Payee address; City; \$600.00 PO BOX 303 ENNIS, TX 75120 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Event Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **EVENT SPONSORSHIP** Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	ical Committee Legal Services Salaries/Wages/Contract Lat		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L	The Instruction Guide explains		
1 Total pages Schedule F1:	1	3	Filer ID
Sch: 28/31 Rpt: 32/42	Price, Betsy		
4 Date	5 Payee name		
11/23/2015	THE HOME DEPOT		
6 Amount (\$) \$239.32	7 Payee address; City; State 4850 SW LOOP 850	e; Zip Code	
	FORT WORTH, TX 76109		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Event Expense	Check if travel outs	side of Texas. Complete Schedule T. (, officeholder living expense GHTS EXPENSE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought	Office held
Date	Payee name		
07/15/2015	TOMLINSON'S TOUCHING LIVES FO	OUNDATION	
Amount (\$)	Payee address; City; State	e; Zip Code	
\$2,000.00	500 S MAIN		
	FORT WORTH, TX 76102	<b>T</b> :	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Event Expense	Check if travel outsi	ide of Texas, Complete Schedule T. , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office held
Date 10/06/2015	Payee name US POSTAL SERVICE		
Amount (\$) \$98.00	Payee address; City; State; TRINITY RIVER STATION 4450 OAK PARK LN FORT WORTH, TX 76107	; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this school Office Overhead/Rental Expense	Check if travel outsing Check if Austin, TX,	ide of Texas. Complete Schedule T. , officeholder living expense R POSTAGE EXPENSE
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmillee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			Expens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID
	Sch: 29/31 Rpt: 33/42		Price, Betsy	у					ļ_	
4	Date	5	Payee name	)					_	
	12/04/2015		US POSTA	AL SERVICE						
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	ode			
	\$130.00		TRINITY R	IVER STATION						
			"OPT WO	DTU TV 7640E						
<u> </u>		<del> </del>		RTH, TX 76125			T/L\			
8	PURPOSE OF	(a)		see Categories listed at the t		dule)	(b)	Description Check if travel of	outsic	ide of Texas. Complete Schedule T.
ļ	EXPENDITURE		Office Over	rhead/Rental Expe	nse			<u> </u>		officeholder living expense
								CAMPAIGN F	PO	BOX RENTAL EXPENSE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	iceholder name	Of	ffice sou	ught	,	,	Office held
	Date	Π	Payee name					<del></del>		<del></del>
	12/21/2015		•	L SERVICE						
_	Amount (\$)	十	Payee addre	ess; City;	State;	Zip Co	ode			
	\$49.00		•	IVER STATION		•				
	!		4450 OAK I	PARK LN						
	!			RTH, TX 76107						
	PURPOSE	(a)		ee Categories listed at the to	of this cohor	- da)	T(b)	Description		
	OF	\ <u>``</u>		ee Categories listed at the to head/Rental Exper		Julej	\ <u>`</u>	_ `	outsid	de of Texas. Complete Schedule T.
	EXPENDITURE		Ocs	1000011				ш		officeholder living expense
	!							OFFICEHOLE	DEF	R POSTAGE EXPENSE
		L					$oxed{oxed}$			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	iceholder name	Off	fice sou	ıght			Office held
	Date	<del></del>	Payee name							
	09/11/2015		•	WORTH SUPPOR	RT COMM	ITTEE				
	Amount (\$)	Г	Payee addres	ss; City;	State;	Zip Co	ode			
	\$1,000.00		PO BOX 24	.6						
			FORT WOF	RTH, TX 76101						
	PURPOSE	(a)	Category (Si	ee Categories listed at the to	op of this sched	iule)	(b)	Description		
	OF EXPENDITURE		DUES					<u> </u>		de of Texas. Complete Schedule T.
								MEMBERSHI		officeholder living expense
								MICINIDE (**)	•	
	Complete ONLY if direct	<u>_</u>	`andidate/Offi	ceholder name	Off	fice sou	iaht.			Office held
	expenditure to benefit C/OF	_	alluluatorom	SCHOIGE HEITIC	C	1100 000	gric			Office riciu
						<del></del>				

#### SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 30/31 Rpt: 34/42	Price, Betsy
4	Date	5 Payee name
	12/16/2015	VENDING NUT CO
6	Amount (\$) \$316.63	7 Payee address; City; State; Zip Code 2222 MONTGOMERY ST  FORT WORTH, TX 76107
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense  CAMPAIGN GIFT EXPENSE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/17/2015	WALGREENS
	Amount (\$) \$254.95	Payee address; City; State; Zip Code 4350 OAK PARK LN  FORT WORTH, TX 76109
	TURBOCE	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  CAMPAIGN GIFT EXPENSE
_	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
_	12/23/2015	WINSLOWS WINE CAFE
	Amount (\$) \$112.18	Payee address; City; State; Zip Code 4101 CAMP BOWIE
		FORT WORTH, TX 76107
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN MEAL EXPENSE
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)**

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	al Co		<sup>ces</sup> u <mark>ction Guide explains</mark> h	Salaries/Wages now to comple		OTHER (enter a category not listed abov	re)
1	Total pages Schedule F1:	2				3	Filer ID	
	Sch: 31/31 Rpt: 35/42		Price, Betsy					
4	Date 12/15/2015	5	Payee name WOMEN STEERING	G BUSINESS				
	Amount (\$) \$2,500.00		PO BOX 2223 FORT WORTH, TX	76113	Zip Code			
8	PURPOSE OF EXPENDITURE		Category (see Categorie		į	<b>—</b>	ide of Texas. Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	+	Candidate/Officeholder	name Of	ffice sought		Office held	

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Gilt/Awards/Memorials Expense Polling Expense Printing Expense Travel in District Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule G: 2 FILER NAME Sch: 1/7 Rpt: 36/42 Price, Betsy 4 Date Payee name 07/01/2015 **BILLY'S OAK ACRES BBQ** 6 Amount (\$) Payee address; City; State; Zip Code 1620 N LAS VEGAS TRL \$325.44 Reimbursement from political contributions X FORT WORTH, TX 76108 intended Check if travel outside of Texas. Complete Schedule T. R **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** CAMPAIGN MEAL EXPENSE Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name CHIPOTLE 07/21/2015 State; Zip Code Amount (\$) Payee address; City; 3050 S HULEN ST #C \$21.49 Reimbursement from political contributions intended $|\mathbf{X}|$ FORT WORTH, TX 76109 PURPOSE Description Check if travel outside of Texas, Complete Schedule T. Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** STAFF MEAL Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name **FEASTIVITIES** 07/14/2015 City; State; Zip Code Payee address; Amount (\$) \$79.29 3637 W VICKERY BLVD Reimbursement from political contributions intended Х FORT WORTH, TX 76107 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Description Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** STAFF MEAL Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Event Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Travel Out of District Printing Expense Legal Services Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule G: 2 FILER NAME Sch: 2/7 Rpt: 37/42 Price, Betsy Date 4 Payee name 08/31/2015 **FIXTURE KITCHEN** 6 Amount (\$) Payee address; City; State; Zip Code **401 WEST MAGNOLIA** \$92.94 Reimbursement from political contributions Х FORT WORTH, TX 76104 intended Check if travel outside of Texas. Complete Schedule T. **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** CITY MANAGER MEAL Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 08/31/2015 FREDS TEXAS CAFE State; Zip Code Payee address; Amount (\$) City; \$51.10 3505 BLUEBONNET CIRCLE Reimbursement from political contributions intended X FORT WORTH, TX 76109 PURPOSE Description Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** STAFF MEAL Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/08/2015 **GEPETTO PIZZAS** Payee address; State; Zip Code Amount (\$) City; \$73.95 TCU/WEST CLIFF Reimbursement from political contributions intended X FORT WORTH, TX 76109 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** CAMPAIGN MEAL EXPENSE Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Solicitation/Fundraising Expense ce Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Gilt/Awards/Memorials Expense Polling Expense Printing Expense Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID 1 Total pages Schedule G: Sch: 3/7 Rpt: 38/42 Price, Betsy 4 Date 5 Payee name 07/05/2015 JOE T GARCIA'S 6 Amount (\$) Payee address; City; State; Zip Code 2201 N COMMERCE ST \$200.00 Reimbursement from political contributions X FORT WORTH, TX 76164 . intended Check if travel outside of Texas, Complete Schedule T. 8 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** TOUR DE FORT WORTH KICK OFF Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 07/26/2015 **KENT & CO VINES** Payee address; State; Zip Code Amount (\$) City; \$136.83 1101 W MAGNOLIA AVE Reimbursement from political contributions intended FORT WORTH, TX 76104 **PURPOSE** Description Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** STAFF MEETING EXPENSE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/31/2015 KONA GRILL City; Payee address; State; Zip Code Amount (\$) \$60.20 3028 CROCKETT STREET Reimbursement from political contributions intended FORT WORTH, TX 76107 **PURPOSE** Description Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** CAMPAIGN MEAL EXPENSE Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Credit Card Payment OTHER (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule G: 2 FILER NAME Sch: 4/7 Rpt: 39/42 Price, Betsy 4 Date Payee name 08/31/2015 KONA GRILL 6 Amount (\$) Payee address; City; State; Zip Code 3028 CROCKETT STREET \$36.31 Reimbursement from political contributions Х FORT WORTH, TX 76107 intended Check if travel outside of Texas. Complete Schedule T. **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** STAFF MEAL Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/02/2015 LA FAMILIA MEXICAN RESTAURANT State; Zip Code Payee address; City; Amount (\$) 841 FOCH ST \$40.40 Reimbursement from political contributions intended FORT WORTH, TX 76107 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Description Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** CAMPAIGN MEAL EXPENSE Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 07/11/2015 LA FAMILIA MEXICAN RESTAURANT State; Zip Code Payee address; City; Amount (\$) \$56,11 841 FOCH ST Reimbursement from political contributions FORT WORTH, TX 76107 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** CAMPAIGN MEAL EXPENSE Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

# SCHEDULE ${\bf G}$

L					'			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing E			payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID	
	Sch: 5/7 Rpt: 40/42	Price, Bets	sy					
4	Date	5 Payee name	<del></del> -					
	07/15/2015	MELT ICE						
6	Amount (\$) \$214.80	7 Payee address; City; State; Zip Code 954 W ROSEDALE ST						
	Reimbursement from political contributions intended	FORT WO	RTH, TX 76104					
8	PURPOSE OF	(a) Category (s	See Categories listed at the top of	this schedule)	(b) Description	ݐ	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Event Expe	ense		EVENT MEAL E	ш	Check if Austin, TX, officeholder living expense	
		Ì						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Office	cholder name		Office sought		Office held	
	Date	Payee name	)					
	07/09/2015	MICHAELS	CUISINE					
	Amount (\$)	Payee addre		State; Zip Co	ode			
	\$93.75	3413 W 7T	ПЭІ					
	X Reimbursement from political contributions intended	FORT WO	RTH, TX 76107					
	PURPOSE	Category (s	see Categories listed at the top of t	this schedule)	Description	_	check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense			
					CAMPAIGN ME	:AL	EXPENSE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held	
	Date	Payee name						
	07/21/2015	OMNI FOR	T WORTH HOTEL					
Amount (\$)		Payee address; City; State; Zip Code						
	\$92.86	1300 HOUS	STON ST					
	X Reimbursement from political contributions intended	FORT WO	RTH, TX 76102					
	PURPOSE OF	Category (s	ee Categories listed at the top of t	his schedule)	Description	_	heck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Bever	rage Expense		LCAMBAICNIME	_	heck if Austin, TX, officeholder living expense	
					CAMPAIGN ME	AL	EXPENSE	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held	
		· · · · · · · · · · · · · · · · · · ·						

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

Sch: 6/7 Rpt: 41/42 F  4 Date	The Instruction Guide explains FILER NAME Price, Betsy Payee name OMNI FORT WORTH HOTEL	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor  thow to complete this form.  Solicitation/Fundrais Transportation Equi Travel in District OTHER (enter a cat  Filer ID	pment & Related Expense				
Sch: 6/7 Rpt: 41/42 F  4 Date	FILER NAME Price, Betsy Payee name OMNI FORT WORTH HOTEL Payee address; City; State 1300 HOUSTON ST FORT WORTH, TX 76102	3 Filer ID					
Sch: 6/7 Rpt: 41/42 F  4 Date	Price, Betsy Payee name OMNI FORT WORTH HOTEL Payee address; City; State 1300 HOUSTON ST FORT WORTH, TX 76102	; Zip Code					
07/21/2015 C  6 Amount (\$) 7 F  \$88.99 1  X Reimbursement from political contributions intended F	OMNI FORT WORTH HOTEL  Payee address; City; State  1.300 HOUSTON ST  FORT WORTH, TX 76102						
\$88.99 1  Reimbursement from political contributions intended  PURPOSE (a) C	-ORT WORTH, TX 76102						
Reimbursement from political contributions intended F	FORT WORTH, TX 76102						
	Category (See Categories listed at the top of this so						
EXPENDITURE F	Food/Beverage Expense	(b) Description Check if travel outside of Check if Austin, TX, office CAMPAIGN MEAL EXPENSE	of Texas. Complete Schedule T ceholder living expense				
Complete ONLY if direct Cand expenditure to benefit C/OH	lidate/Officeholder name	Office sought Office	e held				
Date p	Payee name						
	REATA RESTAURANT						
` '	Payee address; City; State; Zip Code						
\$1,536.45	310 HOUSTON ST.						
Reimbursement from political contributions intended	FORT WORTH, TX 76102						
ne l	Category (see Categories listed at the top of this scheod/Beverage Expense	Description Check if travel outside of Check if Austin, TX, office  STAFF CHRISTMAS DINNER	f Texas. Complete Schedule T scholder living expense				
Complete <u>ONLY</u> if direct Candlexpenditure to benefit C/OH	idate/Officeholder name	Office sought Office	e held				
Date P	ayee name						
07/10/2015 R	RIGHTEOUS FOOD						
* *	Payee address; City; State; Zip Code 3405 W 7TH ST						
Reimbursement from political contributions intended	FORT WORTH, TX 76107						
OE 1	ategory (See Categories listed at the top of this sch ood/Beverage Expense	Description Check if travel outside of Check if Auslin, TX, office	Texas. Complete Schedule T eholder living expense				
Complete ONLY if direct Candi expenditure to benefit C/OH	idate/Officeholder name	Office sought Office	e held				

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Exper Legal Services The Instruction Guide 6	Loan Ro Office C Polling t nse Printing Salaries	epayment/Reimbursement Overhead/Rental Expense Expense Expense :/Wages/Contract Labor	Transport Travel in t Travel Ou	n/Fundraising Expense alion Equipment & Related to District t of District enter a category not listed at	
1		2 FILER NAM	ΙE	explains now to t	complete this form.	3 Filer ID	·	<u>.</u>
4	Sch: 7/7 Rpt: 42/42  Date	Price, Bets 5 Payee name			<del></del>			
6	07/01/2015 Amount (\$)	THE BOTT 7 Payee addre	ТНЕ ВОТТОМ					
	\$60.25	-	3468 Blue Bonnet Cir					
	X Reimbursement from political contributions intended	Fort Worth	, TX 76109		·			
8	PURPOSE OF EXPENDITURE		See Categories listed at the loperage Expense	of this schedule)	(b) Description	Check if Austi	el outside of Texas. Comple in, TX, officeholder living ex	
					CAMPAIGN MEAL EXPENSE			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held	
					· · · · · ·			