CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction (Guide explains how to complete th	is form.		2 Total pages filed: 35
	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRS Bets		MI	OFFICE USE ONLY Date Received PM 12
	n en	NICKNAME LAS		SUFFIX	RECEIVED
	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUIT PO Box 100066	E#; CITY;	ZIP CODE ,	CITY OF FORT WORTH Receipt # CITY SECHIATABLE
	Change of Address	Fort Worth, TX 76185			Date Processed 1 WV
				" ¥	Date Imaged
	CAMPAIGN TREASURER NAME	MS / MRS / MR FIRS		MI	e.
		NICKNAME LAST		SUFFIX	
	CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX I 2737 Calder Ct	PLEASE); AP	T / SUITE #; CITY;	STATE; ZIP CODE
	(Residence or Business)	Fort Worth, TX 76107			
,	X				20 20 T
	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUI 817-207-8643	MBER EXTENSION		
	REPORT TYPE	X January 15 300	h day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
		July 15 8th	day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
	PERIOD COVERED	Month Day Year 07/01/2020	THROUGH	Month Day 12/31/2020	Year
10	ELECTION	ELECTION DATE Month Day Year	Primary General	ELECTION TYPE Runoff Special	Other
11	OFFICE	OFFICE HELD (if any) Mayor of Fort Worth		12 OFFICE SOUGHT (Mayor of Fort Wo	
	, <u>, , , , , , , , , , , , , , , , , , </u>		GO TO PAGE 2		, , , , , , , , , , , , , , , , , , ,

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

2 of 35

13 C / OH NAME	Price, Betsy			14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or officensent. Candidates and officeholders are required to report this information only if they receive n					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	*		187	
// name	GENERAL					
		COMMITTEE ADDRES	S			
	SPECIFIC					=

	_r (2 _ 1 .		DAY TO SACUED MANAGE			
		COMMITTEE CAMPAIG	ON TREASURER NAME			· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · ·			TOTACHDED ADDDE	20	,	
		COMMITTEE CAMPAIC	GN TREASURER ADDRES	5		
The state of the s						4
				pt.		-
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMI OR GUARANTEE	ZED POLITICAL CONTI ES OF LOANS, OR CON	RIBUTIONS (OTHER THAI ITRIBUTIONS MADE ELEC	N PLEDGES, LOANS, CTRONICALLY)	\$	570.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR (GUARANTEES OF LOANS	S)	\$	20,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM!	ZED POLITICAL EXPEN	NDITURES	2	\$	4,050.01
	4. TOTAL POLITICA	AL EXPENDITURES			\$	51,145.06
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE		AINTAINED AS OF THE L	AST DAY OF THE	\$	260,471.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPA OF THE REPORT		UTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFADAVIT			N =	5 8 10 5 700 0 00 10	7	
1 π σ =	N. P.					
		i swe	ear, or affirm, under penalty and correct and includes al	of perjury, that the acco	mpanying be reported	report is
	MINIMUM.	unde	er Title 15, Election Code.	, mo, madon , oquilou to		,
HILL	SAKBAUMI) =
AFFIX NE	OTAN DOLL Z					
	ARY OSTAMPO SEAL ABO					
	TO STET TE		Signature of	Candidate or Officehold	er	
AFFIX NO	190764	N/E				
AFFIX NO,	AKA OZI ABILA SEAT ABO	,		1 -	. 10	
Sworn to and subso	ribed before me, by the sa	id Betsent	tice	, this the	200	_ day
of Janear	, 20 2 , to ce	rtify which, witness my h	and and seal of office.			
Signature of office	er administering	Printed name of off	Se K. Brand ficer administering	Title of officer a	administeri	oath
Forms provided by To	cas Ethics Commission	www.ethic	cs.state.tx.us		Version	V1.1.ceffd98a

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 35
18 FILER NA Price, Be		19 Filer ID		
	E SUBTOTALS SCHEDULE		SUBTOTAL	AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	20,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	51,145.06
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	_f l.	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/13 Rpt: 4/35 3 Filer ID FILER NAME Price, Betsy 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ \$1,000.00 07/02/2020 Andrews, Paul 6 Contributor address; City; State; Zip Code 700 Jenkins Rd. Aledo, TX 76008 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$2,000.00 11/02/2020 Atwood, Joseph Contributor address; City; State; Zip Code 3411 Ainsworth Ct. Arlington, TX 76016 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$20.00 11/02/2020 Atwood, Joseph Contributor address; City; State; Zip Code 3411 Ainsworth Ct. Arlington, TX 76016 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$100.00 10/27/2020 Ballew, David Contributor address; City; State; Zip Code 10105 Oldfield Street Fort Worth, TX 76244 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date \$10.00 11/02/2020 Ballew. David Contributor address; City; State; Zip Code 10105 Oldfield Street Fort Worth, TX 76244 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/13 Rpt: 5/35 2 FILER NAME 3 Filer ID Price, Betsy 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 10/19/2020 Bodiford, Jerry \$1,000.00 Contributor address; City; State; Zip Code PO Box 471699 Fort Worth, TX 76147 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 11/02/2020 Bodiford, Jerry \$10.00 Contributor address; City; State; Zip Code PO Box 471699 Fort Worth, TX 76147 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/27/2020 \$400.00 Carver, Craig Contributor address; City; State; Zip Code PO Box 591 Strawn, TX 76475 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/02/2020 \$10.00 Carver, Craig Contributor address; City; State; Zip Code PO Box 591 Strawn, TX 76475 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/26/2020 Crane, John \$1,000.00 Contributor address; City; State; Zip Code 301 Commerce Street #2360 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/13 Rpt: 6/35 3 Filer ID 2 FILER NAME Price, Betsy 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) Date \$10.00 11/02/2020 Crane, John 6 Contributor address; City; State; Zip Code 301 Commerce Street #2360 Fort Worth, TX 76102 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$1,000.00 10/21/2020 Crawford, Curt Contributor address; City; State; Zip Code 6600 Hawks Creek #200 Fort Worth, TX 76114 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$20.00 11/02/2020 Crawford, Curt Contributor address; City; State; Zip Code 6600 Hawks Creek #200 Fort Worth, TX 76114 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 11/02/2020 Crumpton, Ralph Contributor address; City; State; Zip Code 6278 State Hwy 22 Hillsboro, TX 76645 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$20.00 11/02/2020 Crumpton, Ralph Contributor address; City; State; Zip Code 6278 State Hwy 22 Hillsboro, TX 76645 Employer (See Instructions) Principal occupation / Job title (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/13 Rpt: 7/35 2 FILER NAME 3 Filer ID Price, Betsy Date Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 10/29/2020 Dennett, Robbie \$1,000.00 Contributor address; City; State; Zip Code 2313 Cullen Street Fort Worth, TX 76107 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/02/2020 Dennett, Robbie \$20.00 Contributor address; City; State; Zip Code 2313 Cullen Street 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 (\$) 10/29/2020 Farr, Jeff \$100.00 Contributor address; City; State; Zip Code 4212 Tanbark Trail Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/02/2020 \$20.00 Farr, Jeff Contributor address; City; State; Zip Code 4212 Tanbark Trail Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 11/02/2020 Gachman, Arnold \$500.00 Contributor address; City; State; Zip Code 1229 Shady Oaks Lane Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/13 Rpt: 8/35 3 Filer ID FILER NAME Price, Betsy 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$250.00 11/09/2020 Gotcher, Patrick 6 Contributor address; City; State; Zip Code 2401 Colonial Parkway Fort Worth, TX 76109 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 10/30/2020 Halbouty, Linda Fay Contributor address; City; State; Zip Code 3601 Ridglea Country Club Drive Fort Worth, TX 76116 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$20.00 11/02/2020 Halbouty, Linda Fay Contributor address; City; State; Zip Code 3601 Ridglea Country Club Drive Fort Worth, TX 76116 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$1,000.00 10/22/2020 Kelly, Dee Contributor address; City; State; Zip Code 417 Rivercrest Drive Fort Worth, TX 76107 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$1,000.00 10/30/2020 Kim, Randy Contributor address; City; State; Zip Code 709 N. Bailey Avenue Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/13 Rpt: 9/35 2 FILER NAME 3 Filer ID Price, Betsy 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 11/02/2020 \$20.00 Kim, Randy Contributor address; City; State; Zip Code 709 N. Bailey Avenue Fort Worth, TX 76107 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/27/2020 Kneis, Robert \$800.00 Contributor address; City; State; Zip Code 1204 Prescott Street Keller, TX 76248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/27/2020 Kneis, Robert \$250.00 Contributor address; City; State; Zip Code 1204 Prescott Street Keller, TX 76248 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/02/2020 \$10.00 Kneis, Robert Contributor address; City; State; Zip Code 1204 Prescott Street Keller, TX 76248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: 10/30/2020 Kretzer, Neil \$100.00 Contributor address; City; State; Zip Code 6222 Maine Trail Granbury, TX 76048 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/13 Rpt: 10/35 3 Filer ID FILER NAME Price, Betsy 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ \$10.00 11/02/2020 Kretzer, Neil 6 Contributor address; City; State; Zip Code 6222 Maine Trail Granbury, TX 76048 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$100.00 10/16/2020 Lamers, Jason Contributor address; City; State; Zip Code 1712 Jenson Rd. Fort Worth, TX 76112 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$20.00 11/02/2020 Lamers, Jason Contributor address; City; State; Zip Code 1712 Jenson Rd. Fort Worth, TX 76112 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$200.00 McClung, Rick 10/27/2020 Contributor address; City; State; Zip Code 4425 Don Drive Mansfield, TX 76063 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date \$20.00 11/02/2020 McClung, Rick Contributor address; City; State; Zip Code 4425 Don Drive Mansfield, TX 76063 Employer (See Instructions) Principal occupation / Job title (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/13 Rpt: 11/35 2 FILER NAME 3 Filer ID Price, Betsy Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/26/2020 McClure, Charlie \$100.00 Contributor address; City; State; Zip Code 717 E Bovell Street Crowley, TX 76036 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 11/02/2020 McClure, Charlie \$20.00 Contributor address; City; State; Zip Code 717 E Bovell Street Crowley, TX 76036 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/02/2020 \$100.00 Morgan, Kip Contributor address; City; State; Zip Code 10412 Barber Ln. Benbrook, TX 76126 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/02/2020 \$20.00 Morgan, Kip Contributor address; City; State; Zip Code 10412 Barber Ln. Benbrook, TX 76126 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 11/02/2020 Nicholson, Eddie \$20.00 Contributor address; City; State; Zip Code 7744 Airfield Dr. Sanger, TX 76266 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/13 Rpt: 12/35 3 Filer ID FILER NAME Price, Betsy 7 Amount of Contribution (\$) out-of-state PAC (ID#: 4 Date 5 Full name of contributor \$100.00 11/02/2020 Nicholson, Eddie 6 Contributor address; City; State; Zip Code 7744 Airfield Dr. Sanger, TX 76266 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#; Date Full name of contributor \$100.00 09/30/2020 Parks, Julie Contributor address; City; State; Zip Code 3837 Arundel Ave. Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$1,000.00 11/06/2020 Proctor, John L. Contributor address; City; State; Zip Code 1524 Oak Meadows Dr. Dallas, TX 75232 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor \$100.00 10/30/2020 Pryor, Ike Contributor address; City; State; Zip Code 2107 FM 156 S Haslet, TX 76052 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date \$20.00 11/02/2020 Pryor, Ike Contributor address; City; State; Zip Code 2107 FM 156 S Haslet, TX 76052 Employer (See Instructions) Principal occupation / Job title (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/13 Rpt: 13/35 2 FILER NAME 3 Filer ID Price, Betsy 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/30/2020 Roels, Tim \$300.00 6 Contributor address; City; State; Zip Code 3908 Floyd Drive Fort Worth, TX 76116 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/16/2020 \$1,000.00 Rose, Matthew Contributor address; City; State; Zip Code 1110 Post Oak Place Westlake, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/30/2020 \$100.00 Sawyer, Aida Contributor address; City; State; Zip Code 3813 Arundel Ave. Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 10/13/2020 \$1,000.00 Schuster, Stuart Contributor address; City; State; Zip Code 4405 Ledgview Road Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:_ 11/02/2020 \$20.00 Schuster, Stuart Contributor address; City; State; Zip Code 4405 Ledgview Road Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/13 Rpt: 14/35 3 Filer ID 2 FILER NAME Price, Betsy 7 Amount of Contribution (\$) out-of-state PAC (ID#:_ Date 5 Full name of contributor \$100.00 10/26/2020 Shelton, Brian 6 Contributor address; City; State; Zip Code 1417 Keeneland Hill Aledo, TX 76008 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$10.00 11/02/2020 Shelton, Brian Contributor address; City; State; Zip Code 1417 Keeneland Hill Aledo, TX 76008 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor \$500.00 10/30/2020 Small, Terrrell Contributor address; City; State; Zip Code PO Box 47002 Fort Worth, TX 76107 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 10/30/2020 Stenevik, Robert Contributor address; City; State; Zip Code 109 San Medina Lane Joshua, TX 76058 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$10.00 Stenevik, Robert 11/02/2020 Contributor address; City; State; Zip Code 109 San Medina Lane Joshua, TX 76058 Employer (See Instructions) Principal occupation / Job title (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/13 Rpt: 15/35 2 FILER NAME 3 Filer ID Price, Betsy Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 10/14/2020 Stern, Kathy \$2,000.00 6 Contributor address; City; State; Zip Code 2800 NE Loop 820 #660 Fort Worth, TX 76137 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 10/26/2020 Stewart, Scott \$100.00 Contributor address; City; State; Zip Code 13008 Willow Crossing Drive Haslet, TX 76052 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/02/2020 Stewart, Scott \$20.00 Contributor address; City; State; Zip Code 13008 Willow Crossing Drive Haslet, TX 76052 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/30/2020 Thomas, Emily \$100.00 Contributor address; City; State; Zip Code 2406 Kinley Street Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 11/02/2020 Thomas, Emily \$20.00 Contributor address; City; State; Zip Code 2406 Kinley Street Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this form.	Total pages Schedule A1: Sch: 13/13 Rpt: 16/35		
2	FILER NAME Price, Betsy		3	Filer ID	:
4	Date 10/27/2020	 5 Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$100.00
8	Principal occu	pation / Job title (See Instructions) 9 Em	ployer (See Instructions)		
	Date 11/02/2020	Full name of contributor out-of-state PAC (ID#: Wertz, Ron Contributor address; City; State; Zip Code 2706 Park Place Court Arlington, TX 76016		Amount of Contribution (\$)	\$20.00
astronyne	Principal occu	pation / Job title (See Instructions) Em	oloyer (See Instructions)		
	Date 10/30/2020	Full name of contributor out-of-state PAC (ID#: White, Darren Contributor address; City; State; Zip Code 3800 Lincoln Avenue Fort Worth, TX 76106)	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions) Em	ployer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#:_ 11/02/2020 White, Darren Contributor address; City; State; Zip Code 3800 Lincoln Avenue Fort Worth, TX 76106				Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions) Em	ployer (See Instructions)		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			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 F1:		3	Filer ID
Sch: 1/19 Rpt: 17/35	Price, Betsy		
4 Date	5 Payee name		
12/23/2020	Associated Republicans of Texas Can	npaign Fund	
6 Amount (\$) \$200.00	7 Payee address; City; State 807 Brazos St. Suite 601 Fort Worth, TX 78701-2526	e; Zip Code	
8 PURPOSE	(a) Category (see Categories listed at the top of this scr	nedule) (b) Description	mandenskriver (signalerse beliefe blikke fill fordigin i om en en manden komminen om en med en en en en en en e
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Comm	i <u>i</u> i	tside of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		Office sought	Office held
Date	Payee name		
07/27/2020	Atchley & Associates LLP		
Amount (\$) \$3,042.00	Payee address; City; State 1005 La Posada Dr.	; Zip Code	
	Austin, TX 78752		
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this sch Accounting/Banking	Check if travel out	side of Texas. Complete Schedule T. X, officeholder living expense ounting and reporting services
Complete ONLY if direct expenditure to benefit C/OF		Office sought	Office held
Date	Payee name		
09/17/2020	Beth Victory Fund		
Amount (\$) \$250.00	Payee address; City; State; PO Box 630167	; Zip Code	
	Irving, TX 75063		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel out	side of Texas. Complete Schedule T. X, officeholder living expense ribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office held
Forms provided by Texas Ei	thics Commission www.ethics.s	state.tx.us	Version V1.1.ceffd98a

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel out of District

OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 2/19 Rpt: 18/35	Price, Betsy	
4 Date	5 Payee name	
07/17/2020	Capital Grille	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$522.46	800 Main St.	
	Fort Worth, TX 76102	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Thank you dinner for Police and Fire Fighters
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	pht Office held
expenditure to benefit C/O		
Date	Payee name	
11/19/2020	Defender Outdoors	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$6,828.56	8270 Aledo Rd.	
	Fort Worth, TX 76126	
PURPOSE	(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.
EXPENDITORE		Check if Austin, TX, officeholder living expense Venue for campaign fundraiser event
		venue for campaign fundraiser event
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		
Date	Payee name	
08/12/2020	Del Frisco's Grille	
Amount (\$)	Payee address; City; State; Zip Cod	de
\$88.62	154 E. Third St.	
	Fort Worth, TX 76102	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
LAFERDITORE		City staff meal
		Only Stan mou
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office soug	aht Office held
expenditure to benefit C/O	-	
econicione anno montre de la compania del la compania de la compania de la compania del la compania de la compania del la compania de la compania de la compania del la com		
	thics Commission www.ethics.state.tx.us	S Version V1.1.ceffd98a

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Expe		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L	Credit Card Payment		The Instruction Guide explain:	s how to com	plete this form.	
1	Total pages Schedule F1:				3	Filer ID
SIPORTION SERVICE	Sch: 3/19 Rpt: 19/35	Price, Bets	У			
4	Date	5 Payee name	9	over the second		
NG THE	08/25/2020	Del Frisco'	s Grille			
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Code	9	
	\$183.12	154 E. Thir	d St.			
		No. Company (No. 1)				
		Fort Worth	, TX 76102			
8	PURPOSE	(a) Category //	See Categories listed at the top of this so	shadulas [(k) Description	
_	OF		rage Expense	riedule)	e-material and a second	side of Texas. Complete Schedule T.
	EXPENDITURE	Company of the Compan			Income I	K, officeholder living expense
				***	City staff meal	A
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sough	t	Office held
	experialiture to beliefit C/O					
	Date	Payee name				
	10/28/2020	Del Frisco's	s Grille			
	Amount (\$)	Payee addre	ess; City; State	e; Zip Code		
	\$153.90	154 E. Thir	d St.			
		Fort Worth,	TX 76102			
	PURPOSE	(a) Category (s	ee Categories listed at the top of this sc	hodulo) (b) Description	
	OF		rage Expense	neutie)		side of Fexas. Complete Schedule T.
	EXPENDITURE		3 (F			c, officeholder living expense
					City staff meal	
					1270C00720C1731400340000000000000000000000000000000	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sough	t	Office held
	expenditure to benefit 6/0/					
	Date	Payee name				
	11/18/2020	Denson, Br	ad			
	Amount (\$)	Payee addre	ss; City; State	e; Zip Code		
	\$350.00	1029 Pilgrir	m Trail			
		Weatherfor	d, TX 76088			
	PURPOSE	(a) Category (S	ee Categories listed at the top of this sci	hedule) (b) Description	
	OF EXPENDITURE		ages/Contract Labor		lanus .	ide of Texas. Complete Schedule T.
	EM EMBITORE				leatered.	, officeholder living expense
					security for can	npaign fundraiser event
in the later at later a	Complete ONI V if direct	CandidatalOff	iceholder name	Office sough	t	Office held
	Complete ONLY if direct expenditure to benefit C/OI		Centruel Haine	Office sough	L	Office field
				Mich von House radio which have a word and a second		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 4/19 Rpt: 20/35	Price, Betsy
4	Date	5 Payee name
	11/05/2020	Eventbrite Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$943.60	155 5th St, 7th Fl
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense Campaign credit card processing fee
		Campaign credit card processing rec
6	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	Carididate, Chicertolido, Harris
	Date	Dove name
	07/26/2020	Payee name Fort Worth Delta Delta Delta Alumnae Charities
	Amount (\$)	Payee address; City; State; Zip Code 1617 Carleton Ave.
	\$250.00	1017 Calleloll Ave.
		Faut 18/a/db TV 76407
		Fort Worth, TX 76107
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		donation for Cookies and Castles for Cooks
		Children's Hospital
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/19/2020	Fort Worth Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	PO Box 101613
Department of the second		
		Fort Worth, TX 76185
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	DUES Check if travel outside of Texas. Complete Schedule T.
	LAFLINDHONL	Check if Austin, TX, officeholder living expense Officeholder member dues
		Officerolder member dues
	Complete ONII V if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Carrandado
<u> </u>		
COLORIDA CALLED		
8		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 Filer ID FILER NAME Sch: 5/19 Rpt: 21/35 Price, Betsy 4 Date Payee name Fort Worth Republican Women 11/19/2020 6 Amount (\$) Payee address; City; State; Zip Code \$440.00 PO Box 101613 Fort Worth, TX 76185 8 **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 Ornaments for supporter gifts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/06/2020 Fort Worth Zoo Payee address; State; Zip Code Amount (\$) City; \$250.00 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 Date Payee name 12/07/2020 Globe Life Field Amount (\$) Payee address; City; State; Zip Code \$998.75 734 Stadium Drive Arlington, TX 76011 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for donors and staff at national rodeo event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment	·····-	ages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to con	
1 Total pages Schedule F1: 2 F	FILER NAME	3 Filer ID
Sch: 6/19 Rpt: 22/35 F	Price, Betsy	
4 Date 5 P	Payee name	and definition is a supplied for the design and an extended definition and the supplied definition and the supplie
	Goode Company Hall of Flame LLC	
	9 ,	
\$762.81	13843 N. Promenade 900B	
5	Stafford, TX 77477	
8 PURPOSE (a) (Category (See Categories listed at the top of this schedule)	(b) Description
OF C	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	·	Check if Austin, TX, officeholder living expense
######################################		Gifts for advisory board
9 Complete ONLY if direct Ca	andidate/Officeholder name Office soug	pht Office held
expenditure to benefit C/OH		
Date F	Payee name	
	Goode Company Hall of Flame LLC	
		J.
l '''	Payee address; City; State; Zip Coo	ie
\$766.50	13843 N. Promenade 900B	
\$	Stafford, TX 77477	
PURPOSE (a)	Category (See Categories listed at the top of this schedule)	(b) Description
OF (Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	•	Check if Austin, TX, officeholder living expense
		Gifts for advisory board
THE PROPERTY OF THE PROPERTY O		
	andidate/Officeholder name Office sout	ght Office held
expenditure to benefit C/OH		
Date F	Payee name	
	Goode Company Hall of Flame LLC	
		No.
		ue
\$708.06	13843 N. Promenade 900B	
transport		
	Stafford, TX 77477	
PURPOSE (a) (Category (See Categories listed at the top of this schedule)	(b) Description
OF 1	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	-	Check if Austin, TX, officeholder living expense
	The state of the s	Gifts for advisory board
	andidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OH		
© Accordant		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Ex Legal Services The Instruction Guid			vages	s/Contract Labor		Travel Out of District OTHER (enter a category not listed about 100 per	ove)
1	Total pages Schedule F1:	2	FILER NAME			***************************************			3	Filer ID	
_	Sch: 7/19 Rpt: 23/35		Price, Betsy						THE PERSONS AND PE		
		_							<u> </u>		istano etamoles e e de la composición dela composición de la composición dela composición de la composición de la composición dela composición dela composición de la composic
4	Date	Э	Payee name		!! 0						
	12/13/2020		Goode Con	npany Hall of Flam	ne LLC						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$109.50		13843 N. Pi	romenade 900B							
			Stafford, TX	77477							
8	PURPOSE	(a)	Category (c.	ee Categories listed at the	ton of this school	dula)	(b)	Description	· · · · · · · · · · · · · · · · · · ·		
_	OF	1		/Memorials Exper		Jule)	1 7	Mark 1974	outsio	le of Texas. Complete Schedule T.	
	EXPENDITURE		01107 11100100	momorrous expo	.00	900		Check if Austin	, TX,	officeholder living expense	
								Gifts for advis	sory	boʻard	
9	Complete ONLY if direct	(Candidate/Offi	ceholder name	Off	fice sou	ght		uicondeida	Office held	
	expenditure to benefit C/OI	1									
- Control of the Cont	Date		Payee name						Television of the		
	08/20/2020		HG Supply	Co							
********				*			*				
	Amount (\$)		Payee addres	•	State;	Zip Co	ae				
	\$213.26		1621 River	Run Dr.							
			Fort Worth,	TX 76107							
orielolizzani	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sched	iule)	(b)	Description	il all'inside, faces		
	OF EXPENDITURE			age Expense		,		Check if travel of	outsid	le of Texas. Complete Schedule T.	
	EXPENDITURE							and the same of th		officeholder living expense	
								City staff mea	al		
								o recumento e recultor con como en el traccion en la reculto de la friencia de la reculto de la friencia de la			Constitution of the section of the s
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice sou	ght			Office held	
	expenditure to benefit C/Oł	'									
neg (ou a soler).	Date		Payee name								
	11/18/2020		Hobbs, Dav	id							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de				
	\$350.00		110 Frederic	•		•					
	*										
			14/aatharfara	I TV 76007							
**********		NAMES OF THE PERSONS ASSESSED.	Weatherford	I, IA 70087	aanikaan oo						
	PURPOSE OF	(a)		e Categories listed at the t		lule)	(b)	Description			
	EXPENDITURE		Salaries/Wa	.ges/Contract Lab	or	-				le of Texas. Complete Schedule T. officeholder living expense	
								Accessed .		paign fundraiser event	
									~111	54.9.1 INTINIA(O) 01011	
e Constant	Complete ON Visiting	-	Sandideta/Offi	achalder name	<u> </u>	fine corre	b+			Office hold	
	Complete ONLY if direct expenditure to benefit C/OI		anuidate/Offic	ceholder name	Uπ	fice souç	JIII			Office held	
*********						*************	erennana	Share Cardon Michael Share Annie Andrews Communication (Communication Communication Co	***********		0-2-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	
	Sch: 8/19 Rpt: 24/35	Price, Betsy	
4	Date	5 Payee name	
	12/29/2020	J.O.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,582.50	440 S. Main St.	
		Fort Worth, TX 76104	
_	PURPOSE		
8	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living exp	
		Design for campaign Christma	Calus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	11/02/2020	Jewel Charity	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	3301 Hamilton Ave. Suite 121	
		Fort Worth, TX 76107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions (Donations Made Ry	e Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
		Donation	
	essence and other week (Administration of the State of th	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI	Carranate, Chronicia in thems	
		T p	
	Date 10/29/2020	Payee name King's Liquors	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$192.61		
		Fort Worth, TX 76109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
acception (Stoom	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complet	
		Beverages for campaign fundr	
	Complete ONLY if direct		en e
	expenditure to benefit C/O	VII	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Contributions/ Donations Made By -

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 Committee	Legal Services The Instruction Gui	Salaries/\ de explains how to co	-	c/Contract Labor OTHER (enter a category not listed above) ete this form.
1	Total pages Schedule F1:	2 FILER N	AME		****************	3 Filer ID
_	Sch: 9/19 Rpt: 25/35	Price, B				
4	Date	5 Payee na	ame			
	07/14/2020		's Cuisine			
6	Amount (\$)	7 Payee ac	ddress; City;	State; Zip Co	ode	
	\$208.94	3413 W	. 7th St.			
		Fort Wo	rth, TX 76107		parame	
8	PURPOSE	(a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Be	everage Expense		GI DI 100770070	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
						City staff moal
						City stail filear
		0 ! . !	/Office leading to a second	O#:		Office hold
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	Office sou	ignt	Office held
	Date	Payee na	ame			
	08/19/2020	Michael	's Cuisine			
	Amount (\$)	Payee ad	ldress; City;	State; Zip Co	ode	
	\$204.68	3413 W	. 7th St.			
		Fort Wo	rth, TX 76107			
_	PURPOSE	(a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description
	OF EXPENDITURE		everage Expense	,		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin, TX, officeholder living expense
						City staff meal
					<u> </u>	
	Complete ONLY if direct expenditure to benefit C/OI		/Officeholder name	Office sou	ight	Office held
	experiulture to perient C/Or	1				
	Date	Payee na	ame			
	10/11/2020	Office D	epot			
	Amount (\$)	Payee ac	ldress; City;	State; Zip Co	de	
	\$210.28	401 Car	roll St.			
		Fort Wo	rth, TX 76107			
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b)	Description
	OF EXPENDITURE	Printing	Expense			Check if travel outside of Texas. Complete Schedule T.
	DVL FIADITONE					Check if Austin, TX, officeholder living expense
						Printing invitations for campaign fundraiser
-				on the second		
	Complete ONLY if direct expenditure to benefit C/Oł		Officeholder name	Office sou	ght	Office held
	· ·					

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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a cate)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
-	Sch: 10/19 Rpt: 26/35	Price, Betsy
4	Date	5 Payee name
	10/11/2020	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.00	401 Carroll St.
		Fort Worth, TX 76107
8	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
		Stamps for campaign fundraiser invitations
		Stamps for dampaign fariation.
<i>c</i> i	Complete ONII V if direct	Candidate/Officeholder name Office sought Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Carallactor Cincollector Harne
	Date	Payee name
	10/20/2020	Overton Park Elementary School PTA
	Amount (\$)	Payee address; City; State; Zip Code
	\$259.05	4865 Briarhaven Rd
		Fort Worth, TX 76109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	ÓF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
		Donation
	0 1 1 00 11 1/15 15 15 15	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	Outsidates of the office of th
	Date	Payee name
	08/18/2020	Patriots United For Heroes Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	419 Live Oak Ln
		Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation to Charity Golf Scramble
		Boliation to offarity con certains.
	Complete ONE V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
-		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 11/19 Rpt: 27/35 Price, Betsy 4 Date Payee name 08/25/2020 Police Bike Support Group Payee address; State; Zip Code 6 Amount (\$) City; \$1,250.00 1100 Hemphill St. Fort Worth, TX 76104 **PURPOSE** 8 (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** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/15/2020 Print Pointe Payee address; City; State; Zip Code Amount (\$) \$2,375.00 2419 Gravel Drive Fort Worth, TX 76118 **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 Postage for campaign Christmas cards Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 12/23/2020 Print Pointe Amount (\$) Payee address; City; State; Zip Code 2419 Gravel Drive \$4,344.83 Fort Worth, TX 76118 **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 Printing for campaign Christmas cards Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 12/19 Rpt: 28/35	Price, Betsy
4	Date	5 Payee name
	11/19/2020	Robertson, Homer
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	3608 Tin Top Hwy
		Granbury, TX 76049
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Scredule 1. Check if Austin, TX, officeholder living expense
		Catering for campaign fundraiser event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit or or	
	Date 12/17/2020	Payee name Rotary Club of Fort Worth
		Payee address; City; State; Zip Code
	Amount (\$) \$630.00	306 W. 7th St. Suite 715
	\$000.00	
		Fort Worth, TX 76102
	PURPOSE ÖF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	DUES Check if travel duiside of Texas. Complete scriedule 1. Check if Austin, TX, officeholder living expense
		Officeholder member dues
		Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	Odificial Control Cont
	Date 08/25/2020	Payee name Rotary Club of Fort Worth
	Amount (\$)	Payee address; City; State; Zip Code
	\$630.00	306 W 7th St. Suite 715
		Fort Worth, TX 76102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	DUES Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Officeholder member dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/\	√age:	s/Contract Labor	OTHER (enter a category	/ not listed above)
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1	Total pages Schedule F1:	2 FILER NAME				THE STATE OF THE S	3 Filer ID	
	Sch: 13/19 Rpt: 29/35	Price, Betsy	•			E CONSTRUCTION OF THE PERSON O		
4	Date	5 Payee name						
•		,	ler Communications					
	07/01/2020	Sman work	ei Communications				ayyyaannoonoonii sanoonoonoonoonoonoonoonoonoonoonoonoonoo	
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	ode			
	\$1,500.00	1712 Jenso	n Rd					
		Fort Worth,	TX 76112					
8	PURPOSE	(a) Category (se	e Categories listed at the top of	this echodula)	(b)	Description		
_	OF	Consulting 6		uiis scriedule)			utside of Texas. Complete Sch	nedule T.
	EXPENDITURE	Consumy i	Exhense		100000000000000000000000000000000000000	<u> </u>	TX, officeholder living expense	
						Land 1	nagement, social m	
						writing service		
				4				
9	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ıght		Office held	
	expenditure to benefit C/OI	-1						
lorationarius eliberatus	Date	Doug						
		Payee name						
	08/18/2020	Small Wond	er Communications					
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode			
	\$1,500.00	1712 Jenso	n Rd					
	+= ,							
	:							
		Fort Worth,	TX 76112					
****	PURPOSE	(a) Category (Se	e Categories listed at the top of	this schedule)	(b)	Description		
	OF	Consulting E		inio scriculicy		·	utside of Texas. Complete Sch	edule T.
	EXPENDITURE	Oorisaning L	гиропос		-	Check if Austin,	TX, officeholder living expense	2
						Campaign ma	nagement, social m	edia consulting &
						writing service		-
		0	I - I - I - I - I - I - I - I - I -	05:		and the second s	Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic	cenoider name	Office sou	ignt		Office held	
	expenditure to benefit or or	•						
	Date	Payee name						
	09/16/2020		er Communications				:	
romproser.								
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode			
	\$1,500.00	1712 Jensoi	n Road					
		Fort Worth	TV 76110					
messay		Fort Worth,	IV 10117		~			
	PURPOSE	(a) Category (Se	e Categories listed at the top of	this schedule)	(b)	Description		Commence
	OF	Consulting E	Expense			Land	utside of Texas. Complete Sch	*
	EXPENDITURE	_	•			Lance I	TX, officeholder living expense	8
							nagement, social me	edia consulting &
						writing service	S	as a state of the
io vitiro	Complete ONLV if direct	Candidate/Offic	eholder name	Office sou	L nht		Office held	
	Complete ONLY if direct expenditure to benefit C/OI		endidel Haille	Onice sou	giit		Onice Held	
_		-						
								DOMESTIC
								•

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense

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
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Legal Services The Instruction Guide explai		/ages	/Contract Labor	OTHER (enter a categor	y not listed above)
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1	Total pages Schedule F1:	2 FILER NAME	<u>-</u>			and a second	3 Filer ID	
	Sch: 14/19 Rpt: 30/35	Price, Betsy	1					
4	Date	5 Payee name						
and deposition	10/02/2020	Small Wond	der Communications					
6	Amount (\$)	7 Payee addre	ss; City; Sta	ate; Zip Co	de	2000 1000		
	\$1,500.00	1712 Jenso						
	φ1,500.00	1712 001100	,, , , ,					
		fort Worth,	TX 76112		Sections:			
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE	Consulting	Expense			lanonii.	utside of Texas. Complete So	
	EXPENDITORE					L	TX, officeholder living expens	
				NA STATE OF THE ST		Writing service	nagement, social m	iedia consulung &
						willing service	75	
9	Complete ONLY if direct		ceholder name	Office sou	ght		Office held	
	expenditure to benefit C/OI	1						
	Date	Payee name						
	11/02/2020	•	der Communications					
<u> </u>				stor Zin Co	do			
	Amount (\$)	Payee addre	. ,	ate; Zip Co	ue			
	\$1,500.00	1712 Jenso	n Ra					
		Fort Worth,	TX 76112					
	PURPOSE	(a) Category (s	ee Categories listed at the top of this	schedule)	(b)	Description		
	OF	Consulting				L	outside of Texas. Complete So	į
	EXPENDITURE						TX, officeholder living expens	
						Campaign ma writing service	nagement, social m	nedia consulting &
					Name of the last	withing service		
	Complete ONLY if direct		ceholder name	Office sou	ght		Office held	
	expenditure to benefit C/OI	-1						
	Date	Payee name						
	12/02/2020		der Communications					
_				to. Zin Co	do			
	Amount (\$)	Payee addre		ate; Zip Co	ue			
	\$1,500.00	1712 Jenso	on Ra.					
		Fort Worth,	TX 76112					
	PURPOSE	(a) Category (s	ee Categories listed at the top of this	schedule)	(b)	Description		300300000000000000000000000000000000000
	OF	Consulting				Engage	outside of Texas. Complete So	1
	EXPENDITURE	_	•			Santa and	TX, officeholder living expens	i
							anagement, social m	nedia consulting &
						writing service	#5	
	Complete ONLY if direct		iceholder name	Office sou	ght		Office held	
	expenditure to benefit C/OI	-1						
_	*							

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 15/19 Rpt: 31/35	Price, Betsy
4	Date	5 Payee name
	08/18/2020	Southwestern Exposition and Livestock Show
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 150
	!	
	1	Fort Worth, TX 76101
8	PURPOSE	(a) Category (see Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation to Calf Scramble
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/12/2020	Stone House Restaurant
anderiori	Amount (\$)	Payee address; City; State; Zip Code
	\$384.07	5201 Colleyville Blvd.
	Ψουυ,	3201 Colley ville Bivd.
	1	
		Colleyville, TX 76034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	1	Check if Austin, TX, officeholder living expense
	MATERIAL PROPERTY AND ADMINISTRATION OF THE PROPERT	Meal with campaign supporter
turni pinte		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/17/2020	The Capital Grille
	Amount (\$)	Payee address; City; State; Zip Code
	\$249.73	800 Main St.
	All and a second a	
		Fort Worth, TX 76102
eronotic	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	ANTIBODA	Campaign staff meal
	ALL STATES OF THE STATES OF TH	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
		· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

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

Candidate/Offic Credit Card Payme		l Committee	Legal Services The Instruction Guide			Contract Labor te this form.	OTHER (enter a category n	ot listed above)
1 Total pages Sci	hedule F1:	2 FILER NAME			AND DESCRIPTIONS		3 Filer ID	
Sch: 16/19 Rp		Price, Betsy			······································		Applipation to the control of the co	
4 Date		5 Payee name						
09/17/2020		The Capital	Grille					
6 Amount (\$)	AND THE RESERVE OF THE PARTY OF	7 Payee addre	ss; City;	State; Zip Co	ode			
	\$68.45	800 Main S	t.					
		Fort Worth,	TX 76102				nama arada amende da esta de la managamenta arada esta esta esta esta esta esta esta est	
8 PURPOSE OF			ee Categories listed at the t	op of this schedule)	(b)	Description		alida 7
EXPENDITUR	RE	Food/Bever	age Expense		potentiano de la companio del companio de la companio della compan	B	utside of Texas. Complete Sche TX, officeholder living expense	aule 1.
					-	City staff mea		
						,	gh.	
9 Complete ONL	Y if direct	Candidate/Offi	ceholder name	Office sou	.aht		Office held	
expenditure to			oonoidor makmo	2	J			
Date		Payee name						
11/10/2020		The Capital	Grille					
A STATE OF THE PARTY OF THE PAR				01-4 7:- 0-		Manager on the contract of the		
Amount (\$)	****	Payee addre		State; Zip Co	oue			
	\$200.87	800 Main S	I.					
		Fort Worth,	TX 76102					
PURPOSE		(a) Category (s	ee Categories listed at the t	op of this schedule)	(b)	Description		
OF EXPENDITUR	RE.	Food/Bever	age Expense		and the same of th		outside of Texas. Complete Sche	dule T.
						City staff mea	TX, officeholder living expense	
					THE STATE OF THE S	Oity Stair mea	u.	
Commists ONL	V if direct	Candidata/Offi	ceholder name	Office sou	Labt		Office held	
Complete <u>ONL'</u> expenditure to I	<u>r</u> II direct benefit C/OI		cellolider Hairie	Office 300	agnic		Office field	
Date		Payee name						
12/17/2020		Tom Thuml			Many			
Amount (\$)		Payee addre		State; Zip Co	ode			
	\$790.52	3100 S. Hu	len					
		Fort Worth,	TX 76109					
PURPOSE		(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description		
OF EXPENDITUR)E	Gift/Awards	/Memorials Expen	se	operation of the last of the l	- Contraction of the Contraction	utside of Texas, Complete Sche	dule T.
EXETIADITOR	. K				COMMISSION OF THE PERSON	and the second	TX, officeholder living expense	
						Gifts for city s	tan	
				○ zz	<u></u>		Office In all	
Complete <u>ONL</u> expenditure to			ceholder name	Office sou	ignt		Office held	

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 17/19 Rpt: 33/35	Price, Betsy
4	Date	5 Payee name
	12/02/2020	Vending Nut Co.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$366.49	2222 Montgomery St.
		Fort Worth, TX 76107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gifts for supporters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- 1
-	Date	Payee name
	12/17/2020	Walgreens #05211
	Amount (\$)	Payee address; City; State; Zip Code
	\$767.85	4340 Oak Park Ln
-		Fort Worth, TX 76109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gifts for city staff
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/18/2020	Walgreens #05211
	Amount (\$)	Payee address; City; State; Zip Code
	\$206.69	4350 Oak Park Ln
necessa		Fort Worth, TX 76109
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Cift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gifts for supporters
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to con	nplei	te this form.
1	Total pages Schedule F1:			3 Filer ID
-	Sch: 18/19 Rpt: 34/35	Price, Betsy		
4	Date	5 Payee name		
	10/08/2020	Walgreens #05211		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$55.00	4350 Oak Park Ln		
		Fort Worth, TX 76109		
8	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
				Stamps for campaign mailing
				3.55.1.po 101 05.1.po 19.
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office soug	aht	Office held
Э	expenditure to benefit C/Ol		3110	Cince field
_				
	Date	Payee name		
	09/29/2020	Wishbone & Flynt		
	Amount (\$)	Payee address; City; State; Zip Coo	et	
	\$110.82	334 Bryan Ave		
		Fort Worth, TX 76104		
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE			Check if Austin, TX, officeholder living expense City staff meal
				City stair mear
	O	Candidate/Officeholder name Office soug		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		jiic	Office field
			lengte and Sale Splannesses and	
	Date	Payee name		
	08/01/2020	Wishbone & Flynt	energy problems	
	Amount (\$)	Payee address; City; State; Zip Coo	ЭŁ	
	\$115.53	334 Bryan Ave		
		Fort Worth, TX 76104		
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Meal with United Way recipients
<u></u>				Office I del
Distriction	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to belief 6/0	•		
2000000				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

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	Office Overhead/Rental Exp Polling Expense Printing Expense Salaries/Wages/Contract La	Travel in District Travel Out of District OTHER (enter a category not listed above	
	Credit Cald Payment		The Instruction Guide expla	ins how to complete this for		
1	Total pages Schedule F1:	2 FILER	NAME		3 Filer ID	
	Sch: 19/19 Rpt: 35/35	Price,	Betsy		Assert	
4	Date	5 Payee	name			
	11/19/2020	Wome	en Steering Business			
6	Amount (\$)	7 Payee	address; City; St	ate; Zip Code		
	\$2,500.00	1	ox 2223			
	•					
		Fort V	Vorth, TX 76113			
8	PURPOSE			s schedule) (b) Descripti		
O	OF	DUES	Ory (See Categories listed at the top of this	· 1	JTI f travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	DOL	,		Austin, TX, officeholder living expense	
				Officeho	lder member dues	
		W				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate/Officeholder name	Office sought	Office held	
	artelesisten terretaria del m					
			4			
						e e e e e e e e e e e e e e e e e e e
	•					
						8