after of the far Substitution at the far-	TE / OFFICEHOLDER N FINANCE REPORT	OFFICIAL RECORD	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 Filer D	2 Total pages filed: 18
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Betsy	Minara Mi	OFFICE USE ONLY Date Received 3 4 5 6
	NICKNAME LAST Price	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY PO Box 100066		Date Hand-delivered or Date Postmarked Receipt # CITY SEC Amount
Change of Address	Fort Worth, TX 76185		Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Alice	MI	
	NICKNAME LAST Puente	CLIEELY	Vo (0
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2737 Calder Ct Fort Worth, TX 76107	APT / SUITE #; CITY;	; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EX 817-207-8643	XTENSION	
REPORT TYPE	January 15 30th day before ele X July 15 8th day before ele	794 (44)	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
PERIOD COVERED	Month Day Year 01/01/2021 THR	Month Day ROUGH 06/15/2021	Year 1
.0 ELECTION		ELECTION TYPE	Other
1 OFFICE	OFFICE HELD (if any) Mayor of Fort Worth	12 OFFICE SOUGHT (None	(if known)
The second	GO TO	PAGE 2	pri analizatio estato de a menos s

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Price, Betsy	14 Filer ID	-2 :
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures made by political co These expenditures may have been made without the candidate's or officel d officeholders are required to report this information only if they receive not	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		The second secon
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
			a so provide a significant
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, ES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES	\$ 2,790.87
	4. TOTAL POLITIC	AL EXPENDITURES	\$ 20,073.01
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PRIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY TING PERIOD	\$ 0.00
17 AFFADAVIT			
A PARTY	Alice L. Milh	e of Texas	
THE STATE OF THE S	Comm. Expires 17	Signature of Candidate or Officehold	V ler
AFEIX NO	TARY STAMP / SEAL ABO		
	cribed before me, by the s	and But Bill	K
of July	, 20 <mark> </mark>	ertify which, witness my hand and seal of office.	i,
Signature of office	cer administering	Printed name of officer administering Nota Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 18
18 FILER NA	···	19 Filer ID		egeneration to the control of the co
Price, Be			*	·
	LE SUBTOTALS SCHEDULE		SUBT	TOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	50.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	7	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	·
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	18,880.03
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	umbahlaidid dalaksista tattarra assaussa saassa saassa galaksis qab
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	alministra and tradestocka from any compression of the second	\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,192.98
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED	\$	
Ballotta and a second				
4	•			
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee EXPENDITURE CATEGORIES FOR BOX 8(a)

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
OTHER Control of Author Control of Control

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	Total pages Schedule F1: Sch: 1/12 Rpt: 4/18	
	Date 01/25/2021	5 Payee name Atchley & Associates LLP
6	Amount (\$) \$1,360.50	7 Payee address; City; State; Zip Code 1005 La Posada Drive Austin, TX 78752
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign accounting and reporting services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/27/2021	Payee name Atchley & Associates LLP
	Amount (\$) \$617.53	Payee address; City; State; Zip Code 1005 La Posada Drive Austin, TX 78752
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign accounting and reporting services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H
	Date 06/01/2021	Payee name Atchley & Associates LLP
	Amount (\$) \$171.82	Payee address; City; State; Zip Code 1005 La Posada Drive Austin, TX 78752
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign accounting and reporting services
	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) 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 Gift/Awards/Memorials Expense Legal Services Polling Expense Travel in District Travel Out of District
OTHER (enter a category not listed above) Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 2/12 Rpt: 5/18 Price, Betsy 4 Date Payee name 06/09/2021 Capital Grill Amount (\$) Payee address; State; Zip Code City; \$234.85 800 Main St Fort Worth, TX 76102 **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 City staff meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/14/2021 Charleston's Payee address; State: Zip Code Amount (\$) City; \$68.10 3020 S Hulen St 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense City staff meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/27/2021 Charleston's Payee address; Amount (\$) City; State; Zip Code \$95.84 3020 S Hulen St Fort Worth, TX 76109 **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 City staff meal 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 3/12 Rpt: 6/18	2 FILER NAME Price, Betsy 3 Filer ID	
4	Date 05/14/2021	5 Payee name Charleston's	
6	Amount (\$) \$54.28	7 Payee address; City; State; Zip Code 3020 S Hulen St Fort Worth, TX 76109	
8	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 City staff meal	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 06/03/2021	Payee name Charleston's	
	Amount (\$) \$101.80	Payee address; City; State; Zip Code 3020 S Hulen St Fort Worth, TX 76109	
	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 City staff meal	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 01/15/2021	Payee name Charleston's	
	Amount (\$) \$24.30	Payee address; City; State; Zip Code 3020 S Hulen St Fort Worth, TX 76109	
	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 Meeting with supporters	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	Pengunanan mengunahkan di Pengunan di Pengunahkan di Pengunahkan di Pengunahkan

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel in District Accounting/Banking Consulting Expense 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) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 4/12 Rpt: 7/18 Price, Betsy 4 Date Payee name 01/15/2021 Charleston's Amount (\$) Payee address; City; State; Zip Code \$149.57 3020 S Hulen St 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting with supporters Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Cowtown Republican 01/11/2021 Pavee address: Amount (\$) City; State; Zip Code \$300.00 PO Box 470152 Fort Worth, TX 76147 **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 **Event Sponsorship** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/06/2021 Del Frisco's Grille Amount (\$) Payee address; City; State; Zip Code \$197.63 154 E 3rd 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense City staff meal 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 5/12 Rpt: 8/18	Price, Betsy
4	Date 04/26/2021	5 Payee name Del Frisco's Grille
<u>L</u>		
6	Amount (\$) \$83.20	7 Payee address; City; State; Zip Code 154 E 3rd St
		Fort Worth, TX 76102
8	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 City staff meal
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	01/25/2021	Doc B's Restaurant + Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.93	5253 Marathon Ave
		Fort Worth, TX 76109
	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 City staff meal
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/02/2021	Doc B's Restaurant + Bar
	Amount (\$) \$204.76	Payee address; City; State; Zip Code 5253 Marathon Ave
		Fort Worth, TX 76109
	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 City staff meal
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event 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 -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 6/12 Rpt: 9/18 Price, Betsy 4 Date Payee name 02/10/2021 Gyna Bivens Campaign Amount (\$) Payee address; City; State; Zip Code \$250.00 PO Box 8185 Fort Worth, TX 76124 **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 Political contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/29/2021 Kelly Allen Gray Campaign Amount (\$) Payee address; City; State; Zip Code \$250.00 PO Box 1692 Fort Worth, TX 76101 **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 Political contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/21/2021 Michael's Cuisine Amount (\$) Payee address; State; Zip Code City; \$120.29 3413 W 7th 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 City staff meal 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

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

Constributions/ Donations Made By - Condidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		pens ages	se s/Contract Labor	Travel Out of District OTHER (enter a category not listed at	oove)	
1	Total pages Schedule F1:	2 FILER N	AME					3 Filer ID	· · · · · · · · · · · · · · · · · · ·
	Sch: 7/12 Rpt: 10/18	Price, B							
4	Date	5 Payee n	ame					Суространеровник постанова по при	
	03/15/2021	Michael	's Cuisine	2					
6	Amount (\$)	7 Payee a	ddress; City;	State;	Zip Co	de			
	\$229.69	3413 W	7th St						
		Fort Wo	orth, TX 76107						W-50-2
8	PURPOSE OF	(a) Category	(See Categories listed at the	e top of this sche	edule)	(b)	Description		
	EXPENDITURE	Food/Be	everage Expense					outside of Texas. Complete Schedule T. , TX, officeholder living expense	
							Councilmemb		
9	Complete ONLY if direct	I Candidate	/Officeholder name	0	office soug	ght		Office held	
	expenditure to benefit C/OI	Н							
Г	Date	Payee na	ame						
	05/11/2021	PF Cha	ng's China Bistro						
	Amount (\$)	Payee a	ddress; City;	State;	Zip Co	de			
	\$94.02	400 Thr	ockmorton						
		Fort Wo	orth, TX 76102	,					
	PURPOSE	(a) Category	(See Categories listed at th	e top of this sche	edule)	(b)	Description		
	OF EXPENDITURE	Food/Be	everage Expense				numerous .	outside of Texas. Complete Schedule T.	
					ĺ		City staff mea	, TX, officeholder living expense	
							ony oran mor	<u> </u>	
<u> </u>	Complete ONLY if direct	<u> </u> Candidate	/Officeholder name	0	ffice souç	ght		Office held	
	expenditure to benefit C/OI	Н			·	-			
	Date	Payee na	ame						
The second	06/08/2021	PF Cha	ng's China Bistro						
<u> </u>	Amount (\$)	Payee a	ddress; City;	State;	Zip Cod	de			
	\$120.30	400 Thr	ockmorton						
		Fort Wo	rth, TX 76102						
	PURPOSE	(a) Category	(See Categories listed at th	e top of this sche	edule)	(b)	Description	and the second control of the first second s	
ĺ	OF EXPENDITURE	Food/Be	everage Expense				LI	outside of Texas. Complete Schedule T.	:
							City staff mea	, TX, officeholder living expense	:
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<u> </u>	Complete ONLY if direct	I Candidate	/Officeholder name	0	ffice soug	ght		Office held	,
	expenditure to benefit C/OI	H			•				

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Loan Repayment/Reimbursement Event Expense Accounting/Banking Consulting Expense Office Overhead/Rental 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 NAME Filer ID Sch: 8/12 Rpt: 11/18 Price, Betsy 4 Date Pavee name 01/07/2021 Price, Betsy Payee address; State; Zip Code Amount (\$) City; \$384.00 3008 Overton Park West 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. Loan Repayment/Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense Reimbursement of Schedule G expense on this report Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/14/2021 Price, Betsy Payee address: Amount (\$) City; State; Zip Code \$208.98 3008 Overton Park West 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. Loan Repayment/Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense Reimbursement of Schedule G expense on this report Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/10/2021 Price, Betsy Amount (\$) Payee address; City; State; Zip Code \$600.00 3008 Overton Park West Fort Worth, TX 76109 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Loan Repayment/Reimbursement **EXPENDITURE** Check if Austin, TX, officeholder living expense Reimbursement of Schedule G expense on this report Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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/Political Committ Credit Card Payment			Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide exp		xpens Vages	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	NAME				3	Filer ID
	Sch: 9/12 Rpt: 12/18	Price,	Betsy					
4	Date	5 Payee	name	CONTRACTOR			Accomounts	
	01/07/2021	Small	Wonder Communications					
6	Amount (\$)	7 Payee	address; City;	State; Zip Co	ode	***************************************		
	\$1,500.00	1712、	Jenson Rd					
		Fort W	/orth, TX 76112					
8	PURPOSE	(a) Catego	(See Categories listed at the top of t	his schedule)	(b)	Description	,,	
	OF EXPENDITURE		llting Expense			la-sand		de of Texas. Complete Schedule T.
			***			to a common of the common of t		officeholder living expense gement, social media consulting &
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9	Complete ONLY if direct expenditure to benefit C/O		te/Officeholder name	Office sou	l ight			Office held
	Date	Payee	name				100	
	02/01/2021	Small	Wonder Communications					
	Amount (\$)	Payee	address; City;	State; Zip Co	ode			
	\$1,500.00	1712	Jenson Rd					
To the second		Fort W	orth, TX 76112					
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	OF EXPENDITURE	Consu	Iting Expense			Lauren		de of Texas. Complete Schedule T.
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						writing servic		gomen, eestar media eenediiing a
	Complete ONLY if direct expenditure to benefit C/OI		te/Officeholder name	Office sou	l ight	Bordis shakkad Mindan (1885). A shakkad shakkad shakkad shakkad shakkad shakkad shakkad shakkad shakkad shakka		Office held
	Date	Payee	name		34000 ET 5000		A154007760	
	03/01/2021	Small	Wonder Communications					
	Amount (\$)	Payee	address; City;	State; Zip Co	de		:	
	\$1,500.00	1712	Jenson Rd					
		Fort W	/orth, TX 76112					
	PURPOSE OF		(See Categories listed at the top of t	his schedule)	(b)	Description		
	EXPENDITURE	Consu	liting Expense			James J.		le of Texas. Complete Schedule T. officeholder living expense
	,					Creation		gement, social media consulting &
						writing servic		
	Complete ONLY if direct expenditure to benefit C/O		te/Officeholder name	Office sou	ght		***********	Office held
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SCHEDULE F1

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Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Office (Polling ense Printing	Overhe Expens Exper		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	comp	lete this form.	
1	Total pages Schedule F1: Sch: 10/12 Rpt: 13/18	2 FILER NAME Price, Betsy		All the least the land to a decimal to specify the control of the plane of the specify the control of the specify the specific the specify the specific		3	Filer ID
4	Date	5 Payee name		Nagarahan and Andrews		<u></u>	
	04/01/2021	1	der Communications	;			
6	Amount (\$) \$1,500.00	7 Payee addre		State; Zip (Code		
	·	Fort Worth,	TX 76112				
8	PURPOSE OF EXPENDITURE	(a) Category _{(Se} Consulting I	ee Categories listed at the top Expense	of this schedule)	(b)	Check if Austin, TX,	de of Texas. Complete Schedule T. officeholder living expense gement, social media consulting &
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic H	ceholder name	Office so	ought	onemus sustraidib consu ensury a chianna si the siddid pernahidad.	Office held
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	05/03/2021	Small Wond	ler Communications				
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name	Office sou	ıght		Office held
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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)

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide explains		/ages	/Contract Labor		OTHER (enter a category not listed al	oove)
1	Total pages Schedule F1:	2 FILER NAME	10000000000000000000000000000000000000			<u> </u>	3 F	iler ID	
-	Sch: 11/12 Rpt: 14/18	Price, Betsy						,	
	3011. 11/12 Kpt. 14/10				who companies				
4	Date	5 Payee name							
	02/02/2021	Tarrant Cou	unty Junior Livestock Assoc	ciation					
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	de				
	\$200.00	-	hone Rd Suite 301	•					
	Ψ	0.120 .0.00	none ria dano del						
		Fort Worth,	TX 76135						
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this sch	hedule)	(b)	Description			
	OF		ns/Donations Made By	<i>'</i>		Check if travel o	outside	of Texas. Complete Schedule T.	
	EXPENDITURE		Officeholder/Political Ćomn	nittee		Check if Austin,	TX, o	fficeholder living expense	
				1		Donation			
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office held	one a commence and a substitute of the substitut
	expenditure to benefit C/OI	4			_				

	Date	Payee name							
	03/13/2021	The Saving	Hope Foundation						
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	de				
	\$300.00	1320 S Uni	versity Dr Suite 701						
		Fort Worth,	TV 76107						
	PURPOSE OF		ee Categories listed at the top of this sch	hedule)	(b)	Description			
	EXPENDITURE		ns/Donations Made By					of Texas. Complete Schedule T.	
		Candidate/	Officeholder/Political Comm	nittee		Donation	, 17, 0	ficeholder living expense	
	•			[Donation			

	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office held	
	experiulture to benefit C/Oi	•							
	Date	Payee name							
	02/10/2021	Uncle Julio'							
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	da		MATERIAL PROPERTY AND ADDRESS OF THE PARTY AND		
		•	•	;, Zip Cui	uc				
	\$67.52	5301 Camp	Bowie Blvd						
		:							:
		Fort Worth,	TX 76107						
	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	hedule)	(b)	Description			
	OF		rage Expense			t-months and	outside	of Texas. Complete Schedule T.	
	EXPENDITURE	, , , , , , , , , , , , , , , , , , , ,				Check if Austin,	TX, of	ficeholder living expense	
						City staff mea	al		
	Complete ONLY if direct	Candidate/Offi	iceholder name (Office soug	ght			Office held	delegación de la constantidad de la cons
	expenditure to benefit C/OI				J				

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 NAME Filer ID Sch: 12/12 Rpt: 15/18 Price, Betsy 4 Date Payee name 04/13/2021 Uncle Julio's Amount (\$) Payee address; State; Zip Code City; \$131.00 5301 Camp Bowie Blvd Fort Worth, TX 76107 **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 City staff meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/04/2021 Walgreens Payee address: Amount (\$) City; State: Zip Code \$277.03 4350 Oak Park Lane 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 City staff family graduation gifts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/16/2021 Walgreens Amount (\$) Payee address; City; State; Zip Code \$112.22 4350 Oak Park Lane Fort Worth, TX 76109 **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 Food drive donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Advertising Expense Event Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Accounting/Banking Polling Expense Travel in District Food/Beverage Expense Consulting Expense Contributions/ Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID Sch: 1/2 Rpt: 16/18 Price, Betsy 4 Date Payee name 01/15/2021 Blue Goose State; Zip Code 6 Amount (\$) Payee address; City; 1600 S University Dr Ste 609 \$52.33 Reimbursement from political contributions intended Х Fort Worth, TX 76109 PURPOSE 8 (b) Description Check if travel outside of Texas. Complete Schedule T. (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** City staff meal Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 01/05/2021 Fixe Southern House Amount (\$) Payee address; City; State; Zip Code \$384.00 5282 Marathon Ave Reimbursement from political contributions intended Х 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** City staff meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/08/2021 Joe T. Garcia's Mexican Restaurant State; Zip Code Amount (\$) Payee address; City; \$600.00 2201 N Commerce Street Reimbursement from political contributions intended X Fort Worth, TX 76164 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Meal with area mayors and city staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Travel in District Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME Filer ID Sch: 2/2 Rpt: 17/18 Price, Betsy Date Payee name 01/01/2021 Press Cafe Amount (\$) Payee address; City; State; Zip Code 4801 Edwards Ranch Rd \$156.65 Reimbursement from political contributions intended Fort Worth, TX 76109 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** City staff meal Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

	FORM CIOITS FIX
	The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report" ** Page 18 of 18
1	C/OH NAME 2 Filer ID
	Price, Betsy julie@betsypriceformayor.com
3	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.
	Signature of Candidate / Officeholder
4	FILER WHO IS NOT AN OFFICEHOLDER ** Complete A & B below only if you are not an officeholder **
	A CAMPAIGN FUNDS
	Check only one:
	X I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.
	B ASSETS
	Check only one:
	X I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.
	Signature of Candidate
5	OFFICEHOLDER
	** Complete this section only if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder