OFFICIAL RECORD FORM C/OH CANDIDATE / OFFICEHOLDER CITY SECRETARY CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** FT. WORTH, TX 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 43 CANDIDATE / MS/MRS/MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Betsy NAME Date Rece RECEIVED **NICKNAME** LAST SUFFIX Price JAN 1 6 2018 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; land-delivered or Park TVB harked CITY; ZIP CODE **OFFICEHOLDER** CITY SECRETARY PO Box 100066 MAILING **ADDRESS** Change of Address Fort Worth, TX 76185 Date Processe Date Imaged CAMPAIGN MS/MRS/MR **FIRST** MI **TREASURER** NAME Alice NICKNAME LAST SUFFIX Puente STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER ADDRESS** 2737 Calder Ct Fort Worth, TX 76107 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 817-207-8643 REPORT TYPE 15th day after campaign treasurer X January 15 30th day before election Runoff appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Day Year Month Day Year COVERED **THROUGH** 07/01/2017 12/31/2017 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Mayor of Fort Worth Mayor of Fort Worth

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 43

				2 01 43				
13 C / OH NAME	Price, Betsy		14 Filer ID					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	he candidate's or officeh	older's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC	COMMITTEE ADDRESS						
	J. J. LOINE							
А.								
		COMMITTEE CAMPAIGN TREASURER NAME						
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16 CONTRIBUTION TOTALS		 AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	HAN PLEDGES,	\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,000.00				
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$ 1,407.72				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 100,789.38				
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	\$ 345,311.23						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	\$ 0.00						
17 AFFADAVIT				manti-special in the product of the second control of the second c				
	BETH A ELLIS Notary ID #3856250 My Commission Expires March 5, 2021	I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.		e reported by me				
AFFINANCE	ADV STAND LOCAL ADS							
	ribed before me, by the sa	R La Da	, this the	day				
Signature of office	a SULV er administering	Beth A ELLI'S Printed name of officer administering	No Jaru Title of officer ag	ministering oath				

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 43 19 Filer ID 18 FILER NAME Price, Betsy 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 10,000.00 X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 99,920.16 X \$ 5. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 791.19 \$ X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 78.03 \$ X SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 1,700.00 \$ 12. X TO FILER

The Instruction Guide explains how to complete this form. FileR NAME Price, Betsy Date 12/11/2017 General Section S	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/43 3 Filer ID 7 Amount of Contribution (\$) \$10,000.6
Price, Betsy 5 Full name of contributor out-of-state PAC (ID#:) 12/11/2017 McLean, Robert H. (Mr.) 6 Contributor address; City; State; Zip Code 226 Bailey Ave Ste 106 Fort Worth, TX 76107	3 Filer ID 7 Amount of Contribution (\$) \$10,000.4
Price, Betsy 5 Full name of contributor out-of-state PAC (ID#:) 12/11/2017 McLean, Robert H. (Mr.) 6 Contributor address; City; State; Zip Code 226 Bailey Ave Ste 106 Fort Worth, TX 76107	7 Amount of Contribution (\$) \$10,000.6
Date 12/11/2017 5 Full name of contributor out-of-state PAC (ID#:) McLean, Robert H. (Mr.) 6 Contributor address; City; State; Zip Code 226 Bailey Ave Ste 106 Fort Worth, TX 76107	 \$10,000.0
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226 Bailey Ave Ste 106 Fort Worth, TX 76107	ons)
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Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ns)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form, 1 Total pages Schedule F1: FILER NAME Filer ID 2 Sch: 1/36 Rpt: 5/43 Price, Betsy Date Payee name 10/25/2017 ACADEMY SPORTS 6 Amount (\$) Payee address; State; Zip Code City: \$145.92 6101 BRYANT IRVIN RD 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. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense SUPPLIES FOR CHARITY EVENT Office sought Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH Date Payee name 08/28/2017 ALL SAINTS CATHOLIC CHURCH Amount (\$) Payee address; City; State; Zip Code \$250.00 214 NW 20TH STREET FORT WORTH, TX 76164 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense **EVENT SPONSORSHIP** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/29/2017 ALL SAINTS CATHOLIC CHURCH Amount (\$) Payee address; City; State; Zip Code \$250.00 214 NW 20TH ST FORT WORTH, TX 76164 **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** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense **DONATION** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	ly - al Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
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1	Total pages Schedule F1:	2 FILER NAM	E		3	Filer ID
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4	Date	5 Payee name	9			
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6	Amount (\$)	7 Payee addr	ess; City; S	State; Zip Code	е	
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		AUSTIN, T	X 78752			
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9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sough	nt	Office held
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	Date	Payee name				
	08/28/2017	BRIAN BY	RD CAMPAIGN			
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Code	e	
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		FORT WO	RTH, TX 76162			
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 3/36 Rpt: 7/43 Price, Betsy 4 Date Payee name 10/20/2017 **CAMPISI'S** 6 Amount (\$) Payee address; City; State; Zip Code \$122.26 6150 CAMP BOWIE BLVD FORT WORTH, TX 76116 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. 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 07/28/2017 CANE ROSSO Amount (\$) Payee address; City; State; Zip Code \$113.51 815 W MAGNOLIA FORT WORTH, TX 76104 **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 12/24/2017 CHARLESTON'S OF FORT WORTH State; Zip Code Amount (\$) Payee address; City; \$106.34 3020 S HULEN 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 LUNCH 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 Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 4/36 Rpt: 8/43 Price, Betsy Date Payee name 07/13/2017 CITY OF FORT WORTH State; Zip Code 6 Amount (\$) Payee address; City; 200 TEXAS STREET \$335.00 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. Event Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense FACILITY RENTAL FOR CAMPAIGN SPONSORED **EVENT** Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name CITY OF FORT WORTH 07/18/2017 State; Zip Code Amount (\$) Payee address; City; \$20.00 200 TEXAS STREET 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. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense FACILITY RENTAL FOR CAMPAIGN SPONSORED **EVENT** Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/14/2017 CONSTANT CONTACT Payee address; City; State; Zip Code Amount (\$) \$207.87 3232 MCKINNEY AVE STE 660 DALLAS, TX 75204 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL SERVICES Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Overhead/Rental Expense Tran- Food/Beverage Expense Polling Expense Trav- e By - Gilt/Awards/Memorials Expense Printing Expense Trav-	itation/Fundraising Expense sportation Equipment & Related Expense el in District el Out of District ER (enter a category not listed above)
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4 Date 12/14/2017	5 Payee name CONSTANT CONTACT	
6 Amount (\$) \$207.87	7 Payee address; City; State; Zip Code 3232 MCKINNEY AVE STE 660 DALLAS, TX 75204	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of T Check if Austin, TX, officel CAMPAIGN EMAIL S	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office held
Date	Payee name	
12/07/2017	COPPA TOWER BRIDGE	
Amount (\$) \$118.58	Payee address; City; State; Zip Code 3 QUAYS WALK	
	LONDON EC3R6AH United Kingdom	
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Tomeron Check if Austin, TX, officeh LUNCH AT MAYORS	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office held
Date 07/13/2017	Payee name DEWAYNE SODERS	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 4804 S HUGHES ST	
	FORT WORTH, TX 76119	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Te Check if Austin, TX, officehor HOST FOR CAMPAIG	•
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Travel in District Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 6/36 Rpt: 10/43 Price, Betsy Date Payee name 12/14/2017 EDDIE V'S State; Zip Code 6 Amount (\$) Payee address; City; 3100 W 7TH \$275.03 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 OFFICEHOLDER MEETING EXPENSE Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/28/2017 **ELLERBE FINE FOODS** Amount (\$) Payee address; State; Zip Code \$144.08 1501 W MAGNOLIA FORT WORTH, TX 76104 **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 FORT WORTH CHRISITIAN PRAYER BREAKFAST 09/25/2017 Payee address; City; State; Zip Code Amount (\$) PO BOX 101296 \$395.00 FORT WORTH, TX 76185 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **EVENT REGISTRATION** Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

SCHEDULE F1

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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment						
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	09/25/2017	FORT WORTH DELTA DELTA ALUMNAE CHAPTER					
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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 Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H					
	Date 11/13/2017	Payee name FORT WORTH PROMOTION AND DEVELOPMENT FUND					
	Amount (\$) \$3,500.00	Payee address; City; State; Zip Code PO BOX 8040					
		FORT WORTH, TX 76124					
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	09/25/2017	FORT WORTH REPUBLICAN WOMEN					
	Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 101613					
		FORT WORTH, TX 76185					
	PURPOSE	(a) Category (a) Consideration (b) Description					

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Contributions/Donations Made By

Candidate/Officeholder name

Candidate/Officeholder/Political Committee

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

EVENT SPONSORSHIP

SCHEDULE F1

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

Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense
Contributions/ Donations Made By Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 Filer ID FILER NAME Sch: 8/36 Rpt: 12/43 Price, Betsy 4 Date Payee name FORT WORTH REPUBLICAN WOMEN 11/13/2017 6 Amount (\$) Pavee address: City: State; Zip Code PO BOX 101613 \$160,00 FORTH WORTH, TX 76185 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **DUES EXPENDITURE** Check if Austin, TX, officeholder living expense MEMBERSHIP DUES Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Рауее пате 12/04/2017 FORT WORTH REPUBLICAN WOMEN State; Zip Code Amount (\$) Payee address; City; \$400.00 PO BOX 101613 FORT WORTH, TX 76185 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CHRISTMAS GIFTS FOR CONSTITUENTS Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name GARY FICKES CAMPAGIN 09/18/2017 State; Zip Code Amount (\$) Payee address; City; \$250.00 4704 CABERNET CIRCLE COLLEYVILLE, TX 76034 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **CAMPAIGN CONTRIBUTION** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
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6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	Code			
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SCHEDULE F1

CONTRIBUTIO	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B' Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
Total pages Schedule F1: Sch: 10/36 Rpt: 14/43	2 FILER NAME Price, Betsy 3 Filer ID
4 Date 11/27/2017	5 Payee name GOODE COMPANY BBQ HALL OF FAME LLC
6 Amount (\$) \$50.79	7 Payee address; City; State; Zip Code 13843 N PROMENADE BLVD #900 STAFFORD, TX 77477
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CHRISTMAS GIFTS FOR CONSTITUENTS
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/27/2017	GOODE COMPANY BBQ HALL OF FAME LLC
Amount (\$) \$1,601.28	Payee address; City; State; Zip Code 13843 N PROMENADE BLVD #900
	STAFFORD, TX 77477
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CHRISTMAS GIFTS FOR CONSTITUENTS
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 12/04/2017	Payee name GOODE COMPANY BBQ HALL OF FAME LLC
Amount (\$) \$50.42	Payee address; City; State; Zip Code 13843 N PROMENADE BLVD #900
	STAFFORD, TX 77477
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CHRISTMAS GIFTS FOR CONSTITUENTS
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Exp tee Legal Services The Instruction Guide	Office Or Polling E pense Printing I Salaries/	verhea expensi Expensi Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
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7	12/04/2017		Payee name GOODE COMPANY BBQ HALL OF FAME LLC						
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9	Complete ONLY if direct expenditure to benefit C/OI		didate/Officeholder name	Office sou	ıght			Office held	
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		ST	AFFORD, TX 77477						
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	Date	Pay	ree name						
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	Amount (\$)	Pay	ree address; City;	State; Zip Co	ode				
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		FOI	RT WORTH, TX 76123						
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politice Credit Card Payment	y - :al Committee	Food/Beverage Expense Git/Awards/Memorials Exp Legal Services The Instruction Guide	xpense Printin Salarie	_	nse es/Contract Labor		Travel or District Travel Out of District OTHER (enter a category not listed above)
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		FORT WC	DRTH, TX 76104					
8	PURPOSE	i .	(See Categories listed at the t	top of this schedule)	(b)	Description		
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	\$250.00	PO BOX 6	i08					
		GRAPEVII	NE, TX 76099					
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	OF EXPENDITURE	Contributio	ons/Donations Made	е Ву		Check if travel		de of Texas. Complete Schedule T.
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	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office s	ougni			Office held
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ĺ	!	GRAPEVII	NE, TX 76099					
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Credit Card Payment Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 13/36 Rpt: 17/43 Price, Betsy 4 Date Payee name 12/18/2017 JEFF BRYAN CAMPAIGN 6 Amount (\$) Pavee address: City: State: Zip Code \$200.00 PO BOX 795247 DALLAS, TX 75379 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee CAMPAIGN CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/25/2017 JEWEL CHARITY BALL INC Amount (\$) Payee address; City; State; Zip Code \$650.00 3301 HAMILTON AVE STE 121 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. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee DONATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/16/2017 JEWEL CHARITY BALL INC Amount (\$) Payee address; City; State; Zip Code \$2,400.00 3301 HAMILTON AVE STE 121 FORT WORTH, TX 76107 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense "GIFT FOR CITY" STAFF RETREAT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services	Polling Expens Printing Expen Salaries/Wage	nse es/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explai	ins how to comp	lete this form.	
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07/07/2017	JP SOLU	TIONS			
6 Amount (\$)	7 Payee addr	lress; City; Sta	ate; Zip Code		
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	FORT WO	ORTH, TX 76116			
8 PURPOSE	(a) Category	(See Categories listed at the top of this	schedule) (b)	Description	
OF EXPENDITURE	1	Wages/Contract Labor		lanca i	side of Texas. Complete Schedule T.
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9 Complete ONLY if direct	Candidate/O	Officeholder name	Office sought		Office held
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expenditure to benefit C/OH		ICENUIUCI name	Office adag. a		Office riciu
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
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	10/02/2017	JP SOLUTIONS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	6421 FERSHAW PLACE FORT WORTH, TX 76116	
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense MANAGEMENT
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office held
_	Date	Payee name	
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	\$500.00	6421 FERSHAW PLACE FORT WORTH, TX 76116	
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	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
_	12/04/2017	JP SOLUTIONS	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 6421 FERSHAW PLACE	
		FORT WORTH, TX 76116	
	PURPOSE OF EXPENDITURE	Check if Austin, 1	outside of Texas. Complete Schedule T. TX, officeholder living expense MANAGEMENT
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 16/36 Rpt: 20/43 Price, Betsy Date Payee name JPS FOUNDATION 11/08/2017 6 Amount (\$) Payee address; City; State; Zip Code \$250.00 1223 S MAIN ST FORT WORTH, TX 76104 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee DONATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/03/2017 KAPPA ALPHA PSI Amount (\$) Payee address; City; State; Zip Code \$750.00 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 **EVENT SPONSORSHIP** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 08/01/2017 KAPPA ALPHA PSI ALUMNI CHAPTER City; Payee address; State; Zip Code Amount (\$) \$400.00 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 DONATION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 17/36 Rpt: 21/43	Price, Betsy	
4	Date	5 Payee name	
	09/18/2017	KAY GRANGER CAMPAIGN FUND	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$400.00	1701 RIVER RUN	
		FORT WORTH, TX 76107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
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9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
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	\$113.66	4601 WEST FWY STE 224	
	Ψ120,00	1001 112011 1111 1112	
		FORT WORTH TV 70107	
		FORT WORTH, TX 76107	
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	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
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	09/08/2017	LEADERSHIP FORT WORTH	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$740.00	PO BOX 11371	
		FORT WORTH, TX 76110	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	ZXI ZIIDI(OXZ	Candidate/Officeholder/Political Committee	
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SCHEDULE F1

Advertising Expense

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 Committee Credit Card Payment			Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel in District Travel Out of District OTHER (enter a category not listed above)		
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			FORT WO	RTH, TX 76104							
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			FORT WOF	RTH, TX 76102							
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			DALLAS, T	X 75212							
	PURPOSE	(a)	Category (se	ee Categories listed at the to	on of this school	ule)	(b)	Description			
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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		es od/Beverage Expense //Awards/Memorials Expense pal Services	Polling Exper		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
Credit Card Payment	Th	e Instruction Guide expla	ins how to comp	plete this form.			
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Sch: 19/36 Rpt: 23/43	Price, Betsy						
4 Date	5 Payee name						
08/03/2017	MAYES MEDI	A GROUP					
6 Amount (\$)	7 Payee address;	City; Si	ate; Zip Code)			
\$42,500.00	312 CREEKW	OOD DR					
	SUNNYVALE,	TX 75182					
8 PURPOSE	(a) Category (See C	ategories listed at the top of this	s schedule) (b) Description			
OF EXPENDITURE	Polling Expens				side of Texas. Complete Schedule T.		
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9 Complete ONLY if direct	Candidate/Officeh	alder name	Office pough	1	Office held		
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Date 08/28/2017	Payee name	RGESS FOR CONGR	DECC				
Amount (\$)	Payee address; PO BOX 2334	City; St	ate; Zip Code				
\$250.00	PO BOX 2334						
	DENTON, TX	76202-2334					
PURPOSE	(a) Category (See Ca	ategories listed at the top of this	schedule) (b)) Description			
OF EXPENDITURE	Contributions/D	Oonations Made By	İ		ide of Texas. Complete Schedule T.		
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Complete ONLY if direct	Candidate/Officeh	older name	Office sought		Office held		
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	FORT WORTH	. TX 76107					
PURPOSE			[(b)	Description			
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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Food/Beverage Expense iy - Gift/Awards/Memorials Expense al Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explains he	_	
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4 Date			
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6 Amount (\$)	7 Payee address; City; State;	Zip Code	2/
\$500.00	1720 GENDY STREET		
	FORT WORTH, TX 76107		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sched		
OF EXPENDITURE	DUES	; <u>!!</u>	side of Texas. Complete Schedule T. (, officeholder living expense
		MEMBERSHIP	
Complete ONLY if direct expenditure to benefit C/O		fice sought	Office held
expenditure to benefit of o	н		
Date	Payee name		
10/02/2017	ONE SAFE PLACE		
Amount (\$)		Zip Code	
\$1,250.00	1100 HEMPHILL ST STE 300		
	FORT WORTH, TX 76104		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedu		
EXPENDITURE	Event Expense	<u> </u>	ide of Texas. Complete Schedule T. , officeholder living expense
		EVENT TEAM S	- ·
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ice sought	Office held
experiorate to beliefit Go			
Date	Payee name		
07/03/2017	PRESS CAFE		
Amount (\$)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Zip Code	
\$92.94	4801 EDWARDS RANCH RD		
	FORT WORTH, TX 76109		
PURPOSE	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside	de of Texas. Complete Schedule T.
huzti kultkiri e see em		CITY STAFF ME	officeholder living expense
		0111 01/111 1111	-AL
Complete ONLY if direct	Candidate/Officeholder name Offi	ice sought	Office held
expenditure to benefit C/OF			

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 Committee Credit Card Payment			Food/Beverage Expense Gitt/Awards/Memorials Expens Legal Services The Instruction Guide ex	se Printing Salaries	_	nse es/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)			
-	Total pages Schedule F1:	T ₂				-		3	Filer ID			
	Sch: 21/36 Rpt: 25/43		Price, Betsy									
4		5	Payee name			-	DANGE OF THE PARTY	A				
	07/27/2017		PRESS CAF	FE								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	Code						
	\$143.66		4801 EDWA	ARDS RANCH RD								
			FORT WOF	RTH, TX 76109								
8	PURPOSE	(a') Category (Sr	ee Categories listed at the top of	of this schedule)	(b)	Description					
	OF EXPENDITURE			age Expense	VIII		Check if travel of		side of Texas. Complete Schedule T.			
	EAFLINDING						CITY STAFF		t, officeholder living expense F-Δ1			
ĺ	!						CHITOIALI	lVı L	EAL			
Ļ	CAN V if direct		"-1-to/Offi		Office e	<u></u>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candidate/Offic		Office so	ЭUgric			Office held			
	Date		Payee name									
	09/07/2017	L	PRESS CAF						· · · · · · · · · · · · · · · · · · ·			
_	Amount (\$)		Payee address	•	State; Zip C	Code						
	\$100.44		4801 EDWA	ARDS RANCH RD								
	1											
			FORT WOR	RTH, TX 76109	_							
	PURPOSE	(a)	Category (Se	ee Categories listed at the top of	of this schedule)	(b)	Description					
	OF EXPENDITURE	1		age Expense			Check if travel o		ide of Texas. Complete Schedule T.			
						Į	CITY STAFF MEAL					
	-	1					CHYSIALL	lVI∟	:AL			
	Complete ONLY if direct	<u></u>	Candidate/Offic	b -ldor nomo	Office				Office held			
	expenditure to benefit C/OF		Januiuaic/Omo-	enoluer name	Office so	ugn			Office nero			
	·											
	Date 07/28/2017	1	Payee name									
	07/28/2017	ļ	PRICE, BET									
•	Amount (\$)	1	Payee address	•	State; Zip C	ode						
	\$78.03	ĺ	3908 SUIVIIVII	IERCREST DR								
	1	1	:::05	·								
		<u></u>	FORT WOR	TH, TX 76109								
-	PURPOSE OF	1		e Categories listed at the top of t		(b)	Description					
	EXPENDITURE	i	Loan Repayr	ment/Reimbursement	t	1	1		de of Texas. Complete Schedule T. officeholder living expense			
	1	ĺ				'	l-mand		Officeholder Hving expense ENT OF SCHEDULE G CAMPAIGN			
		i				1	EXPENSES	.VI.	INTO CONEDULE S			
	Complete ONLY if direct		Candidate/Office	eholder name	Office sou	<u> </u>			Office held			
	expenditure to benefit C/OH		andium	sholder hame	○ ,,,,,,,	ძყ			Office role			
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services	Polling Expens Printing Exper		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide explain	ns how to comp	lete this form.	
1	Total pages Schedule F1:	2 FILER NAMI	E		3	3 Filer ID
	Sch: 22/36 Rpt: 26/43	Price, Bets	у			
4	Date	5 Payee name	?			
	07/18/2017	REATA				
6	Amount (\$)	7 Payee addre	ess; City; Sta	ate; Zip Code		
	\$121.39	310 HOUS	TON ST			
		FORT WO	RTH, TX 76102			
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule) (b)) Description	
	OF EXPENDITURE	Food/Beve	rage Expense		اسط	utside of Texas. Complete Schedule T.
					CITY STAFF N	ΓX, officeholder living expense
					0111 017	
9	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sought		Office held
	expenditure to benefit C/OI			3		
	Date	Payee name				
	12/18/2017	REATA				
-	Amount (\$)	Payee addre	ess; City; Sta	ite; Zip Code		
	\$1,367.24	310 HOUS	, , , , , , , , , , , , , , , , , , , ,			
	• - •					
		FORT WOR	RTH, TX 76102			
-	PURPOSE	(a) Category (s	See Categories listed at the top of this s	schedule) (b)	Description	
	OF		rage Expense	ionedule)		stside of Texas. Complete Schedule T.
	EXPENDITURE				<u></u>	'X, officeholder living expense
					CITY STAFF C	CHRISTMAS PARTY
	O La CAMA CA North	04:4-+-10#	is abalder name	Office sought		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		iceholder name	Office sought		Office field
_		r				
	Date 07/07/2017	Payee name RING CEN				
	07/07/2017			. 7. 0.1	<u>,</u>	
	Amount (\$)	Payee addre	· ·	te; Zip Code		
	\$37.05	20 DAVIS D	JRIVE			
		DELMONT	04.04000			
		BELMONT,		1		
	PURPOSE OF	•	ee Categories listed at the top of this s	schedule) (b)	Description	tside of Texas. Complete Schedule T.
	EXPENDITURE	Office Over	head/Rental Expense		اسبا	X, officeholder living expense
					CAMPAIGN PH	HONE LINE
	Complete ONLY if direct		iceholder name	Office sought		Office held
	expenditure to benefit C/OF	4				•
			a survival and the surv	Name of the last o		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	ly - al Co	-	Office Over Polling Ex Printing Ex Salaries/V	erhead pense xpens Vages	e Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
H	Total pages Schedule F1:	٦_	The Instruction Guide explains	NOW IO GO	mhic		3	Filer ID
	Sch: 23/36 Rpt: 27/43		Price, Betsy				3	FIICI ID
-	Date	5	Payee name					
Γ	08/07/2017	ľ	RING CENTRAL					
-	Amount (\$)	7		Zip Co	de			
	\$37.05		20 DAVIS DRIVE	L .p 00				
			BELMONT, CA 94002					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule)			TX, d	e of Texas. Complete Schedule T. officeholder living expense DNE LINE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght			Office held
	Date		Payee name					
	09/07/2017		RING CENTRAL					
	Amount (\$) \$37.05		Payee address; City; State; 20 DAVIS DRIVE	Zip Co	de			
			BELMONT, CA 94002					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)			TX, c	e of Texas. Complete Schedule T. officeholder living expense NE LINE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	ffice sou	ght			Office held
	Date 10/09/2017		Payee name RING CENTRAL					
	Amount (\$) \$37.35	1	Payee address; City; State; 20 DAVIS DRIVE	Zip Coo	e			
			BELMONT, CA 94002					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	dule)	[ΓX, ο	e of Texas. Complete Schedule T. fficeholder living expense NE LINE
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	ffice soug	iht			Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Overho Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor	Solicitation/Fundraising Transportation Equipmo Travel in District Travel Out of District OTHER (enter a catego	ent & Related Expense
-	Total pages Schedule F1:	2				3 Filer ID	
	Sch: 24/36 Rpt: 28/43	-	Price, Betsy				
Ļ	· · · · · · · · · · · · · · · · · · ·	-					
4	Date 11/07/2017	5	Payee name RING CENTRAL				
Ļ		_		7in Code			
6	Amount (\$) \$39.68	'	Payee address; City; State; 20 DAVIS DRIVE	Zip Code			
	\$23,00		20 DAVIS DRIVE				
			BELMONT, CA 94002				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	_{ule)} (b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense		<u></u>	outside of Texas. Complete S	
	EXPENDITORE			1		, TX, officeholder living expen PHONE LINE	se
				į	CAMPAIGN	PHONE LINE	
		<u> </u>				000 1 11	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Off	ice sough	l	Office held	
	Date		Payee name				
	12/07/2017		RING CENTRAL				
	Amount (\$)		Payee address; City; State;	Zip Code	A CONTRACTOR OF THE CONTRACTOR		
	\$37.15		20 DAVIS DRIVE				
			BELMONT, CA 94002				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	_{ule)} (b) Description		1.44.7
	EXPENDITURE		Office Overhead/Rental Expense		أسببسأ	outside of Texas. Complete Si , TX, officeholder living expen	
					CAMPAIGN F		
	Complete ONLY if direct		Candidate/Officeholder name Offi	ice sough	<u> </u>	Office held	
	expenditure to benefit C/Ol			Ü			
	Data		Payes name				
	Date 12/12/2017		Payee name RISE NO 3 SALON DE SOUFFLE				
				Zip Code			
	Amount (\$)			rih coae			
	\$100.52		5135 MONAHANS AVE				
			FORT WORTH, TX 76107				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	_{ile)} (b) Description		
	OF EXPENDITURE		Food/Beverage Expense	<i>'</i>	L	outside of Texas. Complete So	1
	EXPENDITURE					TX, officeholder living expens	se
					CITY STAFF	WEAL	
						04,) 1,	,
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ce sought		Office held	
	,					and the second s	
					97 O M H N 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1		
		-					Margion 1/1 0 E202

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overh Polling Expe Printing Expo Salaries/Wag	7	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
<u> </u>	Credit Card Payment		The Instruction Guide explain	s how to com	plete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E			3 F	Filer ID		
	Sch: 25/36 Rpt: 29/43	Price, Bets	у						
4	Date	5 Payee name							
	09/25/2017	ROGER W	ILLIAMS FOR US CONGE	RESS COM	MITTEE				
6	Amount (\$)	7 Payee addre	ess; City; Stat	e; Zip Code	9				
	\$1,000.00	PO BOX 9:	1061						
		ARLINGTO	N, TX 78709-1061						
8	PURPOSE	(a) Category (s	see Categories listed at the top of this so	chedule) (I) Description				
	OF EXPENDITURE	*	ns/Donations Made By		<u></u>		of Texas. Complete Schedule T.		
		Candidate/	Officeholder/Political Com	mittee	CAMPAIGN (fficeholder living expense		
					0, 1111 , 110, 1	0011	Trade Tract		
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sough	f		Office held		
,	expenditure to benefit C/Ol		NOTION TRAINS	Omeo dag.					
	Date	Payee name	!						
	10/23/2017	ROGER W	ILLIAMS FOR US CONGR	RESS COMI	MITTEE				
	Amount (\$)	Payee addre	ss; City; State	e; Zip Code	•				
	\$250.00	PO BOX 93	1061						
		ARLINGTO	N, TX 78709-1061						
	PURPOSE	(a) Category (S	ee Categories listed at the top of this so	chedule) (b) Description				
	OF EXPENDITURE		ns/Donations Made By	mitta a			of Texas. Complete Schedule T. liceholder living expense		
		Candidate/	Officeholder/Political Comr	nittee	CAMPAIGN (
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sough	t		Office held		
	expenditure to benefit C/OI	ł							
=	Date	Payee name							
	12/11/2017	-	LUB OF FORT WORTH						
	Amount (\$)	Payee addre	ss; City; State	e; Zip Code					
	\$300.00	306 W SEV	ENTH ST #715						
		FORT WOF	RTH, TX 76102						
	PURPOSE OF		ee Categories listed at the top of this sc	hedule) (b) Description		(Turne County Charl) 7		
	EXPENDITURE	DUES					of Texas. Complete Schedule T. liceholder living expense		
					MEMBERSHI		- '		
	Complete ONLY if direct		ceholder name	Office sough	t		Office held		
	expenditure to benefit C/OH								

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Fees Food/Beverage Expense iy - Gift/Awards/Memorials Expense al Committee Legal Services	Polling Expension		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 h	low to comp	lete this form.	
1	Total pages Schedule F1:			3	Filer ID
L	Sch: 26/36 Rpt: 30/43	Price, Betsy			
4	Date 07/01/2017	5 Payee name SAM'S CLUB			
6	Amount (\$)	7 Payee address; City; State;	Zip Code		
	\$132.30	4400 BRYANT IRVIN RD			
		FORT WORTH, TX 76132			
8	PURPOSE	(a) Category (See Categories listed at the top of this sched	_{dule)} (b)	Description	
	OF EXPENDITURE	Event Expense		<u>'</u>	side of Texas. Complete Schedule T. (, officeholder living expense
				SUPPLIES FOR	
9	Complete ONLY if direct expenditure to benefit C/O		ffice sought		Office held
H	Date	Payee name			
	09/08/2017	SAN ANTONIO AREA FOUNDATION			
┝	Amount (\$)		Zip Code		
	\$250.00	303 PEARL PARKWAY			
	φ200,00				
		SAN ANTONIO, TX 78215			
Г	PURPOSE	(a) Category (See Categories listed at the top of this sched	_{dule)} (b)	Description	
	OF EXPENDITURE	Contributions/Donations Made By		<u>L</u>	ide of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Commit	ttee	DONATION	, officeholder living expense
				20	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Of	fice sought		Office held
	expenditure to benefit C/OI	Н			
H	Date	Payee name			
	09/27/2017	SHAREN WILSON CAMPAIGN			
H	Amount (\$)	Payee address; City; State;	Zip Code		
	\$250.00	PO BOX 282			
		FORT WORTH, TX 76107			
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this sched	dule) (b)	Description	
	OF EXPENDITURE	Contributions/Donations Made By		L-d	ide of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Commit	tee	CAMPAIGN CO	, officeholder living expense
				C/ ((4)) / ((C))	TON TON
-	Complete ONLY if direct	Candidate/Officeholder name Of	fice sought		Office held
	expenditure to benefit C/O		Jougin		2,100,1010
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SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	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 i	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filet ID
Sch: 27/36 Rpt: 31/43	Price, Betsy		
4 Date	5 Payee name		
07/20/2017	SKY PIRATES INFLATABLES LLC		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$250.00	230 S GRANTS LN		
	FORT WORTH, TX 76108		
8 PURPOSE	(a) Category (See Categories listed at the top of this sche		
OF EXPENDITURE	Event Expense	l 1	outside of Texas. Complete Schedule T.
		RENTALS FO	, TX, officeholder living expense OR EVENT
9 Complete ONLY if direct	Candidate/Officeholder name O	ffice sought	Office held
expenditure to benefit C/O		<u> </u>	
Date	Payee name		
07/07/2017	SMALL WONDER COMMUNICATIONS	3	
Amount (\$)		Zip Code	
\$500.00	1712 JENSON ROAD		
	FORT WORTH, TX 76112		
PURPOSE OF	(a) Category (See Categories listed at the top of this sche		
EXPENDITURE	Consulting Expense	<u> </u>	outside of Texas. Complete Schedule T. TX, officeholder living expense
		L	CONSULTING, WRITING AND SOCIAL
		MEDIA SERV	
Complete ONLY if direct	Candidate/Officeholder name Of	ffice sought	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
08/18/2017	SMALL WONDER COMMUNICATIONS	3	
Amount (\$)	Payee address; City; State;	Zip Code	
\$500.00	1712 JENSON ROAD		
	FORT WORTH, TX 76112		
PURPOSE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
OF EXPENDITURE	Consulting Expense	Check if travel o	utside of Texas. Complete Schedule T,
		j L	TX, officeholder living expense CONSULTING, WRITING AND SOCIAL
		MEDIA SERV	
Complete ONLY if direct	Candidate/Officeholder пате Оf	fice sought	Office held
expenditure to benefit C/O		noc sought	Onice field
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Exp Gift/Awards/Memoria Legal Services The Instruction	als Expense		Expen Wage	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a categ	ory not listed above)
1	Total pages Schedule F1: Sch: 28/36 Rpt: 32/43	2	FILER NAME Price, Betsy						3	Filer ID	
4	Date	5	Payee name					Santa - 12-10-10-10-10-10-10-10-10-10-10-10-10-10-	Ц		
ľ	09/27/2017			NDER COMM	IUNICATION	S					
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip C	ode				
	\$500.00		1712 JENS	ON ROAD							
			FORT WOF	RTH, TX 76112	2					Sec. 10.1	
8	PURPOSE OF	(a)		ee Categories listed a	t the top of this sch	edule)	(b)	Description		la af Taura Camplata (Salvadula T
	EXPENDITURE		Consulting	Expense				k		le of Texas. Complete S officeholder living expe	
								L-L-			RITING AND SOCIAL
								MEDIA SER\	VICE	ES	
9	Complete ONLY if direct	_	Candidate/Offi	ceholder name	C	Office sou	ught			Office held	Additional to the second secon
	expenditure to benefit C/OI	Η									00Mm 400
	Date		Payee name								
	10/16/2017		SMALL WO	NDER COMM	UNICATION	S					
	Amount (\$)	Π	Payee addre	ss; City;	State;	Zip Co	ode				
	\$500.00		1712 JENS	ON ROAD							
			FORT WOF	RTH, TX 76112	<u>-</u>						
	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Consulting I	Expense				L		le of Texas. Complete S officeholder living exper	
								l			ITING AND SOCIAL
								MEDIA SERV	/ICE	ES	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	office sou	ught			Office held	
	experiatare to belieff ore.										
	Date	1	Payee name								
	11/05/2017		SMALL WO	NDER COMM	UNICATION:	S					The second secon
	Amount (\$)		Payee addres		State;	Zip Co	ode				
	\$500.00		1712 JENS	ON ROAD							
			FORT WOF	RTH, TX 76112							
	PURPOSE OF	1		ee Categories listed al	t the top of this sche	edule)	(b)	Description	o. daid	e of Texas. Complete S	Schodulo T
	EXPENDITURE		Consulting I	Expense						e of rexas. Complete s officeholder living exper	
											ITING AND SOCIAL
								MEDIA SERV	/ICE	ES	
	Complete ONLY if direct	_	andidate/Offic	ceholder name	O	ffice sou	ıght			Office held	
	expenditure to benefit C/OF	H									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	al Committee 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 explain	ns how to complete this form.	
1 Total pages Schedule F1:			3 Filer ID
Sch: 29/36 Rpt: 33/43	Price, Betsy		
4 Date	5 Payee name		
12/29/2017	SMALL WONDER COMMUNICATIO	NS	
6 Amount (\$)	7 Payee address; City; Star	te; Zip Code	
\$500.00	1712 JENSON ROAD		
	FORT WORTH, TX 76112		
8 PURPOSE	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
OF EXPENDITURE	Consulting Expense	Check if travel o	utside of Texas. Complete Schedule T.
LAFLINDITONE		j 11	TX, officeholder living expense
		MEDIA SERV	CONSULTING, WRITING AND SOCIAL
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name	In	
09/05/2017	SOUTHWESTERN EXPOSITION AN		
Amount (\$)	1	te; Zip Code	
\$500.00	PO BOX 150		
	FORT WORTH, TX 76101		
PURPOSE	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	i land	utside of Texas. Complete Schedule T.
EXI ENDITORE	Candidate/Officeholder/Political Com		TX, officeholder living expense
		CALF SCRAW	IBLE EVENT SPONSORSHIP
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
08/08/2017	SUSHI AXIOM		
Amount (\$)	Payee address; City; State	e; Zip Code	
\$117.86	4625 DONNELLY #101		
	FORT WORTH, TX 76107		
PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
OF	Food/Beverage Expense	Check if travel or	itside of Texas. Complete Schedule T.
EXPENDITURE			TX, officeholder living expense
		CITY STAFF N	MEAL.
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/OF	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic. Credit Card Payment	/ - Gif Il Committee Leg	od/Beverage Expense t/Awards/Memorials Expense gal Services ne Instruction Guide explair		Expens /Wages	se s/Contract Labor	Travel in District Travel Out of District OTHER (enter a category	not listed above)
1	Total pages Schedule F1:						3 Filer ID	
L	Sch: 30/36 Rpt: 34/43	Price, Betsy						**************************************
4	Date	5 Payee name						
	12/10/2017	TARGET						
6	Amount (\$)	7 Payee address;	City; Sta	te; Zip C	ode			
	\$162.03	301 CARROLI	LST					
		FORT WORTI	Н, ТХ 76107					
8	PURPOSE	(a) Category (See C	Categories listed at the top of this s	schedule)	(b)	Description		
	OF EXPENDITURE	Event Expense	е			<u></u>	outside of Texas. Complete Scho TX, officeholder living expense	edule T.
						II	OR CHRISTMAS PAF	RADE
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeh	nolder name	Office so	ught		Office held	
	Date 12/29/2017	Payee name	OUNTY COLLEGE FOU	INDATIO	NNI			
				te; Zip C				
	Amount (\$) \$500.00	Payee address; 1500 HOUSTO	• • • • • • • • • • • • • • • • • • • •	ie, zip C	oue			
	νο,ουοφ	13001100310	JIV.					
		FORT WORTH	H, TX 76102					
	PURPOSE OF		ategories listed at the top of this s	chedule)	(b)	Description		
	EXPENDITURE		Donations Made By ceholder/Political Com	mittee		<u></u>	outside of Texas. Complete Sche TX, officeholder living expense	dule T.
		Candidate/On	centident onlical com	millec		DONATION	,	
	Complete ONLY if direct	Candidate/Officeh	older name	Office sou	ught		Office held	
	expenditure to benefit C/OI	1				20.2		***************************************
	Date	Рауее пате						
	07/07/2017	TARRANT CO	UNTY REPUBLICAN I	PARTY				
	Amount (\$)	Payee address;	City; Stat	e; Zip Co	ode			
	\$250.00	7524 MOSIER	VIEW CT STE 230					
		FORT WORTH	ł, TX 76137					
	PURPOSE	(a) Category (See Ca	ategories listed at the top of this s	chedule)	(b)	Description		
	OF EXPENDITURE		Donations Made By	mittaa	ļ		utside of Texas. Complete Sche TX, officeholder living expense	dule T.
		Candidate/Oili	ceholder/Political Com	millee		R/mmag	ONTRIBUTION	
	Complete ONLY if direct	Candidate/Officeh	older name	Office sou	ught		Office held	
	expenditure to benefit C/OI				-			
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P- Gilt/Awards/Memorials Expense P- tommittee Legal Services Si The Instruction Guide explains how	oan Repayment/Reimbursen office Overhead/Rental Exper olling Expense rinting Expense alaries/Wages/Contract Labo w to complete this form	ense oor n.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 31/36 Rpt: 35/43	FILER NAME Price, Betsy		3	Filer ID
4		Payee name			
_	11/13/2017	TEXANS FOR GREG ABBOTT			
6	Amount (\$) \$500.00	Payee address; City; State; Z PO BOX 308 AUSTIN, TX 78767	Zip Code		
8	PURPOSE OF EXPENDITURE	O Category (See Categories listed at the top of this schedul Contributions/Donations Made By Candidate/Officeholder/Political Committe	Check if the Check	travel outsid Austin, TX, o	de of Texas, Complete Schedule T. officeholder living expense NTRIBUTION
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Offic	ce sought		Office held
	Date	Payee name			
	07/07/2017	TEXANS FOR KELLY HANCOCK SPAC			
	Amount (\$) \$250.00	Payee address; City; State; Z 4908 DORY CT	ip Code		
		NORTH RICHLAND HILLS, TX 76180		· · · · · · · · · · · · · · · · · · ·	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committe	Check if t	travel outside Austin, TX, c	le of Texas. Complete Schedule T. officeholder living expense NTRIBUTION
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Offic	e sought		Office held
	Date 10/25/2017	Payee name TEXANS FOR KELLY HANCOCK SPAC		Market Control of the	
politica de la constanta de la	Amount (\$) \$250.00	Payee address; City; State; Zi 4908 DORY CT	p Code		
		NORTH RICHLAND HILLS, TX 76180			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Contributions/Donations Made By Candidate/Officeholder/Political Committee	e Check if to	ravel outside Austin, TX, o	e of Texas. Complete Schedule T. officeholder living expense ITRIBUTION
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	e sought		Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	.y - :al Committee	Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services The Instruction Guide explai		xpens Vages	e /Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
Ļ	T-4-1 Cohodulo E1:	To FILED		IIIS HOW to co.	mpic		Filer ID
1	Total pages Schedule F1: Sch: 32/36 Rpt: 36/43	ı	, Betsy				FIRE ID
Ļ							A W. HOW. Co. Land Brown Co.
4		5 Payee					
L	09/02/2017		ASHTON DEPOT	7100		(2000)	
6	Amount (\$)	7 Payee	, ,,	ate; Zip Co	de		
	\$5,000.00	L4U1	JONES STREET				
		FORT	WORTH, TX 76102				
8	PURPOSE	(a) Catego	Ory (See Categories listed at the top of this	schedule)	(b)	Description	
	OF EXPENDITURE	Event	Expense			أميما	ide of Texas. Complete Schedule T. , officeholder living expense
							CILITY RENTAL, AND STAFFING
				1		FOR CAMPAIG	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate/Officeholder name	Office sou(ght		Office held
	Date	Payee	name				
	08/17/2017	THE	CAPITAL GRILLE				
Г	Amount (\$)	Payee	address; City; Sta	ate; Zip Co	de		
	\$176.14	800 M	MAIN ST				
j							
İ		FORT	WORTH, TX 76102				
\vdash	PURPOSE	(a) Catego	Ory (See Categories listed at the top of this	schedule)	(b)	Description	/ / / / / / / / / / / / / / / / / / /
	OF EXPENDITURE	1	Beverage Expense			니	ide of Texas. Complete Schedule T.
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	1					0111 01711 1	-//-
<u> </u>	Complete ONLY if direct	Candida	ate/Officeholder name	Office sour	aht		Office held
	expenditure to benefit C/OI		teromocribidor namo	Omos ss	<i>j</i>		0
\models	Data	Doyco					
	Date 10/27/2017	Payee THF J	name IORDAN ELIZABETH HARRIS	S FOUNDAT	TIOI	N	
 	Amount (\$)			ate; Zip Coo			
ĺ	\$185.00	1	OX 821443	ite, zip ee	JC		
ĺ	Ψ100.00	1020	J/\ U&1770				
		NORT	TH RICHLAND HILLS, TX 7618				
	PURPOSE OF	1	OFY (See Categories listed at the top of this	schedule)	(b)	Description	ide of Texas. Complete Schedule T.
I	EXPENDITURE		butions/Donations Made By date/Officeholder/Political Com	nmittee		Land .	officeholder living expense
ı		Canan	Jateromocholaem omoai een	Illimico	•	DONATION	<u>.</u> .
ı	!						
	Complete ONLY if direct expenditure to benefit C/OF		ite/Officeholder name	Office soug	jht	***	Office held
_			CALL AND CONTROL OF THE CONTROL OF T			***************************************	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic		nse Polling Exper s Expense Printing Expe		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
Credit Card Payment	The Instruction G	uide explains how to comp	olete this form.			
1 Total pages Schedule F1:	2 FILER NAME	SCHOOL STATE OF THE STATE OF TH	3	Filer ID		
Sch: 33/36 Rpt: 37/43	Price, Betsy					
4 Date	5 Payee name			THE RESIDENCE OF COMMENTS OF THE PERSON OF T		
08/03/2017	THE RUTLEDGE FOUNDA	ATION				
6 Amount (\$)	7 Payee address; City;	State; Zip Code)	MICH. MICHINE AND AND AND AND AND AND AND AND AND AND		
\$250.00	5608 MALVEY AVE STE 22	23				
	FORT WORTH, TX 76107					
8 PURPOSE	(a) Category (See Categories listed at the	,) Description	The state of the s		
OF EXPENDITURE	Contributions/Donations Ma		<u>Lament</u>	side of Texas. Complete Schedule T.		
	Candidate/Officeholder/Poli	itical Committee	DONATION	X, officeholder living expense		
			DO.			
9 Complete ONLY if direct	Candidate/Officeholder name	Office sough	†	Office held		
expenditure to benefit C/O		-	•			
Date	Payee name	PRESIDENTIAL DE PRODUCTION DE SENCIONAR ESPACIONARIO DE SENCIONARIO				
11/19/2017	THE TAVERN					
Amount (\$)	Payee address; City;	State; Zip Code				
\$218.34	2755 SOUTH HULEN	• •				
	FORT WORTH, TX 76109					
PURPOSE	(a) Category (See Categories listed at the	he top of this schedule) (b)) Description			
OF EXPENDITURE	Food/Beverage Expense	te top of the series,	Check if travel outs	side of Texas. Complete Schedule T.		
EXPENDITORE			ll	(, officeholder living expense		
			CITY STAFF M	EAL		
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held		
expenditure to benefit C/OF		Office sough		Office near		
Date	F					
Date 09/18/2017	Payee name TRINITY RIVER STATION					
	Payee address; City;	State; Zip Code				
Amount (\$) \$98.00	4450 OAK PARK LANE	State, Lip Coul				
Ψυυνου	4430 OAN LAIN LAINE					
	FORT WORTH, TX 76109-9	אַססג				
PURPOSE						
OF	(a) Category (See Categories listed at the Office Overhead/Rental Exp	to top or and contourney	Description Check if travel outs	ide of Texas. Complete Schedule T.		
EXPENDITURE	Office Overricaan tenan Enp	letise		, officeholder living expense		
			STAMPS FOR	CAMPAIGN		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought		Office held		
experiuntite to benefit oro-	1					
			 -			

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

	AccountingExpense Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ly - :al Committee	Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services The Instruction Guide expla	Polling Exp Printing Ex Salaries/W	xpense Vages/Contract Labor		Travel Out of District Travel Out of District OTHER (enter a category not listed above)
┟	Total pages Schedule F1:	12 FILER NAM	·		Tiller or a	3	Filer ID
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4	Date	5 Payee name					
	11/08/2017		RIVER STATION				
 -	Amount (\$)	7 Payee addr		State; Zip Cod	ıde	—	
ľ	\$132.00	1 1	K PARK LANE	ta.o,,	10		
L			ORTH, TX 76109			MARCE PAR	
8	PURPOSE OF	8	(See Categories listed at the top of thi	is schedule)	(b) Description	-! out	Complete Schadula T
	EXPENDITURE	Office Ove	erhead/Rental Expense				tside of Texas. Complete Schedule T. X, officeholder living expense
					PO BOX RE		
	!						
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office soug	yht		Office held
F	Date	Payee name	ie		distance and the state of the s	50000m.	ACCURATE CONTRACTOR CO
	12/06/2017	1	RIVER STATION				
一	Amount (\$)	Payee addre	ress; City; St	itate; Zip Cod	de		
	\$2,165.14	4450 OAK	(PARK LANE				
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	,	FORT WO	DRTH, TX 76109				
\vdash	PURPOSE	(a) Category	(See Categories listed at the top of this	is schedule)	(b) Description		
	OF EXPENDITURE	1	erhead/Rental Expense	1	Check if travel		side of Texas. Complete Schedule T.
	EXPENDITORE				اسسا		X, officeholder living expense DSTAGE FOR CHRISTMAS CARDS
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	Complete ONLY if direct	Candidate/O	fficeholder name	Office soug	rihit		Office held
	expenditure to benefit C/OF		MCGHOIGE HAIRC	Omoc seas	,rit		Office ricia
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ĺ	Date 10/09/2017	Payee name UNCLE JU					
<u> </u>				tata: Zin Cor	J.		
	Amount (\$) \$110.57	Payee addre		tate; Zip Cod	ιe		
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_		FORT WO	DRTH, TX 76177				
		1	See Categories listed at the top of this	s schedule) ((b) Description		
	OF EXPENDITURE	Food/Beve	erage Expense		lI		side of Texas. Complete Schedule T. (, officeholder living expense
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	Complete ONLY if direct	Candidate/Of	fficeholder name	Office sougl	ıht	-	Office held
	expenditure to benefit C/OF						
					Part 10-10-10-10-10-10-10-10-10-10-10-10-10-1	•	

SCHEDULE F1

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling E Printing i Salaries	Expense /Wages/Contract Labor	Travel in District Travel Out of District	egory not listed above)	
L			The Instruction Guide explain	ns how to c	omplete this form.		
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6	Amount (\$)	7 Payee addre		te; Zip C	ode		
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		FORT WOI	RTH, TX 76177				
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this	schedule)	(b) Description		
	OF EXPENDITURE	Food/Bever	rage Expense		leased.	outside of Texas. Complete n, TX. officeholder living exp	
					CITY STAFF		ense
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	.ight	Office held	WOLCO CHE
L	expenditure to benefit C/O	H					
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<u> </u>			RTH, TX 76101		·		
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	EXPENDITURE	DUES			ii	TX, officeholder living expo	
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	expenditure to benefit C/OF						
	Date	Payee name					
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	Amount (\$)	Payee addres	ss; City; Stat	e; Zip Co	ode		
	\$424.66	2222 MONT	GOMERY STREET				
		FORT WOR	RTH, TX 76107				
	PURPOSE	(a) Category (Se	e Categories listed at the top of this s	chedule)	(b) Description		
	OF EXPENDITURE	Gift/Awards	/Memorials Expense		<u> </u>	outside of Texas. Complete	
					hd	TX, officeholder living expe	
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	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	L	Office held	
	expenditure to benefit C/OF			J00 000	o- ·•	Omoc nou	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		mittee	Gift/Awards/Memo Legal Services The Instructio	orials Expense		xpen Wage	se s/Contract Labor		Travel 10 Issued Travel Out of District OTHER (enter a category not liste	ed above)
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		F	ORT WOR	RTH, TX 761	09						
8	PURPOSE	(a) (Category (Se	e Categories lister	d at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE	F	=ood/Bever	age Expense	9			<u></u>		de of Texas. Complete Schedule T.	
	EXI ENDITORE									officeholder living expense	
								CITY STAFF	· IVIE	:AL	
		<u> </u>							-		
9	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Offi	ceholder name	e	Office sou	ight			Office held	
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	Ψ102.40		2000 11000	TONSI							
		F	ORT WOR	TH, TX 7610)2		,				
	PURPOSE	(a) (Category (Se	e Categories listed	at the top of this	schedule)	(b)	Description			
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		ŀ						MEAL WITH		officeholder living expense	
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	experiorate to beriefit C/Oi	'									
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		H	ORIWOR	TH, TX 7610)/						
	PURPOSE	(a) C	Category (Se	e Categories listed	at the top of this s	schedule)	(b)	Description			
	OF EXPENDITURE	F	ood/Bevera	age Expense						le of Texas. Complete Schedule T.	
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	Complete ONLY if direct expenditure to benefit C/OF		indidate/Offic	eholder name		Office sou	ght			Office held	
	experiulture to betterit C/OF	1									

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Fees Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel in District Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID Price, Betsy Sch: 1/1 Rpt: 41/43 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 12/20/2017 ATCHLEY & ASSOCIATES LLP Amount (\$) Payee address; City; State; Zip Code \$791.19 1005 LA POSADA DR AUSTIN, TX 78752 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN ACCOUNTING AND REPORTING **SERVICES** 11 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 Event Expense Advertising Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gilt/Awards/Memorials Expense Polling Expense Printing Expense Safaries/Wages/Contract Labor Travel in District Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule G: 2 FILER NAME Sch: 1/1 Rpt: 42/43 Price, Betsy Date Payee name 07/17/2017 RIGHTEOUS FOODS 6 Amount (\$) Payee address; City; State; Zip Code 3405 W 7TH ST \$78.03 Reimbursement from political contributions intended X FORT WORTH, TX 76107 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense OF Food/Beverage Expense **EXPENDITURE** CAMPAIGN STAFF MEAL Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 43/43 2 FILER NAME 3 Filer ID Price, Betsy 4 Date Name of person from whom amount is received 8 Amount (\$) 07/01/2017 Fort Worth Police Officers Association \$200.00 6 Address of person from whom amount is received; City; State; Zip Code 904 Collier Street #100 Fort Worth, TX 76102 7 Purpose for which amount is received ☐ Check if political contribution returned to filer Void transaction - electronic payment did not process Date Name of person from whom amount is received Amount (\$) 09/29/2017 Republican National Committee \$500.00 Address of person from whom amount is received; City; State; Zip Code 310 First St SE Washington, DC 20003 Purpose for which amount is received X Check if political contribution returned to filer Voided check reported in prior period Date Name of person from whom amount is received Amount (\$) 09/07/2017 Roger Williams for US Congress Committee \$1,000.00 Address of person from whom amount is received; City; State; Zip Code PO Box 91061 Austin, TX 78709 Purpose for which amount is received X Check if political contribution returned to filer Void check reported in prior period