

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

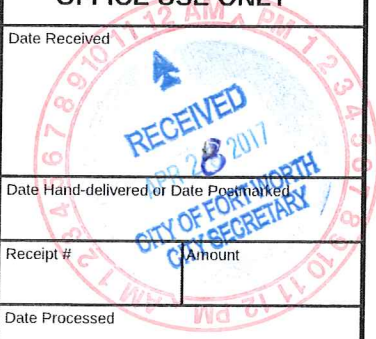
OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX

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

1 Filer ID

2 Total pages filed:

27

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Betsy	OFFICE USE ONLY Date Received 	
	NICKNAME LAST SUFFIX Price		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 100066 Fort Worth, TX 76185		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Alice		
	NICKNAME LAST SUFFIX Puente		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2737 Calder Court Fort Worth, TX 76107		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 817-207-8643		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year    Month Day Year 03/28/2017    THROUGH    04/26/2017		
10 ELECTION	ELECTION DATE Month Day Year 05/06/2017	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Mayor of Fort Worth		12 OFFICE SOUGHT (if known) Mayor of Fort Worth

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

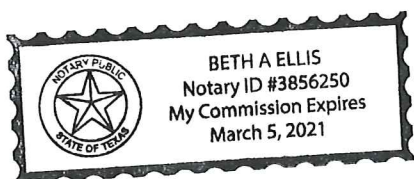
2 of 27

13 C / OH NAME Price, Betsy	14 Filer ID
--------------------------------	-------------

15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	29,284.72
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	435.22
	4.	TOTAL POLITICAL EXPENDITURES	\$	32,582.84
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	463,175.58
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

## 17 AFFIDAVIT



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

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Betsy Price, this the 28 day of April, 20 17, to certify which, witness my hand and seal of office.

B. A. Ellis Beth A Ellis Notary  
Signature of officer administering Printed name of officer administering Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 27

<b>18 FILER NAME</b> Price, Betsy		<b>19 Filer ID</b>	
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	23,416.66
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	5,868.06
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	32,544.03
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	38.81
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 1/8 Rpt: 4/27

2 FILER NAME

Price, Betsy

3 Filer ID

4 Date  
04/26/2017

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Acme Brick Company Good Government Fund

7 Amount of Contribution (\$)  
\$1,000.00

6 Contributor address; City; State; Zip Code  
2821 W 7th St  
  
Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/03/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Alvarado, Anna

Amount of Contribution (\$)  
\$150.00

Contributor address; City; State; Zip Code  
3809 Westcliff Road S.  
  
Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/26/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Apartment Association of Tarrant County PAC

Amount of Contribution (\$)  
\$3,500.00

Contributor address; City; State; Zip Code  
6350 Baker Blvd  
  
Fort Worth, TX 76118

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/24/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Bass, Edward P. (Mr.)

Amount of Contribution (\$)  
\$2,500.00

Contributor address; City; State; Zip Code  
201 Main Street Suite 3100  
  
Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/24/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Berry, Stephen

Amount of Contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
PO Box 101384  
  
Fort Worth, TX 76186

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 2/8 Rpt: 5/27

2 FILER NAME

Price, Betsy

3 Filer ID

4 Date  
03/31/2017

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Biggs, Karl

7 Amount of Contribution (\$)  
\$250.00

6 Contributor address; City; State; Zip Code  
2525 Ridgmar Blvd, Suite 400  
  
Fort Worth, TX 76116

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/26/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Blake, Gary R

Amount of Contribution (\$)  
\$1,000.00

Contributor address; City; State; Zip Code  
4150 International Plz Ste 600  
  
Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/08/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Blocker, Lisa

Amount of Contribution (\$)  
\$250.00

Contributor address; City; State; Zip Code  
2700 Museum Way  
  
Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/14/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Brightbill III, Lorenzo O.

Amount of Contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
8908 Crest Wood Drive  
  
Fort Worth, TX 76179

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/05/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Campbell, Michael

Amount of Contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
PO Box 7889  
  
The Woodlands, TX 77387

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/8 Rpt: 6/27
<b>2</b> FILER NAME Price, Betsy		<b>3</b> Filer ID
<b>4</b> Date 04/15/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Ellison <hr/> <b>6</b> Contributor address; City; State; Zip Code PO Box 25  Santo, TX 76472	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/06/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christie, Linda <hr/> Contributor address; City; State; Zip Code 1129 Picasso Dr  Fort Worth, TX 76107	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cocanower, Steve (Mr.) <hr/> Contributor address; City; State; Zip Code 4200 French Lake Dr  Fort Worth, TX 76133	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conley, Patrick <hr/> Contributor address; City; State; Zip Code P.O. Box 17083  Fort Worth, TX 76102	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FirstCash Inc PAC <hr/> Contributor address; City; State; Zip Code 1600 West 7th Street  Fort Worth, TX 76102	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/27
2 FILER NAME Price, Betsy		3 Filer ID
4 Date 04/24/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Aric	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 9621 Bowman Dr  Fort Worth, TX 76244	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/19/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hickman, Jo	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 2125 Fountain Square Drive  Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennings, Bill	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 6324 Pamlico  Fort Worth, TX 76116	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Nancy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 6153 Waco Way  Fort Worth, TX 76133	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kostohryz, John	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 2609 Hartwood Drive  Fort Worth, TX 76109	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 5/8 Rpt: 8/27

2 FILER NAME

Price, Betsy

3 Filer ID

4 Date  
04/18/2017

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Lohman, Bob

7 Amount of Contribution (\$)  
\$100.00

6 Contributor address; City; State; Zip Code  
2716 Riverwood Trail  
  
Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
04/06/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Lonberger, Brad

Amount of Contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
8129 Whistling Duck Drive  
  
Fort Worth, TX 76118

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/26/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Lowrance, Dan E (Mr.)

Amount of Contribution (\$)  
\$3,000.00

Contributor address; City; State; Zip Code  
2008 Four Oaks Ln  
  
Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/13/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
M.T. Cole Trust No 2

Amount of Contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
PO Drawer S  
  
Denton, TX 76202

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/20/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mutemberezi, Augustin

Amount of Contribution (\$)  
\$50.00

Contributor address; City; State; Zip Code  
9040 Silsby Dr  
  
Fort Worth, TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/27
2 FILER NAME Price, Betsy		3 Filer ID
4 Date 03/31/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Needham, Judy 6 Contributor address; City; State; Zip Code 6341 Klamath Road Fort Worth, TX 76116	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/21/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noteboom, Chuck Contributor address; City; State; Zip Code 2416 Lofton Ter Fort Worth, TX 76109	Amount of Contribution (\$) \$66.66
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Malley, Patrick (Dr.) Contributor address; City; State; Zip Code 4936 Bryce Ave Fort Worth, TX 76107	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pace, Gary Contributor address; City; State; Zip Code 420 Throckmorton, Suite 710 Fort Worth, TX 76102	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peck, P. Michael Contributor address; City; State; Zip Code 9608 Lea Shore St. Fort Worth, TX 76179	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 7/8 Rpt: 10/27

2 FILER NAME

Price, Betsy

3 Filer ID

4 Date  
03/28/2017

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Pettit, David

7 Amount of Contribution (\$)  
\$250.00

6 Contributor address; City; State; Zip Code  
306 West 7th St. Suite 1025  
  
Fort Worth, TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
03/28/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Pettit, David

Amount of Contribution (\$)  
\$250.00

Contributor address; City; State; Zip Code  
306 West 7th St. Suite 1025  
  
Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/06/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Petty, Nina

Amount of Contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
3876 Bellaire Circle  
  
Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/03/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Primrose, Randy

Amount of Contribution (\$)  
\$250.00

Contributor address; City; State; Zip Code  
5506 Sycamore Drive  
  
Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/13/2017

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

Amount of Contribution (\$)  
\$3,000.00

Contributor address; City; State; Zip Code  
301 Commerce Street, Suite 3200  
  
Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 8/8 Rpt: 11/27

2 FILER NAME

Price, Betsy

3 Filer ID

4 Date

04/26/2017

5 Full name of contributor

Roach II, John V

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of Contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

2805 Alton Road

Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/06/2017

Full name of contributor

Sturgeon, Ronald

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution (\$)

\$1,500.00

Contributor address; City; State; Zip Code

5940 Eden Dr.

Fort Worth, TX 76117

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/28/2017

Full name of contributor

White, Jay

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

8200 Rain Dance Court

Fort Worth, TX 76123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/27	
2 FILER NAME Price, Betsy		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/05/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Committee for Public Safety Fort Worth Police Officers' Association 7 Contributor address; City, State; Zip Code 904 Collier St Fort Worth, TX 76102	8 Amount of contribution (\$) \$5,868.06	9 In-kind contribution description Design and deployment of signage
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
11 Employer (FOR NON-JUDICIAL) (See instructions)			
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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  
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.

1 Total pages Schedule F1: Sch: 1/14 Rpt: 13/27		2 FILER NAME Price, Betsy		3 Filer ID	
4 Date 04/26/2017		5 Payee name ALL SAINTS CATHOLIC CHURCH			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 214 NW 20TH STREET  FORT WORTH, TX 76164			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/30/2017		Payee name ANN ZADEH CAMPAIGN			
Amount (\$) \$500.00		Payee address; City; State; Zip Code PO BOX 12173  FORT WORTH, TX 76110			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/06/2017		Payee name BOY SCOUTS OF AMERICA LONGHORN COUNCIL			
Amount (\$) \$150.00		Payee address; City; State; Zip Code PO BOX 54108  HURST, TX 76054			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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  
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.

1 Total pages Schedule F1: Sch: 2/14 Rpt: 14/27	2 FILER NAME Price, Betsy	3 Filer ID
4 Date 04/26/2017	5 Payee name BRIGHTER OUTLOOK INC	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 4910 DUNBAR STREET  FORT WORTH, TX 76105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/29/2017	Candidate/Officeholder name CARLOS FLORES CAMPAIGN	
Amount (\$) \$750.00	Office sought Office held	
PAYEE NAME	Payee name CARLOS FLORES CAMPAIGN	
PAYEE ADDRESS	Payee address; City; State; Zip Code 1415 CIRCLE PARK BLVD  FORT WORTH, TX 76164	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/17/2017	Candidate/Officeholder name CARLOS FLORES CAMPAIGN	
Amount (\$) \$500.00	Office sought Office held	
PAYEE NAME	Payee name CARLOS FLORES CAMPAIGN	
PAYEE ADDRESS	Payee address; City; State; Zip Code 1415 CIRCLE PARK BLVD  FORT WORTH, TX 76164	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate/Officeholder name	
Amount (\$)	Office sought	
PAYEE NAME	Payee name	
PAYEE ADDRESS	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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  
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.

1 Total pages Schedule F1: Sch: 3/14 Rpt: 15/27		2 FILER NAME Price, Betsy		3 Filer ID	
4 Date 04/25/2017		5 Payee name CARLOS FLORES CAMPAIGN			
6 Amount (\$) \$3,000.00		7 Payee address; City; State; Zip Code 1415 CIRCLE PARK BLVD  FORT WORTH, TX 76164			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/30/2017		Payee name CARY MOON CAMPAIGN			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 4040 VERNON WAY  FORT WORTH, TX 76244			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/19/2017		Payee name CODE BLUE GOLF TOURNAMENT			
Amount (\$) \$500.00		Payee address; City; State; Zip Code PO BOX 40012  FORT WORTH, TX 76140			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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  
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.

<b>1</b> Total pages Schedule F1: Sch: 4/14 Rpt: 16/27	<b>2</b> FILER NAME Price, Betsy	<b>3</b> Filer ID
<b>4</b> Date 03/30/2017	<b>5</b> Payee name DENNIS SHINGLETON CAMPAIGN	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 8600 CROSSWIND DRIVE  FORT WORTH, TX 76179	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2017	Payee name EDUCATIONAL FIRST STEPS	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 2100 CIRCLE DR STE 300  FORT WORTH, TX 76119	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/26/2017	Payee name ELLMAN, GLEN	
Amount (\$) \$550.00	Payee address; City; State; Zip Code PO BOX 126081  BENBROOK, TX 76126	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PHOTOGRAPHY SESSIONS FOR CAMPAIGN LITERATURE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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  
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.

<b>1</b> Total pages Schedule F1: Sch: 5/14 Rpt: 17/27	<b>2</b> FILER NAME Price, Betsy	<b>3</b> Filer ID
<b>4</b> Date 03/29/2017	<b>5</b> Payee name FORT WORTH POLICE OFFICERS' AWARD FOUNDATION	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code PO BOX 17659  FORT WORTH, TX 76102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/26/2017	Candidate/Officeholder name Office sought Office held	
Payee name FORT WORTH ZOO		
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1989 COLONIAL PARKWAY  FORT WORTH, TX 76110	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/19/2017	Candidate/Officeholder name Office sought Office held	
Payee name FORT WORTH ZOOLOGICAL ASSOCIATION		
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1989 COLONIAL PARKWAY  FORT WORTH, TX 76110	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) MEMBERSHIP DUES	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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  
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.

<b>1</b> Total pages Schedule F1: Sch: 6/14 Rpt: 18/27	<b>2</b> FILER NAME Price, Betsy	<b>3</b> Filer ID
<b>4</b> Date 04/03/2017	<b>5</b> Payee name GREATER FORT WORTH AREA NEGRO BUSINESS AND PROFESSIONAL WOMEN'S CLUB	
<b>6</b> Amount (\$) \$80.00	<b>7</b> Payee address; City; State; Zip Code 3721 MEMPHIS LANE  FORT WORTH, TX 76133	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN ADVERTISING
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/03/2017	Candidate/Officeholder name	Office sought
Amount (\$) \$100.00	Payee name GREATER FORT WORTH AREA NEGRO BUSINESS AND PROFESSIONAL WOMEN'S CLUB	Office held
Purpose of Expenditure	Payee address; City; State; Zip Code 3721 MEMPHIS LANE  FORT WORTH, TX 76133	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/30/2017	Candidate/Officeholder name	Office sought
Amount (\$) \$500.00	Payee name GYNA BIVENS CAMPAIGN	Office held
Purpose of Expenditure	Payee address; City; State; Zip Code 5913 MCKASKLE DRIVE  FORT WORTH, TX 76119	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate/Officeholder name	Office sought
Amount (\$)	Payee name	Office held
Purpose of Expenditure	Payee address; City; State; Zip Code	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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  
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.

<b>1</b> Total pages Schedule F1: Sch: 7/14 Rpt: 19/27	<b>2</b> FILER NAME Price, Betsy	<b>3</b> Filer ID
<b>4</b> Date 03/29/2017	<b>5</b> Payee name INSTALL CONNECT INC	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 505 W STATE STREET  GARLAND, TX 75040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SIGN INSTALLATION
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2017	Payee name INSTALL CONNECT INC	
Amount (\$) \$760.00	Payee address; City; State; Zip Code 505 W STATE STREET  GARLAND, TX 75040	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SIGN INSTALLATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/06/2017	Payee name JIM AUSTIN ONLINE.COM	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2401 SCOTT AVENUE  FORT WORTH, TX 76103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN ONLINE ADVERTISING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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  
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.

1 Total pages Schedule F1: Sch: 8/14 Rpt: 20/27	2 FILER NAME Price, Betsy	3 Filer ID
4 Date 04/03/2017	5 Payee name JP SOLUTIONS	
6 Amount (\$) \$4,500.00	7 Payee address; City; State; Zip Code 6421 FERSHAW PLACE  FORT WORTH, TX 76116	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN MANAGEMENT SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/29/2017	Payee name JUBILEE THEATRE	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 506 MAIN STREET  FORT WORTH, TX 76102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/30/2017	Payee name KAY GRANGER CAMPAIGN FUND	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1701 RIVER RUN ROAD SUITE 308  FORT WORTH, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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  
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.

1 Total pages Schedule F1: Sch: 9/14 Rpt: 21/27		2 FILER NAME Price, Betsy		3 Filer ID	
4 Date 03/30/2017		5 Payee name KELLY ALLEN GRAY CAMPAIGN			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 2820 GALVEZ DRIVE  FORT WORTH, TX 76111			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/26/2017		Payee name LEUKEMIA & LYMPHOMA SOCIETY			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 8111 LBJ FWY STE 425  DALLAS, TX 75251			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/06/2017		Payee name MAYES MEDIA GROUP			
Amount (\$) \$2,000.00		Payee address; City; State; Zip Code 312 CREEKWOOD DRIVE  SUNNYVALE, TX 75182			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN MEDIA CONSULTING SERVICES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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  
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.

<b>1</b> Total pages Schedule F1: Sch: 10/14 Rpt: 22/27	<b>2</b> FILER NAME Price, Betsy	<b>3</b> Filer ID
<b>4</b> Date 04/06/2017	<b>5</b> Payee name MAYES MEDIA GROUP	
<b>6</b> Amount (\$) \$1,136.63	<b>7</b> Payee address; City; State; Zip Code 312 CREEKWOOD DRIVE  SUNNYVALE, TX 75182	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SIGNS PRINTING
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2017	Payee name MAYES MEDIA GROUP	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 312 CREEKWOOD DRIVE  SUNNYVALE, TX 75182	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN ADVERTISING DESIGN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/03/2017	Payee name MICHAEL'S CUISINE	
Amount (\$) \$206.85	Payee address; City; State; Zip Code 3414 W 7TH STREET  FORT WORTH, TX 76107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN MEETING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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  
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.

1 Total pages Schedule F1: Sch: 11/14 Rpt: 23/27		2 FILER NAME Price, Betsy		3 Filer ID	
4 Date 04/06/2017		5 Payee name NORMAN ROBBINS CAMPAIGN			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code 6144 PLUM VALLEY PLACE  FORT WORTH, TX 76116			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/31/2017		Payee name OUR WATER OUR FUTURE PAC			
Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 777 TAYLOR STREET SUITE 1030  FORT WORTH, TX 76102			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/17/2017		Payee name OUR WATER OUR FUTURE PAC			
Amount (\$) \$4,500.00		Payee address; City; State; Zip Code 777 TAYLOR STREET SUITE 1030  FORT WORTH, TX 76102			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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  
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.

1 Total pages Schedule F1: Sch: 12/14 Rpt: 24/27		2 FILER NAME Price, Betsy		3 Filer ID	
4 Date 03/29/2017		5 Payee name PASCHAL BOOSTER			
6 Amount (\$) \$1,100.00		7 Payee address; City; State; Zip Code 4128 HILDRING DRIVE W  FORT WORTH, TX 76109			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/26/2017		Payee name PRICE, BETSY			
Amount (\$) \$38.81		Payee address; City; State; Zip Code 3908 SUMMERCREST  FORT WORTH, TX 76109			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT OF SCHEDULE G EXPENSES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/31/2017		Payee name ROTARY CLUB OF FORT WORTH			
Amount (\$) \$1,200.00		Payee address; City; State; Zip Code 306 W 7TH STREET SUITE 715  FORT WORTH, TX 76102			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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  
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.

1 Total pages Schedule F1: Sch: 13/14 Rpt: 25/27		2 FILER NAME Price, Betsy		3 Filer ID	
4 Date 04/06/2017		5 Payee name SMALL WONDER COMMUNICATIONS			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 1712 JENSON ROAD  FORT WORTH, TX 76112			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONSULTATION AND WRITING SERVICES	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/17/2017		Payee name SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW			
Amount (\$) \$200.00		Payee address; City; State; Zip Code PO BOX 150  FORT WORTH, TX 76101			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/04/2017		Payee name STAPLES			
Amount (\$) \$106.52		Payee address; City; State; Zip Code 1660 S UNIVERSITY DRIVE  FORT WORTH, TX 76107			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN OFFICE SUPPLIES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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  
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.

<b>1</b> Total pages Schedule F1: Sch: 14/14 Rpt: 26/27	<b>2</b> FILER NAME Price, Betsy	<b>3</b> Filer ID
<b>4</b> Date 04/04/2017	<b>5</b> Payee name THE BOX	
<b>6</b> Amount (\$) \$130.00	<b>7</b> Payee address; City; State; Zip Code 3023 S UNIVERSITY DRIVE  FORT WORTH, TX 76109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2017	Candidate/Officeholder name ZIM ZIMMERMAN CAMPAIGN	
Amount (\$) \$500.00	Office sought Office held	
Purpose of Expenditure	Payee name ZIM ZIMMERMAN CAMPAIGN	
Purpose of Expenditure	Payee address; City; State; Zip Code 11400 NORTHVIEW DRIVE  FORT WORTH, TX 76008	
Purpose of Expenditure	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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  
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.

1 Total pages Schedule G: Sch: 1/1 Rpt: 27/27	2 FILER NAME Price, Betsy	3 Filer ID
4 Date 04/25/2017	5 Payee name COSTCO	
6 Amount (\$) \$19.36  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5300 OVERTON RIDGE BLVD  FORT WORTH, TX 76132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES FOR FALLEN HEROES EVENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

Date 04/25/2017	Payee name PARTY CITY	
Amount (\$) \$19.45  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4826 SW LOOP 820  FORT WORTH, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES FOR FALLEN HEROES EVENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	