P.O. Box 12070

Austin, Texas 78711-2070

OFFICIAL RECORD
(512)463 5861TYD5666NETARY

FERNW CROWNTX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

COVER SHEET PG 1

The C/OH Instruction Gu	IDE explains how to complete this form.	(Ethics Continuesion mers)	2 PAGE# 1 of 95
3 CANDIDATE /	MS / MRS / MR FIRST	00000002 мі	
OFFICEHOLDER NAME	Betsy		OFFICE USE ONLY Date Received
	NICKNAME LAST Price	SUFFIX	QAM PM 123P
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; P O Box 100066 Fort Worth TV 76195	CITY; STATE; ZIP CODE	RECEIVED &
Change of Address	Fort Worth, TX 76185		Para Hamilificative ed or Date Postmarker CITY SECRETARY Receipt # 1 Weshoup
5 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Processed
TREASURER NAME	Alice		Date imaged
	NICKNAME LAST Puente	SUFFIX	L
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); A 3824 Bellaire Cir Fort Worth, TX 76109	APT / SUITE #; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 207-8643	EXTENSION	
8 REPORT TYPE	January 15 30th day befo	pre election Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8th day before	e election Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year	Month Day	Year
	01/01/2014	THROUGH 06/30/201	14
10 ELECTION	Month Day Year	FION TYPE Primary Runoff	General Special
11 OFFICE	OFFICE HELD (if any) Mayor	12 OFFICE SOUGHT (if known)	
	GO '	TO PAGE 2	

Texas Ethics Commission	P.O. Box 120	770 Austin, Texas 78711-2070	(512)463-5800	TDD 1-800-735-298
CANDIDATE SUPPORT &		OLDER REPORT:		FORM C/OH SHEET PG 2
13 C/OH NAME Price	, Betsy		14 ACCOUNT # 00000002	(Ethics Commission filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	have been made with	tice of political expenditures by political committees to support the ca- lout the candidate's or officeholder's knowledge or consent. Candidat by receive notice of such expenditures COMMITTEE NAME	indidate / officeholder. as and officeholders ar	These expenditures may e required to report this
	GENERAL	COMMITTEE ADDRESS		
☐ additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	5,655.00
		OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	156,580.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	904.12
	4. TOTAL P	OLITICAL EXPENDITURES	\$	56,891.59
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	291,117.56
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	0.00
17 AFFIDAVIT			<u> </u>	
Notar My	STY LORRAINE JAME y Public, State of Te Commission Expire August 21, 2017	Signature of Car	Il information require	and to be reported by
Sworn to and subscribe	v. 1	e said Bell Till Till Till Till Till Till Till T	, this the	<u>Dth</u> day
Signature of officer admin	Janes	Misty L. James	Mo-Hury Title of officer admini	stering oath

				
The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/	/67 Report: 3/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Aberg, Peter	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/06/2014	6 Contributor address; City; State; Zip Code 5910 N Central Expwy Ste 1250 Dallas, TX 75206	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	
				Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 2928 Alton Rd Fort Worth, TX 76109		\$1,000.00	
	·		(lifetymyral austalda af	Tanana aansuulaka Ookuulula 75 🗔
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
, , , , , , , , , , , , , , , , , , ,	,		ion donorio,	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 6751 North Fwy Fort Worth, TX 76131	ſ	\$500.00 	
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 2724 Riverwood Trl Fort Worth, TX 76109		\$500.00 	
:	,		(If travel outside of T	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 1013 Siena Dr Southlake, TX 76092		\$150.00 	
		ļ	(If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		over combiere actientile ()
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The Instruction Guide explains how to complete this form.	AGE#
	chedule: 2/67 Report: 4/95
i I	CCOUNT # (Ethics Commission filers) 0000002
	mount of 8 In-kind contribution description (if applicable)
02/11/2014 6 Contributor address; City; State; Zip Code 700 Jenkins Rd Aledo, TX 76008	\$250.00
(If tra	vel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	ns)
	mount of In-kind contribution ribution (\$) description (if applicable)
02/18/2014 Contributor address; City; State; Zip Code 7020 Castle Creek Ct Fort Worth, TX 76132	\$25.00
(If trav	rel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
	nount of In-kind contribution (\$) description (if applicable) In Kind: Beverages for
02/18/2014 Contributor address; City; State; Zip Code \$ 7020 Castle Creek Ct Fort Worth, TX 76132	1,000.00 event
(If trav.	el outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instruction	
	nount of In-kind contribution (bution (\$) description (if applicable)
02/11/2014 Contributor address; City; State; Zip Code 1908 Marigold Fort Worth, TX 76111	\$100.00
(If trave	el outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	s)
	ount of In-kind contribution bution (\$) description (if applicable)
O2/20/2014 Contributor address; City; State; Zip Code 5300 Collinwood Ave Fort Worth, TX 76107	\$100.00
(If trave	outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	;)

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/	/67 Report: 5/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Argenbright, Keith	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/27/2014	6 Contributor address; City; State; Zip Code 6716 Ashbrook Dr Fort Worth, TX 76132		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/22/2014	Contributor address; City; State; Zip Code 4710 Dexter Ave Fort Worth, TX 76107		\$100.00	
			(létroval autoide de	I
Principal occu	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	,	pio j 0. (000 ii		
Date	Full name of contributor	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/22/2014	Contributor address; City; State; Zip Code 2017 Teakwood Trce Fort Worth, TX 76112		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Bahan, Georgia Ann)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 4915 Crestline Rd Fort Worth, TX 76107	• • • • • • • • • • • • • • • • • • • •	\$100.00 	
			(If travel outside of 1	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 6200 Lake Way North Richaland Hills, TX 76180		\$100.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		, somplete contention if

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 4	/67 Report: 6/95
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (II Bailey, Ted Jr.	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/18/2014	6 Contributor address; City; State; Zip Code 1745 Great Run Ln Bath, OH 44333	· , , , , , , , , , , , , , , , , , , ,	\$225.00	[
			(If travel outside o	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 6317 Pamlico Fort Worth, TX 76116		\$100.00	[[
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir		rexas, complete Schedule 1)
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/23/2014	Contributor address; City; State; Zip Code 513 Main St #201 Fort Worth, TX 76102		\$250.00	
Delevie		 		Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/13/2014	Contributor address; City; State; Zip Code 4237 Wells Dr Fort Worth, TX 76135		\$500.00 	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 2716 Heritage Hills Dr Fort Worth, TX 76109		\$500.00 <mark> </mark> I	
				exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/	67 Report: 7/95
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Barr, Kenneth	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/23/2014	6 Contributor address; City; State; Zip Code 3101 Avondale St Fort Worth, TX 76109		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 201 Main St Ste 3100 Fort Worth, TX 76102	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$2,500.00	
			<u> </u>	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/18/2014	Contributor address; City; State; Zip Code 3404 Park Hollow St Fort Worth, TX 76109		\$100.00 	
			<u> </u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor □ out-of-state PAC (ID# Beashore, Kathleen	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 11142 Georgia Ave Kansas City, KS 66109		\$100.00 	
			•	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor ut-of-state PAC (ID# Beckman, Marlene)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 2300 Medford Ct E Fort Worth, TX 76109		\$100.00 <mark> </mark> 	
		į	(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Inst	<u> </u>	

The Instruction Guide explains how to complete this form.	1 PAGE # Schedule: 6/67 Report: 8/95
2 FILER NAME Price, Betsy	3 ACCOUNT # (Ethics Commission filers) 00000002
4 Date 5 Full name of contributor ☐ out-of-state PAC (ID: Beckwith, Beth	#) 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
02/12/2014 6 Contributor address; City; State; Zip Code 6700 Desert Highlands Dr Fort Worth, TX 76132	\$100.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Date Full name of contributor ☐ out-of-state PAC (ID# Behrens, Hannah	#) Amount of In-kind contribution contribution (\$) description (if applicable)
01/24/2014 Contributor address; City; State; Zip Code 3762 West 7th St #5 Fort Worth, TX 76107	\$150.00
	//Stanyol opticide of Toyon complete Cabadale To
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)
Date Full name of contributor ☐ out-of-state PAC (ID# Bell, Tracey	Amount of In-kind contribution contribution (\$) description (if applicable)
02/06/2014 Contributor address; City; State; Zip Code 3208 Westcliff Rd W Fort Worth, TX 76109	\$100.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor ut-of-state PAC (ID#_Berdan, Barclay	Amount of In-kind contribution contribution (\$) description (if applicable)
02/05/2014 Contributor address; City; State; Zip Code 3639 Encanto Dr Fort Worth, TX 76109	\$250.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor ☐ out-of-state PAC (ID#_Berry, Michael	Amount of In-kind contribution contribution (\$) description (if applicable)
03/20/2014 Contributor address; City; State; Zip Code 6217 Genoa Rd Fort Worth, TX 76116	\$500.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE#	
			Schedule: 7	/67 Report: 9/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IE Better To Give	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/29/2014	6 Contributor address; City; State; Zip Code 4051 Hildring Dr West Fort Worth, TX 76109		\$100.00	1
			(If travel outside o	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See II	nstructions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code 1520 Shady Oaks Ln Fort Worth, TX 76107		\$250.00	1
	Tottword, 1270107		(If travel outside of	I FTexas, complete Schedule T)
Principal occur	Dation / Job title (See Instructions)	Employer (See Ir	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	(
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/18/2014	Contributor address; City; State; Zip Code 1701 River Run Ste 304 Fort Worth, TX 76107		\$2,500.00	
	'		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of	In-kind contribution
Duto	Blakewell, Bob	"	contribution (\$)	description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 3450 Green Arbor C+l70t Fort Worth, TX 76109		\$100.00	
			<u> </u>	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/23/2014	Contributor address; City; State; Zip Code 2741 River Forest Dr Fort Worth, TX 76116		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	-	

The Instruction Guide explains how to complete this form.	1 PAGE# Schedule: 8/67 Report: 10/95
2 FILER NAME Price, Betsy	3 ACCOUNT # (Ethics Commission filers) 00000002
4 Date 5 Full name of contributor ☐ out-of-state PAC (ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
02/18/2014 6 Contributor address; City; State; Zip Code PO Box 961039 Fort Worth, TX 76161	\$5,000.00
	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 E	mployer (See Instructions)
Date Full name of contributor □ out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
03/18/2014 Contributor address; City; State; Zip Code 4213 Candlewind Ln Fort Worth, TX 76133	\$100.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	mployer (See Instructions)
Date Full name of contributor uut-of-state PAC (ID# Borbolla, Becky) Amount of In-kind contribution contribution (\$) description (if applicable)
O2/11/2014 Contributor address; City; State; Zip Code PO Box 2223 Fort Worth, TX 76113	\$500.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	nployer (See Instructions)
Date Full name of contributor uut-of-state PAC (ID# Boschini, Victor Jr.) Amount of In-kind contribution contribution (\$) description (if applicable)
02/20/2014 Contributor address; City; State; Zip Code 3861 Bellaire Cir Fort Worth, TX 76109	\$250.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	ployer (See Instructions)
Date Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)
02/05/2014 Contributor address; City; State; Zip Code 4209 Ledgeview Rd Fort Worth, TX 76109	\$100.00 I
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Em	ployer (See Instructions)

The Instruct	пом Guide explains how to complete this form.		1 PAGE#	67 Report: 11/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (II Brightbill, L. O. III	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/29/2014	6 Contributor address; City; State; Zip Code 8908 Crest Wood Dr Fort Worth, TX 76179	,	\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/25/2014	Contributor address; City; State; Zip Code 301 Commerce Ste 2040 Fort Worth, TX 76102		\$100.00	[[
	Tort Worth, 1X 70102			!
Principal occur	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	Texas, complete Schedule T)
, ,	,		ion donorio,	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 4501 Crestline Rd		\$100.00	[
	Fort Worth, TX 76107			
Principal occur	Dation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
			,	
Date	Full name of contributor ☐ out-of-state PAC (ID Brown, Jason	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 2112 Pembroke Dr Fort Worth, TX 76110		\$250.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 196 Loma Blanca Ln Cresson, TX 76035		\$500.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
				1

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The Instruc	пом Guide explains how to complete this form.		1 PAGE# Schedule: 1	0/67 Report: 12/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (II Brown, Robert MD	D#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
01/23/2014	6 Contributor address; City; State; Zip Code 4100 Clarke Ave Fort Worth, TX 76107	· · · · · · · · · · · · · · · · · · ·	\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 3901 W 4th St Fort Worth, TX 76107		\$250.00	 -
	·		454	· · · · · · · · · · · · · · · · · · ·
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	Texas, complete Schedule T)
	,	p.oyer (000	ion donorio,	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 1712 Carleton Ave Fort Worth, TX 76107		\$1,000.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	oation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 4344 Whitfield Ave Fort Worth, TX 76109		\$100.00 	
			(If travel outside of 1	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 600 W 6th St Ste 300 Fort Worth, TX 76102		\$100.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		, ,

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 1	1/67 Report: 13/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Caldwell, Sue	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	6 Contributor address; City; State; Zip Code 4836 Melita Ave Fort Worth, TX 76133		\$100.00	
• District		1 =	<u> </u>	Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 600 W 6th St Ste 300 Fort Worth, TX 76102	,	\$1,000.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	Texas, complete conedule 1)
			,	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 6804 Santiago Fort Worth, TX 76133		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	<u>L'</u>	reads, complete ochedule 1)
Date	Full name of contributor ut-of-state PAC (ID# Carter, Tim)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 3408 Rustwood Ct Fort Worth, TX 76109		\$250.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 6900 La Cantera Dr Fort Worth, TX 76108	, , ,	\$100.00 	
				exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 12	2/67 Report: 14/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (I Cash America International, Inc. PAC	D#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
02/18/2014	6 Contributor address; City; State; Zip Code 1600 West 7th St Fort Worth, TX 76102	, , , , , , , , , , , , , , , , , , ,	\$800.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (IE Cashion, Jamie	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 1858 Old Annetta Rd Aledo, TX 76008		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir		rexas, complete schedule 1)
	, , , , , , , , , , , , , , , , , , ,	· ·		
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code 3860 Westcliff Rd S Fort Worth, TX 76109		\$500.00	
District				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code PO Box 1440 Fort Worth, TX 76101		\$500.00	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		exas, complete scriedule 1)
Date	Full name of contributor ut-of-state PAC (ID# Chicotsky, Robert	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/25/2014	Contributor address; City; State; Zip Code PO Box 471613 Fort Worth, TX 76147		\$100.00 	
				exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 1	3/67 Report: 15/95
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Christie, Linda)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/29/2014	6 Contributor address; City; State; Zip Code 1129 Picasso Dr Fort Worth, TX 76107		\$100.00	
Principal cont	pation / Job title (See Instructions)	Las Employee (Con In		Texas, complete Schedule T)
9 Principal occu	pation / Job little (See Instructions)	10 Employer (See In	istructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 611 Rivercrest Dr Fort Worth, TX 76107		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Toxac, complete constants 1,
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 7510 Sharon Lee Dr Arlington, TX 76001	.,	\$100.00	
-			·	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Cleveland, Randy	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 400 Ridgewood Rd Fort Worth, TX 76107		\$200.00 	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code PO Box 1734 Atlanta, GA 30301		\$1,000.00 <mark> </mark> 	
			(If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 14	4/67 Report: 16/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Cohen, Michael	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/24/2014	6 Contributor address; City; State; Zip Code 4223 Altamesa Blvd Fort Worth, TX 76133		\$100.00	1
	i		(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See li	nstructions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code 2224 Watson St Fort Worth, TX 76103	, , , , , , , , , , , , , , , , , , , ,	\$100.00	
Dringing Language			<u> </u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	estructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Conlin, Wanda)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/23/2014	Contributor address; City; State; Zip Code 1755 Martel Fort Worth, TX 76103		\$250.00 	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID#_Conservative Voters Forum)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/28/2014	Contributor address; City; State; Zip Code 1144 Terrace Trl Hurst, TX 76053		 \$5,000.00 	
District Land	0.11109.00			exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
01/23/2014	Contributor address; City; State; Zip Code 3450 Ranch View Court Fort Worth, TX 76109		\$200.00 	
			(If travel outside of To	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE#	5/67 Report: 17/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Coscia, Carlos	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/05/2014	6 Contributor address; City; State; Zip Code 5000 Highland Meadow Dr Fort Worth, TX 76132	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$1,000.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID: Costello, Mike	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 2600 W 7th St Unit 2716 Fort Worth, TX 76107		\$500.00	1
			MEA	
Principal occur	pation / Job title (See Instructions)	Employer (See Ir	.l'	Texas, complete Schedule T)
	, , , , , , , , , , , , , , , , , , ,			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code PO Box 121488 Fort Worth, TX 76121		\$250.00	
Data start			1	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/23/2014	Contributor address; City; State; Zip Code 501 Samuels Ave Apt 640 Fort Worth, TX 76102		\$100.00	
			(If travel outside of 1	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code 4904 Dexter Ave Fort Worth, TX 76107		\$100.00 	
			Il famoural autobala 15	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	·	exas, complete Schedule T)
		F>a. (aaa ma		

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 1	6/67 Report: 18/95
2 FILER NAME	E Price, Betsy		3 ACCOUNT# 00000002	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Craine, Pat	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/24/2014	6 Contributor address; City; State; Zip Code PO Box 3062 Fort Worth, TX 76113		\$100.00	1 1 1
			(If travel outside o	f Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 4117 Shannon Fort Worth, TX 76116		\$250.00	
				'
Principal occu	pation / Job title (See Instructions)	I =		Texas, complete Schedule T)
		Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 6200 Locke Ave Fort Worth, TX 76116		\$250.00	
D. C. C. C.				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 401 Misty Ridge Ln Weatherford, TX 76085		\$100.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 6125 Plum Valley Place Fort Worth, TX 76116	, , , , , , , , , , , , , , , , ,	\$100.00 	
				exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

4 Date 5 Full name of contributor					
2 FILER NAME Price, Betsy 3 ACCOUNT # (Ethics Commit 00000000000000000000000000000000000	The Instruction	ON GUIDE explains how to complete this form.		1	7/67 Report: 19/95
Davenport, Arlie Jr. 01/29/2014 6 Contributor address; 4070 Clarke Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Date	2 FILER NAME	Price, Betsy	100 a	3 ACCOUNT#	
### A070 Clarke Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	Date	·)#)		8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Date Full name of contributor Davis, Early O1/30/2014 O1/30/2014 O1/30/2014 Principal occupation / Job title (See Instructions) Date Full name of contributor Davis, Early O1/30/2014 Principal occupation / Job title (See Instructions) Date Full name of contributor Davis, William S. O1/23/2014 Contributor address; PO Box 122289 Fort Worth, TX 76121 Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Dout-of-state PAC (ID#	01/29/2014	4070 Clarke		\$250.00	
Principal occupation / Job title (See Instructions) Date				(If travel outside of	f Texas, complete Schedule T)
Davis, Early Contribution (\$) description	Principal occupa	ation / Job title (See Instructions)	10 Employer (See II	nstructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date		#)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Date		3867 Bellaire Cir		\$200.00	! ! !
Date Full name of contributor Out-of-state PAC (ID#				(If travel outside of	Texas, complete Schedule T)
Davis, William S. Contributor address; City; State; Zip Code PO Box 122269 Fort Worth, TX 76121 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor DeMoss, Margaret O1/29/2014 Contributor address; City; State; Zip Code 2600 W 7th St Ste 2644 Fort Worth, TX 76107 Date Full name of contributor Demoss; City; State; Zip Code 2600 W 7th St Ste 2644 Fort Worth, TX 76107 Date Full name of contributor Demoss; City; State; Zip Code 271 Monticello Dr Fort Worth, TX 76107 Contributor address; City; State; Zip Code 3250.00 In-kind contribution (\$) I	Principal occupa	ation / Job title (See Instructions)	Employer (See In	<u> </u>	
Davis, William S. Contributor address; City; State; Zip Code PO Box 122269 Fort Worth, TX 76121 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor DeMoss, Margaret O1/29/2014 Contributor address; City; State; Zip Code 2600 W 7th St Ste 2644 Fort Worth, TX 76107 Date Full name of contributor Demoss; City; State; Zip Code 2600 W 7th St Ste 2644 Fort Worth, TX 76107 Date Full name of contributor Demoss; City; State; Zip Code 271 Monticello Dr Fort Worth, TX 76107 Contributor address; City; State; Zip Code 3250.00 In-kind contribution (\$) I					
PO Box 122269 Fort Worth, TX 76121 Contributor address; City; State; Zip Code See Instructions Contribution Contribut	1		#)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#		PO Box 122269		\$1,000.00	
Principal occupation / Job title (See Instructions) Date				(If travel outside of	I Texas. complete Schedule T)
DeMoss, Margaret Contribution (\$) description (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor	Principal occupa	ation / Job title (See Instructions)	Employer (See In		<u> </u>
2600 W 7th St Ste 2644 Fort Worth, TX 76107 (If travel outside of Texas, complete S		•	<u>‡</u>)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Dickerson, Raymond O1/29/2014 Contributor address; City; State; Zip Code \$250.00 3721 Monticello Dr Fort Worth, TX 76107	[2	2600 W 7th St Ste 2644		\$250.00 	
Date Full name of contributor Out-of-state PAC (ID#) Amount of Contribution (\$) In-kind contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) Out-of-state PAC (ID#) Amount of Contribution (\$) In-kind contribution (\$) Out-of-state PAC (ID#) Amount of Contribution (\$) In-kind contribution (\$) Out-of-state PAC (ID#) Amount of Contribution (\$) Out-of-state PAC (ID#) Out-of-state PAC (ID#) Amount of Contribution (\$) Out-of-state PAC (ID#) Out-of-state PAC (ID#				(if travel outside of	Texas, complete Schedule T)
Dickerson, Raymond Contribution (\$) description (\$) Contributor address; City; State; Zip Code 3721 Monticello Dr Fort Worth, TX 76107	Principal occupat	tion / Job title (See Instructions)	Employer (See Ins	structions)	
3721 Monticello Dr Fort Worth, TX 76107		· · · · · · · · · · · · · · · · · · ·	:)		In-kind contribution description (if applicable)
] 3	3721 Monticello Dr		\$250.00 <mark> </mark> 	
(If travel outside of Texas, complete So				(If travel outside of T	exas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupati	tion / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	8/67 Report: 20/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/05/2014	6 Contributor address; City; State; Zip Code 3810 Tamarack Trl Austin, TX 78727		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 3517 Overton View Ct Fort Worth, TX 76109		\$100.00	[[
				·
Principal occur	pation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
- Trinspar occu			nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 600 W 6th St Ste 300 Fort Worth, TX 76102		\$1,500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 500 Alta Dr Fort Worth, TX 76107		\$250.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Durant, Tom)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 1500 Main St Southlake, TX 76099		\$2,500.00 	
				exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE#	0/67 Papart: 21/05
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	9/67 Report: 21/95 (Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (IE Evans, Tim)#)	7 Amount of contribution (\$)	8
02/18/2014	6 Contributor address; City; State; Zip Code 115 W 2nd St Ste 202 Fort Worth, TX 76102		\$100.00	
	75775102		(If travel outside of	Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 5016 Arborlawn Dr		\$100.00	[[
	Fort Worth, TX 76109		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		Toxas, complete contended 1)
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Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/20/2014	Contributor address; City; State; Zip Code 1707 Catalina Ct Fort Worth, TX 76107		\$250.00	
	Tok today 7x 1010.		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	structions)	
Date	Full name of contributor	<u>‡</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 3800 Trlwood Ln Fort Worth, TX 76109		\$100.00	
			(If travel outside of 1	「exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor □ out-of-state PAC (ID# Finley, James	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/20/2014	Contributor address; City; State; Zip Code 1308 Lake St Fort Worth, TX 76102		\$2,500.00	
			(I) & A	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		exas, complete Schedule T)

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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 20	0/67 Report: 22/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Fortson, Ben J.)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/06/2014	6 Contributor address; City; State; Zip Code 1901 Spanish Trl Fort Worth, TX 76107		\$1,000.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID Foster, Paul	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 123 W Mills Ave Ste 200 El Paso, TX 79901		\$1,600.00	
				<u></u>
Principal occu	pation / Job title (See Instructions)	Employer (See Ir		Texas, complete Schedule T)
	paristry out the (ode instructions)	Employer (See II	istructions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code 4055 International Plaza Ste 200 Fort Worth, TX 76109		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/24/2014	Contributor address; City; State; Zip Code 11717 Cambria Ct Aledo, TX 76008		\$1,000.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Gandy, Taylor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 4250 Sarita Ct Fort Worth, TX 76109		\$1,000.00 	
			(If travel outside of To	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		

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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 2	1/67 Report: 23/95
2 FILER NAME	Price, Betsy	,	3 ACCOUNT# 00000002	
4 Date	5 Full name of contributor ☐ out-of-state PAC (II Garcia, Barbara	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/29/2014	6 Contributor address; City; State; Zip Code 3817 W Biddison Fort Worth, TX 76109		\$100.00	
			(If travel outside o	f Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 2201 Stennett Dr Arlington, TX 76006		\$100.00	<u> </u>
			//£414-1-14	
Principal occu	pation / Job title (See Instructions)	Employer (See In	L	f Texas, complete Schedule T)
- micipal occi	pation / Job title (See Instructions)	Employer (See in	structions)	
Date	Full name of contributor ut-of-state PAC (ID Garsek, Elliott	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 3815 Lisbon St Fort Worth, TX 76107		\$100.00	[
	Fort World, 12 70107		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 201 Main St Ste 200 Fort Worth, TX 76102		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor	<u></u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/20/2014	Contributor address; City; State; Zip Code 1301 Throckmorton St Aprt 2105 Fort Worth, TX 76102		\$250.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	·	ionas, complete conedule ()

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS PAGE# The Instruction Guide explains how to complete this form. Schedule: 22/67 Report: 24/95 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Price, Betsy 00000002 Date 5 Full name of contributor ut-of-state PAC (ID# Amount of | 8 In-kind contribution contribution (\$) Gearhart, Marvin description (if applicable) 6 Contributor address; City; State; Zip Code 01/25/2014 \$150.00 8805 Forum Way Fort Worth, TX 76140 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Geren, Antoinette 01/24/2014 Contributor address; City; State; Zip Code \$100.00 1209 Washington Ter Fort Worth, TX 76107 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Geren, Chandra 02/05/2014 Contributor address; City; State; Zip Code \$1,000.00 4900 Westridge Ave #4 Fort Worth, TX 76116 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) Gideon, Randall description (if applicable) 01/30/2014 Contributor address; City; State; Zip Code \$250.00 3812 Monticello Dr Fort Worth, TX 76107 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Goldman, Marc 02/11/2014 Contributor address; City; State; Zip Code \$500.00 3711 Mockingbird Ln Fort Worth, TX 76109 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 2	3/67 Report: 25/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Good Government Fund	0#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/18/2014	6 Contributor address; City; State; Zip Code 201 Main St Ste 2500 Fort Worth, TX 76102		\$4,750.00	[[]
e.			(If travel outside of	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/20/2014	Contributor address; City; State; Zip Code 108 Enchanted Court North Burleson, TX 76028		\$1,000.00	[
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	<u></u>	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 8920 Crest Wood Dr Fort Worth, TX 76179		\$250.00	
			<u> </u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/20/2014	Contributor address; City; State; Zip Code 2425 Medford Ct E Fort Worth, TX 76109		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 2650 Parkview Dr Fort Worth, TX 76102		\$1,000.00 	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruct	TON GUIDE explains how to complete this form.		1 PAGE# Schedule: 24	4/67 Report: 26/95
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Greenhill, William	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/05/2014	6 Contributor address; City; State; Zip Code 1608 Ashland Ave Fort Worth, TX 76107	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$500.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 6324 Skylark Cir Fort Worth, TX 76180		\$100.00	 - -
			1 '	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u>‡</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 2362 Faett Ct Fort Worth, TX 76119		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 3016 Owenwood Dr Fort Worth, TX 76109		\$250.00 	·
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
01/23/2014	Contributor address; City; State; Zip Code 2804 Heritage Hills Ct Fort Worth, TX 76109		\$100.00 <mark> </mark> I	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 25	5/67 Report: 27/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Hahn, Glen	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/30/2014	6 Contributor address; City; State; Zip Code 2804 Heritage Hills Ct Fort Worth, TX 76109	, , , , , , , , , , , , , , , , , , , ,	\$100.00	
			<u> </u>	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID# Hahnfeld, Eric	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 2504 Shirley Ave Fort Worth, TX 76109		\$100.00	! !
			(if travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		Toxas, complete constant 17
			•	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code 4000 Fossil Creek Fort Worth, TX 76137		\$500.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/25/2014	Contributor address; City; State; Zip Code 8040 Valley Dr North Richland Hills, TX 76182		\$200.00 	
		i	(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID#_Head, Aric)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 9621 Bowman Dr Fort Worth, TX 76244		\$250.00 <mark> </mark> 	· .
			(If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	·	· · · · · · · · · · · · · · · · · · ·

SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

OTHER	THAN FLEDGES ON LOA	INO		
The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 26	6/67 Report: 28/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Heller, David	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/18/2014	6 Contributor address; City; State; Zip Code 60 Rydalwood Ln Moreland Hills, OH 44022	,	\$225.00	
			(If travel outside of	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	estructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 3863 Candlelite Ln Fort Worth, TX 76109		\$250.00	
	Foll Worth, 12 70109		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 6403 McCart Fort Worth, TX 76133		\$300.00	
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 2009 North Houston Fort Worth, TX 76164		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Hernandez, John J.	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2014	Contributor address; City; State; Zip Code 2009 N Houston St Fort Worth, TX 76164		\$200.00	! !
			(if travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 27	7/67 Report: 29/95
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID≴ Hickman, Brad		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/05/2014	6 Contributor address; City; State; Zip Code 914 Alta Dr Fort Worth, TX 76107		\$500.00	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	L.`	Texas, complete Schedule T)
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/23/2014	Contributor address; City; State; Zip Code 4609 Palencia Dr Fort Worth, TX 76126		\$250.00	[
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
•	02/11/2014	Contributor address; City; State; Zip Code 909 N Waterview Dr Richardson, TX 75080		\$1,000.00	
					Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/04/2014	Contributor address; City; State; Zip Code 1601 Catalina Dr Fort Worth, TX 76107		\$250.00 	
			·	(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
ı	02/11/2014	Contributor address; City; State; Zip Code 2200 W 7th St Ste 201 Fort Worth, TX 76107		\$100.00 	
				Its travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Inst	<u> </u>	rexus, complete deficultie ()
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POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LUANS					
	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 28	8/67 Report: 30/95	
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Hodges, L Allen III	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	02/06/2014	6 Contributor address; City; State; Zip Code 306 West 7th St Ste 701 Fort Worth, TX 76102		\$500.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	nstructions)		
	Date	Full name of contributor ☐ out-of-state PAC (ID Holderby, Max	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/11/2014	Contributor address; City; State; Zip Code 2401 West 7th St #307 Fort Worth, TX 76107	,	\$100.00	[[[
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	• .	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/06/2014	Contributor address; City; State; Zip Code 3647 Encanto Dr Fort Worth, TX 76109		\$500.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/30/2014	Contributor address; City; State; Zip Code 421 West 3rd St Ste 900 Fort Worth, TX 76102		\$250.00		
				. ,	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
(02/05/2014	Contributor address; City; State; Zip Code 4109 Warnock Ct Fort Worth, TX 76109		\$100.00 		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		

The Instruction Guide explains how to complete this form.	1 PAGE # Schedule: 29/67 Report: 31/95
2 FILER NAME Price, Betsy	3 ACCOUNT # (Ethics Commission filers) 00000002
4 Date 5 Full name of contributor ☐ out-of-state PAC Howard, Nancy	(ID#) 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
01/29/2014 6 Contributor address; City; State; Zip Cod 855 Duvall Ln Poolville, TX 76487	\$1,000.00
	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Date Full name of contributor ☐ out-of-state PAC (Hunt, Elizabeth	(ID#) Amount of In-kind contribution contribution (\$) description (if applicable)
02/11/2014 Contributor address; City; State; Zip Cod 6901 Hunters Glen Dallas, TX 75205	\$500.00
	1
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)
Date Full name of contributor out-of-state PAC (I J.D. Johnson Campaign	ID#) Amount of In-kind contribution contribution (\$) description (if applicable)
O1/23/2014 Contributor address; City; State; Zip Code PO Box 136021 Fort Worth, TX 76136	e \$100.00
District Control of the Control of t	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (I Jackson, Tobi Worley	D#) Amount of In-kind contribution contribution (\$) description (if applicable)
02/18/2014 Contributor address; City; State; Zip Code 2108 Yosemite Ct Fort Worth, TX 76112	\$250.00
	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor ☐ out-of-state PAC (III Jandrucko, Stacey	D#) Amount of In-kind contribution contribution (\$) description (if applicable)
02/11/2014 Contributor address; City; State; Zip Code 617 Westwood Ave Fort Worth, TX 76107	\$1,000.00
·	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

The Instruc	стіом Guide explains how to complete this form.		1 PAGE# Schedule: 3	0/67 Report: 32/95
2 FILER NAMI	E Price, Betsy		3 ACCOUNT # 00000002	
4 Date	5 Full name of contributor ☐ out-of-state PAC (I Jennings, Bill	D#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
02/20/2014	6 Contributor address; City; State; Zip Code 6324 Pamlico Rd Fort Worth, TX 76116	· · · · · · · · · · · · · · · · · · ·	\$500.00	
				Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 4004 Hartwood Fort Worth, TX 76109		\$250.00	
			(16 troval autoida as	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	_1	rexas, complete Schedule 1)
	,			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/13/2014	Contributor address; City; State; Zip Code 777 Main St Ste 3300 Fort Worth, TX 76102		\$250.00	
Definational account				Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/24/2014	Contributor address; City; State; Zip Code 851 Red Bank Rd Lipan, TX 76462		\$200.00	
	·		(If travel outside of T	exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	L	exas, complete scriedule 1)
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 6755 Wade Hampton Ct Fort Worth, TX 76132		\$500.00	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		exas, complete scredule ()

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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 3	1/67 Report: 33/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Kates, Bobbie)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/29/2014	6 Contributor address; City; State; Zip Code 5713 Ammons Fort Worth, TX 76117	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$250.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 5916 Cypress Pt Fort Worth, TX 76132		\$250.00	
	1.500.00			[
Principal accu	notion / lob title (Coe Instructions)	F1(0. 1		Texas, complete Schedule T)
- Tillcipal occu	pation / Job title (See Instructions)	Employer (See Ii	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 715 Jones St Ste 101 Fort Worth, TX 76102		\$500.00	 -
Dringing eagu	notion / Joh title (Coe Instructions)			Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code 3516 Bellaire Park Ct Fort Worth, TX 76109		\$250.00 	
			(If travel outside of 1	exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 812 Dominion Dr Southlake, TX 76092		\$500.00 <mark> </mark> 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 32	2/67 Report: 34/95
2 FILER NAME	E Price, Betsy		3 ACCOUNT# 00000002	
4 Date	5 Full name of contributor	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/22/2014	6 Contributor address; City; State; Zip Code 4941 Riverbend Dr Fort Worth, TX 76109		\$100.00	[
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID Kelly, Dee J. Jr.	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 417 Rivercrest Dr Fort Worth, TX 76107		\$1,000.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir		Texas, complete schedule 1)
	· · · · · · · · · · · · · · · · · · ·			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 201 Main St Ste 2500 Fort Worth, TX 76102		\$1,000.00 	
			(if travel outside of 1	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/22/2014	Contributor address; City; State; Zip Code 1617 Western Ave Fort Worth, TX 76107		\$100.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code 2930 Bledsoe St Ste 100 Fort Worth, TX 76107		\$500.00 <mark> </mark> 	
			(If travel outside of Te	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		,, , , ,

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SCHEDULE A
3/67 Report: 35/95
(Ethics Commission filers)
8 In-kind contribution description (if applicable)
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In-kind contribution description (if applicable)
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In-kind contribution description (if applicable)

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The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 33	3/67 Report: 35/95
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Kelly Hart PAC	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/18/2014	6 Contributor address; City; State; Zip Code 201 Main St Ste 2500 Fort Worth, TX 76102		\$1,000.00	! !
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 4224 Versailles Ave Dallas, TX 75205		\$250.00	1
District			•	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code 2617 Museum Way Fort Worth, TX 76107		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/25/2014	Contributor address; City; State; Zip Code 104 Hazlewood Dr Fort Worth, TX 76107		\$250.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Insi	tructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/25/2014	Contributor address; City; State; Zip Code 7012 Tumbling Trl Fort Worth, TX 76116		\$200.00 	
				Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst	ructions)	

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 3	4/67 Report: 36/95
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Komatsu, Karl	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/12/2014	6 Contributor address; City; State; Zip Code 3905 Lenox Dr Fort Worth, TX 76107		\$1,000.00	
			(If travel outside o	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See li	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 20 Westover Rd Fort Worth, TX 76107		\$500.00	1
Principal occur	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
T Thiolpai occu	various sub-time (see manucinus)	Employer (See in	istructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/13/2014	Contributor address; City; State; Zip Code 3420 Potomac Ave Dallas, TX 75205		\$250.00	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable) In Kind: Beverages for
02/13/2014	Contributor address; City; State; Zip Code 2810 W Berry St Fort Worth, TX 76109		\$500.00 	event
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/23/2014	Contributor address; City; State; Zip Code 6107 Portrush Dr Fort Worth, TX 76116		\$250.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		,

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 3	5/67 Report: 37/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (I Langdon, John E	D#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	6 Contributor address; City; State; Zip Code 2501 Parkview Dr Ste 500 Fort Worth, TX 76102	·····	\$250.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See II	nstructions)	
Date	Full name of contributor out-of-state PAC (II Law Offices of Henry B. Paup, P.C.	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 5020 Collinwood Ave #200 Fort Worth, TX 76107		\$250.00	
•			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir		Texas, complete schedule 1)
·			•	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 3839 South Hills Cir Fort Worth, TX 76109		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID	#)	Amount of	In-kind contribution
	Lee Nicol Interests, LLC		contribution (\$)	description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 3882 South Hills Cir Fort Worth, TX 76109		\$100.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 1411 Shady Oaks Ln Fort Worth, TX 76107		\$2,500.00	÷ .
			(If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
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The Instruc	том Guide explains how to complete this form.		1 PAGE# Schedule: 36	6/67 Report: 38/95
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Lesok, Jay	#)	7 Amount of contribution (\$)	l 8 In-kind contribution description (if applicable)
01/30/2014	6 Contributor address; City; State; Zip Code 226 Bailey Ste 104 Fort Worth, TX 76107	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/20/2014	Contributor address; City; State; Zip Code 2300 Race St Fort Worth, TX 76111		\$100.00	
			(liftening) outside of	Tauran annunlaka Sahadula T\
Principal occu	pation / Job title (See Instructions)	Employer (See In	L	Texas, complete Schedule T)
			,	
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/27/2014	Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760		\$5,000.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/20/2014	Contributor address; City; State; Zip Code 3500 West 7th St Fort Worth, TX 76107		 \$250.00 	
				exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/24/2014	Contributor address; City; State; Zip Code 709 Alta Dr Fort Worth, TX 76107		\$5,000.00 ^l	
			(If travel outside of To	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Inst	·	
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The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 3	7/67 Report: 39/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Loveless, Jim)#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
02/20/2014	6 Contributor address; City; State; Zip Code 2911 6th Ave Fort Worth, TX 76110		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code 5429 Northcrest Fort Worth, TX 76107	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	! !
·			(If travel outside of	【 Texas, complete Schedule T} □
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Mallick, Michael	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/22/2014	Contributor address; City; State; Zip Code 3715 Camp Bowie Blvd Fort Worth, TX 76107		\$5,000.00 I	
				Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Manthei, Robert)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 116 Crooked Stick Ln Aledo, TX 76008		\$100.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 801 Cherry St Unit #9 Ste 1500 Fort Worth, TX 76102		\$2,500.00 	
			(If travel outside of To	exas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instruc	пом Guide explains how to complete this form.		1 PAGE# Schedule: 38	8/67 Report: 40/95
2 FILER NAME			3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Markson, Daniel)#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	6 Contributor address; City; State; Zip Code 200 Concord Plaza Dr Ste 900 San Antonio, TX 78216		\$325.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID Martin, Gary	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/04/2014	Contributor address; City; State; Zip Code PO Box 91588 Arlington, TX 76015		\$1,000.00	
			(If travel outside of	l Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Martin, Priscilla	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 6001 Westover Dr Fort Worth, TX 76107		\$2,000.00	
D.C. C. L.				Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 10100 Rolling Hills Ct Benbrook, TX 76126		\$100.00 	
				exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/13/2014	Contributor address; City; State; Zip Code 429 College Ave Apt 424 Fort Worth, TX 76104		\$100.00 	
			(If travel outside of Te	exas, complete Schedule T)
Principal occupa	tion / Job title (See Instructions)	Employer (See Ins		· , -

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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 39	9/67 Report: 41/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (It McAfee, Kenneth	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/15/2014	6 Contributor address; City; State; Zip Code 201 Main St Ste 2100 Fort Worth, TX 76102		\$250.00	<u> </u>
			(If travel outside of	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
	T			
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/07/2014	Contributor address; City; State; Zip Code 4455 Camp Bowie #114-54	. ,	\$250.00	
	Fort Worth, TX 76107			ı
			<u> </u>	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor		A	I be less a second effective.
Date	McFalls, Edward	·*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 2550 Lou Menk Dr		\$100.00	
	Fort Worth, TX 76131		(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	,
	and the contraction of	Limpleyor (coc in		
Date	Full name of contributor ut-of-state PAC (ID	#)	Amount of	In-kind contribution
	McGlothlin, Sandra		contribution (\$)	description (if applicable)
01/22/2014	Contributor address; City; State; Zip Code 5301 Sun Valley Dr Fort Worth, TX 76119		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor □ out-of-state PAC (ID# McKeen, Sally Werst	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code 2501 Museum Way Apt 702 Ft. Worth, TX 76107		\$100.00	
			1	· .
				exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 4	0/67 Report: 42/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	
4 Date	5 Full name of contributor)#)	7 Amount of contribution (\$)	ln-kind contribution description (if applicable)
01/24/2014	6 Contributor address; City; State; Zip Code 3734 Westcliff Rd South Fort Worth, TX 76109		\$100.00	
			<u> </u>	Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 1509 Northcrest Ct Fort Worth, TX 76107		\$100.00	
				! <i>,</i>
Principal occur	pation / Job title (See Instructions)	Employer (See In	L	Texas, complete Schedule T)
	pations out the (oce maintening)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/24/2014	Contributor address; City; State; Zip Code 226 Bailey Ave Fort Worth, TX 76107		\$1,000.00	
				Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 3904 Hamilton Ave Fort Worth, TX 76107		ا † \$500.00 ا	
			(If travel outside of 1	Fexas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/25/2014	Contributor address; City; State; Zip Code PO Box 8269 Fort Worth, TX 76124		\$250.00 	
			(If travel puteids of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Inst	<u> </u>	exas, complete scriedule 1)
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The Instruc	πον Guide explains how to complete this form.		1 PAGE# Schedule: 4	1/67 Report: 43/95
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (II Meinen, Edward	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/05/2014	6 Contributor address; City; State; Zip Code 3841 Hilltop Rd Fort Worth, TX 76109		\$100.00	
			(If travel outside of	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 504 W Pipeline Rd Hurst, TX 76053		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/24/2014	Contributor address; City; State; Zip Code 6138 Camp Bowie Blvd Fort Worth, TX 76116		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 777 Taylor St Ste 1030 Fort Worth, TX 76102		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 3815 Beverly Dr Dallas, TX 75205		\$100.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 42	2/67 Report: 44/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Miller, Jennifer)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/29/2014	6 Contributor address; City; State; Zip Code 4054 Hildring Dr East Fort Worth, TX 76109		\$250.00	[. [
	1		(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 8235 Douglas Ste 900 Dallas, TX 75225		\$500.00	[
			(If travel outside of	r Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 4428 Dunwick Ln Fort Worth, TX 76109	••••	\$200.00	
			f '	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor □ out-of-state PAC (ID# Molyneaux, John)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 4008 Tamworth Fort Worth, TX 76116		\$250.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Moncrief, Kit)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 4600 Broad Ave Fort Worth, TX 76107	, , ,	\$500.00 	· .
				exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 4	3/67 Report: 45/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Moncrief, W. A. Jr.	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	6 Contributor address; City; State; Zip Code 950 Commerce St Fort Worth, TX 76102		\$500.00	1 1 1
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 2101 Bradford Park Fort Worth, TX 76107		\$100.00] -
			(154	· · · · · · · · · · · · · · · · · · ·
Principal occu	pation / Job title (See Instructions)	Employer (See II	<u> </u>	Texas, complete Schedule T)
	· ·	Employor (occ II	ion denoticy	
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/04/2014	Contributor address; City; State; Zip Code 3529 Rashti Ct Fort Worth, TX 76109	•••••	\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 401 Eastwood Ave Fort Worth, TX 76107		\$100.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor uut-of-state PAC (ID#_Morse, Greg)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code 2600 Colonial Pkway Fort Worth, TX 76109		\$250.00 - 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 44	4/67 Report: 46/95
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Motheral, Eva G	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/25/2014	6 Contributor address; City; State; Zip Code 4416 Overton Ct Fort Worth, TX 76109		\$100.00	
- 8/ / /		r	<u> </u>	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 2241 Glenco Terrace Fort Worth, TX 76110	, , , , , , , , , , , , , , , , , , , ,	\$500.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Tomas, compare constant 1/
Date	Full name of contributor ☐ out-of-state PAC (ID# Muckleroy, Harold	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 3455 Ranch View Ct Fort Worth, TX 76109		\$250.00 	
Dringing ageur	otion / Job title (Con Instructions)		·	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2014	Contributor address; City; State; Zip Code 309 W 7th Ste 920 Fort Worth, TX 76102		\$100.00 <mark> </mark> 	
	· .		(If travel outside of T	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
01/23/2014	Contributor address; City; State; Zip Code 7579 Surfside Dr Fort Worth, TX 76135		\$250.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst	ructions)	
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POLITICAL CONTRIBUTIONS

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The Instruct	TION GUIDE explains how to complete this form.		1 PAGE#	5/67 Report: 47/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (II Neill, Rosemma	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/29/2014	6 Contributor address; City; State; Zip Code 4812 Barkridge Trl Fort Worth, TX 76109		\$100.00	
				Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	• .
Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 715 Jones St Ste 201 Fort Worth, TX 76102		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 6000 Lantana Ln Fort Worth, TX 76112		\$2,500.00	
-		1	<u> </u>	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 3724 Westcliff Rd North Fort Worth, TX 76109		\$100.00 <mark> </mark> 	
			·	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code PO Box 163048 Fort Worth, TX 76161		\$500.00 <mark> </mark> 	
		į		exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 46	6/67 Report: 48/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Northern, Linda)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/11/2014	6 Contributor address; City; State; Zip Code PO Box 470833 Fort Worth, TX 76147		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See li	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 510 Hazelwood Dr Fort Worth, TX 76107		\$100.00	
				·
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	1_:	Texas, complete Schedule T)
- Interpar occu	,		istructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 2692 Riverwood Trl Fort Worth, TX 76109		\$500.00	· .
				Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<i>t</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code 675 N Henderson Fort Worth, TX 76107		\$1,000.00 	·
		į	(If travel outside of 7	exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 2813 Oakbriar Trl Fort Worth, TX 76109	•••••	\$100.00 	
			(If travel outside of To	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		,

POLITICAL CONTRIBUTIONS

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The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 47	7/67 Report: 49/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID#	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/05/2014	6 Contributor address; City; State; Zip Code 3709 Mockingbird Ln Fort Worth, TX 76109		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/19/2014	Contributor address; City; State; Zip Code 8712 Overland Dr Fort Worth, TX 76179	,	\$100.00 	
			1	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 420 Throckmorton Ste 710 Fort Worth, TX 76102		\$250.00 	!
]				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor ut-of-state PAC (ID#_Palko, Mary)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/20/2014	Contributor address; City; State; Zip Code 2409 Winton Terrace West Fort Worth, TX 76109		\$100.00 <mark> </mark> 	
			(If travel outside of 7	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Inst	tructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 6745 East Park Dr Fort Worth, TX 76132		\$250.00 <mark> </mark> 	
	I		(If travel outside of T	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst		

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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 48	3/67 Report: 50/95
2 FILER NAME	Price, Betsy	-	3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Parrish, Ron	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	6 Contributor address; City; State; Zip Code 1419 Thomas PI Fort Worth, TX 76107		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (IDa Patterson, Steve	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code 3508 Overton View Ct Fort Worth, TX 76109		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		Texas, complete ochedule 1)
	·		•	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 6115 Camp Bowie Blvd Ste 270 Fort Worth, TX 76116		\$100.00 	_
Principal occur	pation / Job title (See Instructions)	Employee/Co. In	<u> </u>	Texas, complete Schedule T)
1 Tillcipal occup	valion 7 300 title (366 instructions)	Employer (See In	istructions)	· .
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 6321 Juneau Rd Fort Worth, TX 76116		\$100.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID#_Peterson, Jim		Amount of contribution (\$)	In-kind contribution description (if applicable)
01/07/2014	Contributor address; City; State; Zip Code 1408 Westover Ln Fort Worth, TX 76107	• • • • • • • • • • • • • • • • • • • •	\$250.00 	
,				exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruc	пом Guide explains how to complete this form.		1 PAGE# Schedule: 49	9/67 Report: 51/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (I Petrus, Elaine	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/23/2014	6 Contributor address; City; State; Zip Code 3736 Country Club Cir Fort Worth, TX 76109	· · · · · · · · · · · · · · · · · · ·	\$500.00	
			(If travel outside of	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In		, ' =-
Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 4704 Santa Cova Ct Fort Worth, TX 76126		\$1,000.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	· ·	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 200 Texas Way Fort Worth, TX 76106		\$1,000.00	
	7 57, 775, 67, 67, 67, 67, 67, 67, 67, 67, 67, 67			_
Principal occur	pation / Job title (See Instructions)	Emmlesses (Co.s. In	<u> </u>	Texas, complete Schedule T)
- ппорагосоц	oation / Job title (See instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014	Contributor address; City; State; Zip Code 209 West 2nd St #327 Fort Worth, TX 76102		\$100.00 	
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	- ,
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 4901 Bryant Irvin Rd North Fort Worth, TX 76107		\$100.00 <mark> </mark> 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
		i		

The Instruct	FION GUIDE explains how to complete this form.		1 PAGE# Schedule: 5	0/67 Report: 52/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of,contributor ut-of-state PAC (III Polikov, Scott	D#)	7 Amount of contribution (\$)	8
02/04/2014	6 Contributor address; City; State; Zip Code 3000 Blackburn St #401 Dallas, TX 75204		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See li	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID Poole, Phillip)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 3637 Watonga		\$250.00	
	Fort Worth, TX 76107		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 6709 Gascony Pl Fort Worth, TX 76132		\$100.00	[[
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code PO Box 444 Hurst, TX 76053		\$100.00 	
			(If traval autoido of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		rexas, complete schedule 1)
		, , ,	•	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 9028 Green Oaks Cir Dallas, TX 75243		\$100.00 <mark> </mark> 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
	<u> </u>			

The Instruction Guide ex	plains how to complete this form.		1 PAGE# Schedule: 5	1/67 Report: 53/95
2 FILER NAME Price, B	etsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date 5 Full na PSEL PA	ame of contributor)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
201 Main	butor address; City; State; Zip Code St Ste 2500 n, TX 76102		\$4,750.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occupation / Job	title (See Instructions)	10 Employer (See In	structions)	
Date Full na Puente, A	nme of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3824 Bella	outor address; City; State; Zip Code irre Cir , TX 76109		\$2,400.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job t	itle (See Instructions)	Employer (See In	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Date Full na Purvis, M	me of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5301 Byers	outor address; City; State; Zip Code s Ave , TX 76107		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job ti	itle (See Instructions)	Employer (See Ins		
Date Full na Purvis, Pa	me of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4121 Rowa	utor address; City; State; Zip Code an Dr TX 76116		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job ti	tle (See Instructions)	Employer (See Ins	tructions)	
Date Full nar Rawl, Gai	ne of contributor □ out-of-state PAC (ID≴ I W.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/30/2014 Contributed Westover Fort Worth,			\$100.00 	٠.
			(If travel outside of 3	Texas, complete Schedule T)
Principal occupation / Job tit	le (See Instructions)	Employer (See Ins	-	,

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 5	2/67 Report: 54/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (II Ray, Sarah	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/23/2014	6 Contributor address; City; State; Zip Code 1801 Eldridge St Fort Worth, TX 76107		\$100.00	
			(If travel outside of	Texas, complete Schedule T) 🔲
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See in	nstructions)	
Date	Full name of contributor ut-of-state PAC (II Ray, Vicki	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/20/2014	Contributor address; City; State; Zip Code 3640 Potomac Ave Fort Worth, TX 76107	. , , , , , , , , , , , , , , , , , , ,	\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 1024 FM Rd S Aledo, TX 76008		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor ut-of-state PAC (ID	#)	Amount of	In-kind contribution
	Reynolds, Gary		contribution (\$)	description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code PO Box 370 Euless, TX 76039		\$1,000.00 I	
			(If travel outside of)	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		
			•	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
01/24/2014	Contributor address; City; State; Zip Code 4900 Riverbend Dr Fort Worth, TX 76109		\$100.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	
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The Instruct	пом Guide explains how to complete this form.		1 PAGE# Schedule: 5	3/67 Report: 55/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (II Roach, John V. II	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/05/2014	6 Contributor address; City; State; Zip Code 2805 Alton Rd Fort Worth, TX 76109		\$1,000.00	[] [] []
			(If travel outside of	f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See II	nstructions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 212 Copperwood Dr Lakeside, TX 76108		\$100.00	
			(life transport and saids and	 Tauran aanuulata Gabadula Ti
Principal occu	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
	parion, our line (ese monutatione)	Employer (GGC III		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/24/2014	Contributor address; City; State; Zip Code 7578 Morrison Ct Fort Worth, TX 76112		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	· .
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/22/2014	Contributor address; City; State; Zip Code 5128 Golden Ln Fort Worth, TX 76123	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/24/2014	Contributor address; City; State; Zip Code 3821 Summercrest Dr Fort Worth, TX 76109		\$100.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		evas, complete schedule 1/
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The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 54	1/67 Report: 56/95
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Rogers, Mary	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/11/2014	6 Contributor address; City; State; Zip Code 5404 Northcrest Rd Fort Worth, TX 76109		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/23/2014	Contributor address; City; State; Zip Code 3950 Sarita Park Fort Worth, TX 76109		\$1,000.00	1 [[
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	1 -	,
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 3113 Woodlark Dr Fort Worth, TX 76123		\$100.00 	
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Royer, Jo Ann)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 6412 Rosemont Ave Fort Worth, TX 76116		\$125.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 6801 Briarwood Dr Fort Worth, TX 76132		\$100.00 <mark> </mark> 	·
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

POLITICAL CONTRIBUTIONS

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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 5	5/67 Report: 57/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Ryan, Terry	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/18/2014	6 Contributor address; City; State; Zip Code 6320 Inca Rd Fort Worth, TX 76116		\$250.00	 -
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See li	nstructions)	· .
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 6312 Curzon Fort Worth, TX 76116		\$175.00	 -
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 4740 Dexter Ave Fort Worth, TX 76107		\$100.00 	
- <u> </u>				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Saxon, Steve		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 5910 N Central Expy Ste 1250 Dallas, TX 75206		\$100.00 	
			(If travel outside of T	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 901 Washington Ter Fort Worth, TX 76107		\$500.00 	
				exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 56	6/67 Report: 58/95
2 FILER NAME	Price, Betsy	·	3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Scherer, Charles Jr.	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/20/2014	6 Contributor address; City; State; Zip Code 2705 Simondale Dr Fort Worth, TX 76109		\$125.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 4701 Washburn Ave Fort Worth, TX 76107		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	Dation / Job title (See Instructions)	Employer (See In		Texas, complete schedule 1)
•				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 5655 E Mistic Bay Blvd Marblehead, OH 43440		\$225.00	· !
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/12/2014	Contributor address; City; State; Zip Code 3405 Clear Fork Trl Fort Worth, TX 76109		\$250.00 	
			(if travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID# Sharen Wilson for District Attorney	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code PO Box 282 Fort Worth, TX 76101		\$250.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	<u>-i</u>	,,, эт стану, Ц

The Instruc	пом Guide explains how to complete this form.		1 PAGE# Schedule: 5	7/67 Report: 59/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Shelton, Mark MD	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/11/2014	6 Contributor address; City; State; Zip Code 1355 Mistletoe Dr Fort Worth, TX 76110		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/18/2014	Contributor address; City; State; Zip Code 1417 Keeneland Hill Aledo, TX 76008		\$100.00	
			(lifetanical anidalida af	
Principal occur	pation / Job title (See Instructions)	Employer (See Ir		Texas, complete Schedule T)
- morpar occu	patient, one tale (one manualians)	Employer (Gee II	istructions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code 7014 Horseshoe Trl S Aledo, TX 76008		\$250.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 3908 Westcliff Rd S Fort Worth, TX 76109		\$500.00	
			(If travel outside of 1	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	·	oxac, complete constant 1,
Date	Full name of contributor ut-of-state PAC (ID# Silva, Jim)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 1609 Cheek Sparger Rd Colleyville, TX 76034	• • • • • • • • • • • • • • • • • • • •	\$100.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		, , , , , , , , , , , , , , , , , , , ,
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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 58	3/67 Report: 60/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Sims, Theophlous PD)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/18/2014	6 Contributor address; City; State; Zip Code 4421 Kingsdale Dr Fort Worth, TX 76119		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 6808 Trinity Landing Dr N Fort Worth, TX 76132		\$100.00	
			(lifetypy of putatida and	Towar accordate Ochodula Ti
Principal occu	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/23/2014	Contributor address; City; State; Zip Code 400 Crestwood Dr Fort Worth, TX 76107	, , , , , , , , , , , , , , , , , , , ,	\$100.00 	
Dringland and	Action / hab title (Constructions)			Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor □ out-of-state PAC (ID# Spradley, Fred	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/11/2014	Contributor address; City; State; Zip Code 3509 Overton View Ct Fort Worth, TX 76109		\$100.00 <mark> </mark> 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/24/2014	Contributor address; City; State; Zip Code 4516 Hillside Dr Fort Worth, TX 76013		\$300.00 	
		ļ	(If travel outside of Te	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Insi	ructions)	

				
The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 59	9/67 Report: 61/95
2 FILER NAME	E Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (I Starr, Thad	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/12/2014	6 Contributor address; City; State; Zip Code 3709 Park Ridge Blvd Fort Worth, TX 76109	· · · · · · · · · · · · · · · · · · ·	\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/24/2014	Contributor address; City; State; Zip Code 2120 Hidden Creek Rd Fort Worth, TX 76107		\$1,000.00	
			(If travel outside of	· Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		roxus, complete conedule 1)
•				·
Date	Full name of contributor ut-of-state PAC (IE Stepp, Rod)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 5201 Bryce Ave Fort Worth, TX 76107		\$100.00 \$100.00	
			(If travel outside of 1	Fexas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		reside, demplete defledate 1)
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 116 N BRdway Rd Azle, TX 76020		\$125.00 	
			(If travel outside of T	laves samulate Cabadala Ti
Principal occup	eation / Job title (See Instructions)	Employer (See Ins		exas, complete Schedule T)
	·	, , ,	,	
Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/22/2014	Contributor address; City; State; Zip Code 1207 Hillcrest St Fort Worth, TX 76107		\$1,000.00 	
			(If travel outside of Te	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Inst	ructions)	
				I

The Instruct	TON GUIDE explains how to complete this form.		1 PAGE#	
			Schedule: 60	0/67 Report: 62/95
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/24/2014	6 Contributor address; City; State; Zip Code 1817 Ridgmar Blvd Fort Worth, TX 76116	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID	#)	Amount of	I In-kind contribution
	Stewart, Melissa		contribution (\$)	description (if applicable)
02/13/2014	Contributor address; City; State; Zip Code 3536 Clubgate Dr Fort Worth, TX 76137		\$100.00	
	1 of void, 12 70137			
			<u>L.,,,,</u>	Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution
	Stieber, Gregg		contribution (\$)	description (if applicable)
03/18/2014	Contributor address; City; State; Zip Code 21524 NE 29th St Sammamish, WA 98074		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occur	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
	Sturgeon, Ronald	-	contribution (\$)	description (if applicable)
02/27/2014	Contributor address; City; State; Zip Code 5940 Eden Dr Haltom City, TX 76117		\$100.00 <mark> </mark> 	· ,
			(If travel outside of 1	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
	<u> </u>		· · ·	
Date	Full name of contributor ut-of-state PAC (ID#_Sturns, Vernell)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/25/2014	Contributor address; City; State; Zip Code 612 Highwoods Trl Fort Worth, TX 76112		\$100.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

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The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 6	1/67 Report: 63/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Sullivan, Timothy	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/20/2014	6 Contributor address; City; State; Zip Code 4504 Briarhaven Rd Fort Worth, TX 76109	, , , , , , , , , , , , , , , , , , , ,	\$100.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 2000 Spanish Trl Fort Worth, TX 76107		\$250.00	
Dringing to accur				Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor □ out-of-state PAC (ID# Teichelman, Alan		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 4201 Galway Ave Fort Worth, TX 76109		\$100.00 	1
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor uut-of-state PAC (ID#_The Patricia L. Wright Revocable Trust)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 2324 Rogers Ave Fort Worth, TX 76109		\$100.00 <mark> </mark> 	
			(If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
02/20/2014	Contributor address; City; State; Zip Code 117 Shady Lake Ct Hurst, TX 76054		\$100.00 	·
Dain alv -1	Short Lib 191. 70 . L. d. Till		·	exas, complete Schedule T)
нппскрат оссира	tion / Job title (See Instructions)	Employer (See Ins	tructions)	

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The Instruct	ION GUIDE explains how to complete this form.	,	1 PAGE# Schedule: 62	2/67 Report: 64/95	
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID The Terry Group	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
02/20/2014	6 Contributor address; City; State; Zip Code 117 Shady Lake Ct Hurst, TX 76054		\$100.00	 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/05/2014	Contributor address; City; State; Zip Code 3353 Rolling Hills Flower Mound, TX 75022		\$100.00		
			l. '-	Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
01/30/2014	Contributor address; City; State; Zip Code 7805 Amy Ln North Richland Hills, TX 76182		\$250.00 		
			(If travel outside of 1	Гехаs, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/11/2014	Contributor address; City; State; Zip Code 3454 Park Hollow Fort Worth, TX 76109		\$100.00 <mark> </mark> 	٠.	
			(If travel outside of T	exas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
01/29/2014	Contributor address; City; State; Zip Code 2921 Suffolk Dr Fort Worth, TX 76133		\$250.00 <mark> </mark> 		
			(If travel outside of T	exas, complete Schedule T)	
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	<u> </u>	, —	

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 6	3/67 Report: 65/95
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (II Tucker, Kathy	D#)	7 Amount of contribution (\$)	ln-kind contribution description (if applicable)
01/23/2014	6 Contributor address; City; State; Zip Code 3737 Arroyo Rd Fort Worth, TX 76109		\$100.00	
		,		f Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 2337 Colonial Pkwy Fort Worth, TX 76109		\$500.00	
	, or void, 12 70100			l _
Dringing Long	notion / Joh title (Con Instructions)	1 5 1 10 1	<u> </u>	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 2717 Colonial Fort Worth, TX 76109	,	\$500.00	
Principal occur	J pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
		Employer (Occ III	isti detions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID: Veasey, Tonya	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/18/2014	Contributor address; City; State; Zip Code PO Box 11296 Fort Worth, TX 76110		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/06/2014	Contributor address; City; State; Zip Code 2708 Museum Way Fort Worth, TX 76107		\$100.00 <mark> </mark> 	
				exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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	The Instruct	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 64	4/67 Report: 66/95
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID Waller, Joseph M.	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/20/2014	6 Contributor address; City; State; Zip Code PO Box 150689 Fort Worth, TX 76108		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/06/2014	Contributor address; City; State; Zip Code 123 W Mills Ave Ste 600 El Paso, TX 79901		\$400.00	
					Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/05/2014	Contributor address; City; State; Zip Code 514 Queensbury Turn Southlake, TX 76092		\$100.00 	
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/05/2014	Contributor address; City; State; Zip Code 5020 Bryce Ave Fort Worth, TX 76107		\$100.00 <mark> </mark> 	
				(If travel outside of T	Гехаs, complete Schedule Т)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
ı	02/18/2014	Contributor address; City; State; Zip Code 5916 Ed Coady Rd Fort Worth, TX 76134		\$100.00 <mark> </mark> 	
				(If travel outside of T	exas, complete Schedule T)
•	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
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The Instruct	пом Guide explains how to complete this form.		1 PAGE# Schedule: 68	5/67 Report: 67/95
2 FILER NAME	Price, Betsy	18 00 00 00	3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Westerfeld, Dale	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/11/2014	6 Contributor address; City; State; Zip Code 6933 Shadow Creek Ct Fort Worth, TX 76132		\$100.00	1 1 1
				Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See II	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID: White, Ronald	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/22/2014	Contributor address; City; State; Zip Code 3804 Hamilton Ave Fort Worth, TX 76107	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$200.00	[]
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir		Toxas, complete constant 17
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code PO Box 16514 Fort Worth, TX 76162		\$250.00 	
			<u> </u>	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2014	Contributor address; City; State; Zip Code PO Box 16514 Fort Worth, TX 76162		 \$250.00	
		;	(If travel outside of T	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2014	Contributor address; City; State; Zip Code 4737 Lafayette Ave Fort Worth, TX 76107		\$100.00 <mark> </mark> 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		
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The Instruct	ION GUIDE explains how to complete this form.		1 PAGE#	
			Schedule: 66	6/67 Report: 68/95
2 FILER NAME	Price, Betsy		3 ACCOUNT#	(Ethics Commission filers)
			00000002	· .
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Wilson, Julie	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
01/25/2014	6 Contributor address; City; State; Zip Code 4140 East Renfro St Burleson, TX 76028		\$1,000.00	! ! !
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of	In-kind contribution
	Wilson-Webb, Nancy		contribution (\$)	description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 3716 Fox Hollow	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	[[
	Fort Worth, TX 76109			
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 2424 Colonial Pkwy Fort Worth, TX 76109		\$100.00	·
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution
	Witcher, Loftin		contribution (\$)	description (if applicable)
02/25/2014	Contributor address; City; State; Zip Code 3991 W Vickery Blvd Fort Worth, TX 76107		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:		
· .				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2014	Contributor address; City; State; Zip Code 3991 W Vickery Blvd Fort Worth, TX 76107		\$100.00 <mark> </mark> 	
			(If travel outside of T	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

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The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 67	7/67 Report: 69/95
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Wolsey, Cindy L	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/11/2014	6 Contributor address; City; State; Zip Code 4800 Overton Hollow St Fort Worth, TX 76109		\$1,000.00	
				Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (If applicable)
02/11/2014	Contributor address; City; State; Zip Code 4216 Lake Vista Benbrook, TX 76132		\$150.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Young, Christopher)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/05/2014	Contributor address; City; State; Zip Code 11300 Pompey Ct Austin, TX 78739		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
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Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

POLITICAL EXPENDITURES SCHEDULE F

						-
Advertising Exp Accounting/Ban Consulting Expe Event Expense Fees	king Legal S ense Food/B Polling	wards/Memorial Expense iervices everage Expense Expense	TURE CATEGO Salaries/Wages/Co Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re E explains how the	ntract Labor sing Expense ct ntal Expense	Transportations Contributions Candidate OTHER (ent	ment/Reimbursement on Equipment & Related Expense s/Donations Made By /Officeholder/Political Committee er a category not listed above)
1 PAGE#		2 FILER NAME				3 ACCOUNT # (TEC filers
Schedule: 1/20 Report: 70/95		Price, Betsy				00000002
4 Date	5 Payee name	Minga Ino				•
04/27/2014 6 Amount (\$)	A Wish With Wings Inc 7 Payee address City; State; Zip Code					
\$500.00	1	reeway	podde			
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 (If travel outside of Texas, complete Schedule T) Donation		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office so	ught:	Office held:
Date	Payee name					······································
01/29/2014	Allyn Media					
Amount (\$)	Payee address City; State; Zip Code					
\$105.93	3232 McKini Dallas, TX 7	ney Ave Suite 660 75204				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense			Description (If travel outside of Texas, complete Schedule T) Campaign Phone Line Services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sou	ught:	Office held:
Date	Payee name					
04/19/2014	Allyn Media					
Amount (\$) \$848.70	Payee address 3232 McKinr Dallas, TX 7	ey Ave Suite 660) Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense			Description (If travel outside of Texas, complete Schedule T) Campaign Printing Expense of Envelopes		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name			Office sou	ght:	Office held:
Date	Payee name			7 ·		
02/06/2014	Atchley & Ass		·			
Amount (\$) \$533.00	Payee address PO Box 1000 Fort Worth,	66	Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking			Description (If travel outside of Texas, complete Schedule T) Accounting And Compliance Reporting Services		

Office held:

Office sought:

8

Date

05/20/2014

\$400.00

Amount (\$)

PURPOSE

OF

EXPENDITURE Complete ONLY if

direct expenditure to benefit C/OH

Payee name Brighter Outlook Inc

Payee address

PO Box 50634

Fort Worth, TX 76105

Contributions/Donations Made By

Candidate / Officeholder name

City; State; Zip Code

Category (See Categories listed at the top of this schedule)

Candidate/Officeholder/Political Committee

(512)463-5800 TDD 1-800-735-2989 Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Gifts/Awards/Memorial Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Legal Services Food/Beverage Expense Polling Expense Consulting Expense Travel In District Event Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Price, Betsy Schedule: 2/20 Report: 71/95 00000002 4 Date 5 Payee name Atchley & Associates LLP 03/20/2014 6 Amount (\$) Payee address City; State; Zip Code PO Box 100066 \$511.64 Fort Worth, TX 76185 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Accounting/Banking Accounting And Compliance Reporting Services OF **EXPENDITURE** 9 Complete ONLY if Office sought: Office held: Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name Athans Audio Visual LLC 02/13/2014 Amount (\$) Pavee address City: State: Zip Code \$523.93 6125 Airport Freeway, Ste. 102 Haltom City, TX 76117 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Event Expense Campaign Fundraising Event Equipment Rental OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/25/2014 Bicycles, Inc Amount (\$) Payee address City; State; Zip Code 5152 Granbury Rd \$112.00 Fort Worth, TX 76133 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Campaign Gift Expense Gifts/Awards/Memorials Expense OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

Description (If travel outside of Texas, complete Schedule T) Donation - event sponsorship Office held: Office sought:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Exp Accounting/Ban Consulting Expe Event Expense Fees	king Legal Services Solicitation ense Food/Beverage Expense Travel In ID Polling Expense Travel Out	Of District Candidate/Officeholder/Political Committee orhead/Rental Expense OTHER (enter a category not listed above)				
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)				
Schedule: 3/20 i	00000002					
4 Date	5 Payee name					
02/21/2014	Brookshire's					
6 Amount (\$)	7 Payee address City; State; Zip Code					
\$223.87	5118 East I-20 SVC Rd. South Willow Park, TX 76008					
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 (If travel outside of Texas, complete Schedule T) Donation of dinner items for A Wish with Wings				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:				
Date	Payee name					
02/20/2014	Central Market					
Amount (\$)	Payee address City; State; Zip Code					
\$71.02	4651 West Freeway Suite A Fort Worth, TX 76107					
PURPOSE	Category (See Categories listed at the top of this schedule)					
OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee Donation of dinner items for A Wish with Wings					
EXPENDITURE	Candidate/Onicendiden/Folitical Committee					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:				
Date 01/29/2014	Payee name Chase Couriers					
Amount (\$)	Payee address City; State; Zip Code					
\$154.08	1002 N Central Expwy #495 Richardson, TX 78080					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Courier Fees				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:				
Date	Payee name					
02/13/2014	Chip Pierce Photography					
Amount (\$)	Payee address City; State; Zip Code					
\$350.00	1608 Steinburg Ln Fort Worth, TX 76134					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Photography For Campaign Fundraising Event				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:				

SCHEDULE F

Advertising Expense Accounting/Banking

to benefit C/OH

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Consulting Expense Event Expense Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 4/20 Report: 73/95 00000002 Date 5 Payee name 02/08/2014 Community Foundation of North Texas 6 Amount (\$) Payee address City; State; 306 West 7th Street., Suite 850 \$2,500.00 Fort Worth, TX 76102 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation Candidate/Officeholder/Political Committee **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 01/29/2014 Constant Contact Amount (\$) Pavee address City; State; Zip Code 3232 McKinney Ave Ste 660 Dallas, TX 75204 \$159.90 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Campaign E-Mail Services EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/13/2014 Deane, Steve Amount (\$) Payee address City; State; Zip Code PO Box 471404 \$325.00 Fort Worth, TX 76147 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Security For Campaign Fundraising Event **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Firestone & Robertson Distilling Co. 02/13/2014 Amount (\$) Payee address City; State; Zip Code 901 W. Vickery Blvd. \$250.00 Fort Worth, TX 76104 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE Event Expense** Campaign Fundraising Event Facility Rental **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

EXPENDITURE CATEGORIES

(512)463-5800 TDD 1-800-735-2989

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 5/20 Report: 74/95 00000002 4 Date 5 Payee name 04/10/2014 Fort Worth Business Press 6 Amount (\$) Payee address State; Zip Code 101 Summit Ave, Ste. 803 \$330.00 Fort Worth, TX 76102 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation - event sponsorship Candidate/Officeholder/Political Committee **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 01/29/2014 Fort Worth Chamber of Commerce City; State; Zip Code Amount (\$) Payee address 777 Taylor St., Ste. 900 Fort Worth, TX 76102 \$700.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation - event sponsorship for Faith Based Candidate/Officeholder/Political Committee Cabinet **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Fort Worth Promotion and Development Fund 01/14/2014 Amount (\$) Pavee address City; State; Zip Code 1201 Houston St. \$2,500.00 Fort Worth, TX 76102 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Fort Worth Zoo Association 05/09/2014 Amount (\$) Payee address City; State; Zip Code 1989 Colonial Parkway \$250.00 Fort Worth, TX 76110 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

(512)463-5800 TDD 1-800-735-2989 Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Advertising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Accounting/Banking Consulting Expense Legal Services Food/Beverage Expense Solicitation/Fundraising Expense Travel In District Event Expense Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) PAGE# Price, Betsy 00000002 Schedule: 6/20 Report: 75/95 4 Date 5 Payee name Friends of Wednesday's Child 01/29/2014 City; State; Zip Code Payee address 6 Amount (\$) 2801 Swiss Ave. \$350.00 Dallas, TX 75204 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Candidate/Officeholder/Political Committee Donation OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 02/06/2014 Gary Fickes Campaign Amount (\$) Payee address City; State; Zip Code 4021 Hilltop Dr \$250.00 Southlake, TX 76092 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Campaign Contribution OF EXPENDITURE Candidate/Officeholder/Political Committee Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/27/2014 George W. Bush Foundation Payee address City; State; Zip Code Amount (\$) 3943 SMU Blvd \$250.00 Dallas, TX 75205 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation OF EXPENDITURE Candidate/Officeholder/Political Committee Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Greater Fort Worth Area Civic Leaders Association 06/10/2014 Amount (\$) Payee address City; State; Zip Code 1000 Throckmorton St \$250.00 Fort Worth, TX 76102

Description

Office sought:

Donation

Category (See Categories listed at the top of this schedule)

Candidate/Officeholder/Political Committee

Contributions/Donations Made By

Candidate / Officeholder name

PURPOSE

EXPENDITURE Complete ONLY if

direct expenditure to benefit C/OH

(If travel outside of Texas, complete Schedule T)

Office held:

Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above) Polling Expense Printing Expense Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Price, Betsy 00000002 Schedule: 7/20 Report: 76/95 Date 5 Payee name Hobby Lobby 04/27/2014 6 Amount (\$) Payee address City; State; Zip Code 5020 S. Hulen Street \$645.00 Fort Worth, TX 76132 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Office Overhead/Rental Expense Campaign Framing Services OF EXPENDITURE 9 Complete ONLY if Office held: Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name 04/19/2014 JD Johnson Campaign Fund Payee address City; State; Zip Code Amount (\$) PO Box 136021 \$750.00 Fort Worth, TX 76136 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign Contribution OF EXPENDITURE Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Jewel Charity Ball 06/03/2014 Amount (\$) Payee address City; State; Zip Code 5020 Collinwood Ave Ste. 400 Fort Worth, TX 76107 \$650.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation Candidate/Officeholder/Political Committee EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name JP Solutions 01/06/2014 Amount (\$) Payee address City; State; Zip Code 6421 Fershaw Pl. \$500.00 Fort Worth, TX 76116 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Campaign Contract Labor OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Event Expense Fees	Printing Expense Travel Out Order Printing Expense Office Overhead The Instruction Guide explains ho	/Rental Expense OTHER (ente	r a category not listed above)
1 PAGE#	2 FILER NAME	W to complete the form	3 ACCOUNT# (TEC filers)
Schedule: 8/20 F	Dries Dotor		00000002
4 Date	5 Payee name		
02/13/2014	JP Solutions		
6 Amount (\$)	7 Payee address City; State; Zip Code	-	
\$3,500.00	6421 Fershaw PL Fort Worth, TX 76116		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description (If travel outside of Texas, complete Schedule T) [Campaign Fundraising Services		
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/26/2014	JP Solutions	<u> </u>	
Amount (\$)	Payee address City; State; Zip Code		
\$500.00	6421 Fershaw PL Fort Worth, TX 76116		
	Category (See Categories listed at the top of this schedule)	1	e of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Campaign Contract Labo	r
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/26/2014	JP Solutions		
Amount (\$)	Payee address City; State; Zip Code		
\$4,000.00	6421 Fershaw PL Fort Worth, TX 76116		
DUDDOOF	Category (See Categories listed at the top of this schedule)	,	e of Texas, complete Schedule T)
PURPOSE OF	Solicitation/Fundraising Expense	Campaign Fundraising So	ervices
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
05/15/2014	JP Solutions		
Amount (\$)	Payee address City; State; Zip Code		
\$1,000.00	6421 Fershaw PL Fort Worth, TX 76116		
BURDOCE	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Campaign Contract Labo	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
	······································		Electronic Filing Version 3.4.5

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

ense Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officerdedder/Political Committee

Event Expense Fees	Polling Expense Travel Out Of Di	strict Candidate/Officeholder/Political Committee //Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains ho	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 9/20 I	Report: 78/95 Price, Betsy	00000002
4 Date	5 Payee name	
06/12/2014	JP Solutions	<u> </u>
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$500.00	6421 Fershaw PL Fort Worth, TX 76116	
	T SILLISIM, 174.75115	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Campaign Contract Labor
EXPENDITURE		
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
05/12/2014	Justin Brands Celebrity Sales	
Amount (\$)	Payee address City; State; Zip Code	
\$1,246.50	610 W Daggett Ave	
	Fort Worth, TX 76104	
	Category (See Categories listed at the top of this schedule)	Description ((fitzer) attitle (Target and L. October T. T.
PURPOSE	Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Gift Expense
OF EXPENDITURE	Cities that destrict the Exposition	Campaign on Expense
EXI ENDITORE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
02/19/2014	Kay Granger Campaign	
Amount (\$)	Payee address City; State; Zip Code	
\$250.00	715 Jones St. Suite 101	
	Fort Worth, TX 76102	
	Colomon (O. Colomon F. L. L. H. L. Colomon F. L.	
PURPOSE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	Description (If travel outside of Texas, complete Schedule T)
OF	Candidate/Officeholder/Political Committee	Campaign Contribution
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
05/09/2014	Kay Granger Campaign	
Amount (\$)	Payee address City; State; Zip Code	
\$400.00	715 Jones St. Suite 101	
	Fort Worth, TX 76102	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Campaign Contribution
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		•

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direct expenditure to benefit C/OH

SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Salaries/Wages/Contract Labor Gifts/Awards/Memorial Expense Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Travel In District Legal Services Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Event Expense Travel Out Of District Office Overhead/Rental Expense Polling Expense OTHER (enter a category not listed above) Printing Expense The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME 1 PAGE# Price, Betsy 00000002 Schedule: 10/20 Report: 79/95 4 Date 5 Payee name Mayfest Inc. 01/12/2014 City; State; Zip Code 6 Amount (\$) Pavee address 6115 Camp Bowie Blvd \$250.00 Fort Worth, TX 76116 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Contributions/Donations Made By Candidate/Officeholder/Political Committee Donation **OF EXPENDITURE** Office held: 9 Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Pavee name 02/24/2014 Michael Burgess For Congress Payee address City; State; Zip Code Amount (\$) P.O. Box 2334 \$250.00 Denton, TX 76202 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign Contribution Contributions/Donations Made By Candidate/Officeholder/Political Committee EXPENDITURE Office held: Office sought: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Payee name Date Morgan, Chad 02/13/2014 Payee address City; State; Zip Code Amount (\$) \$325,00 112 Oakview Dr. Hudson Oaks, TX 76087 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Security For Campaign Fundraising Event **Event Expense** OF **EXPENDITURE** Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Murtaugh, Jason 02/13/2014 Amount (\$) Payee address City; State; Zip Code 1710 Crestmeadow Ln \$325.00 Mansfield, TX 76063 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Security For Campaign Fundraising Event **Event Expense** OF **EXPENDITURE** Office held: Office sought: Complete ONLY if Candidate / Officeholder name

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District
Travel Out Of District
Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Food/Beverage Expense Polling Expense Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# FILER NAME Price, Betsy 00000002 Schedule: 11/20 Report: 80/95 4 Date 5 Payee name 02/12/2014 Party Warehouse Amount (\$) Payee address City; State; Zip Code 6550 Camp Bowie Blvd. \$25.65 Fort Worth, TX 76116 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Campaign Fundraising Event Supplies OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Party Warehouse 02/13/2014 Payee address City; State; Zip Code Amount (\$) 6550 Camp Bowie Blvd. \$157.78 Fort Worth, TX 76116 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Campaign Fundraising Event Supplies OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/20/2014 Paschal Booster Club Amount (\$) Pavee address City; State; Zip Code 2215 Forest Park Blvd \$200.00 Fort Worth, TX 76110 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation - event sponsorship Candidate/Officeholder/Political Committee **EXPENDITURE** Candidate / Officeholder name Office held: Complete ONLY if Office sought: direct expenditure to benefit C/OH Date Payee name 02/28/2014 Piryx, Inc. Amount (\$) Pavee address State: Zip Code City; \$902.04 144 Second St San Francisco, CA 94105 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Credit Card Processing Fees OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure

SCHEDULE F

EXPENDITURE CATEGORIES

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Event Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME 1 PAGE# Price, Betsy 00000002 Schedule: 12/20 Report: 81/95 4 Date Payee name 03/31/2014 Piryx, Inc. 6 Amount (\$) Payee address City: State: Zip Code 144 Second St \$1.08 San Francisco, CA 94105 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 PURPOSE Credit Card Processing Fees Office Overhead/Rental Expense OF **EXPENDITURE** Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/30/2014 Piryx, Inc. State; Zip Code Payee address City; Amount (\$) 144 Second St \$10.75 San Francisco, CA 94105 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Office Overhead/Rental Expense Credit Card Processing Fees OF EXPENDITURE Office held: Office sought: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name 01/12/2014 Price, Betsy Payee address City; State; Zip Code Amount (\$) 3908 Summercrest \$150.00 Fort Worth, TX 76109 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Reimbursement of expenses reported on Schedule Loan Repayment/Reimbursement OF EXPENDITURE Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name 01/12/2014 Price, Betsy Payee address City; State; Zip Code Amount (\$) 3908 Summercrest \$181.74 Fort Worth, TX 76109 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Reimbursement of expenses reported on Schedule Loan Repayment/Reimbursement OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services
Food/Beverage Expense
Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Consulting Expense Event Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The INSTRUCTION GUIDE explains how to complete this form, 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 13/20 Report: 82/95 00000002 4 Date 5 Payee name Price, Betsy 02/24/2014 Amount (\$) Payee address City; State: Zip Code 3908 Summercrest \$139.80 Fort Worth, TX 76109 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) (b) Description **PURPOSE** Loan Repayment/Reimbursement Reimbursement of expenses reported on Schedule **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/09/2014 Price, Betsy Amount (\$) Pavee address City: State: Zip Code 3908 Summercrest \$865.90 Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Loan Repayment/Reimbursement Reimbursement of expenses reported on Schedule OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Price, Betsy 05/09/2014 Amount (\$) Payee address City; State; Zip Code 3908 Summercrest \$312.80 Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Loan Repayment/Reimbursement Reimbursement of expenses reported on Schedule OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Price, Betsy 05/10/2014 Amount (\$) Payee address City; State; Zip Code 3908 Summercrest \$93.95 Fort Worth, TX 76109 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Loan Repayment/Reimbursement Reimbursement of expenses reported on Schedule OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

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SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Gifts/Awards/Memorial Expense Advertising Expense Legal Services Food/Beverage Expense Accounting/Banking Consulting Expense Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) Polling Expens Event Expense **Printing Expense** The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME PAGE# 00000002 Price, Betsy Schedule: 14/20 Report: 83/95 5 Payee name 4 Date Price, Betsy 06/20/2014 City; State; Zip Code Payee address 6 Amount (\$) 3908 Summercrest \$638.98 Fort Worth, TX 76109 (If travel outside of Texas, complete Schedule T) (b) Description (a) Category (See Categories listed at the top of this schedule) Reimbursement of expenses reported on Schedule **PURPOSE** Loan Repayment/Reimbursement OF EXPENDITURE Office held: Office sought: Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Reinhardt, Phillip 02/13/2014 City; State; Zip Code Payee address Amount (\$) 1015 S Jennings Ave #1411 Fort Worth, TX 76104 \$325.00 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) Security For Campaign Fundraising Event **PURPOSE Event Expense** EXPENDITURE Office held: Office sought: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Roger Williams Campaign 02/19/2014 City; State; Zip Code Pavee address Amount (\$) 1005 Congress Ave Suite 925 \$250.00 Austin, TX 78701 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description Campaign Contribution Contributions/Donations Made By **PURPOSE** Candidate/Officeholder/Political Committee OF EXPENDITURE Office held: Office sought: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Rotary Club of Fort Worth 01/29/2014 City; State; Zip Code Payee address Amount (\$) 306 West Seventh St., Ste. 715 \$1,000.00 Fort Worth, TX 76102 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) Donation - event sponsorship for fundraiser Contributions/Donations Made By Candidate/Officeholder/Political Committee **PURPOSE** OF EXPENDITURE Office held: Office sought: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Polling Expense Printing Expense Office Overhead/Rental Expense The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 15/20 Report: 84/95 00000002 4 Date 5 Payee name Rotary Club of Fort Worth 01/29/2014 City; State; Zip Code Payee address 6 Amount (\$) 306 West Seventh St., Ste. 715 \$250.00 Fort Worth, TX 76102 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OTHER - Dues Membership Dues OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 06/03/2014 Saving Hope Foundation Amount (\$) Payee address City; State; Zip Code 950 Commerce Street \$250.00 Fort Worth, TX 76102 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation OF EXPENDITURE Candidate/Officeholder/Political Committee Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/10/2014 Staples Amount (\$) Payee address City; State; Zip Code 1600 South University Dr. \$106.07 Fort Worth, TX 76107 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Campaign Office Supplies OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/19/2014 Staples Amount (\$) Payee address City; State; Zip Code 1600 South University Dr. \$80.09 Fort Worth, TX 76107 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Campaign Office Supplies OF **EXPENDITURE** Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

direct expenditure to benefit C/OH

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Polling Expense Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) PAGE# Price, Betsy Schedule: 16/20 Report: 85/95 00000002 4 Date Payee name 04/10/2014 Susan Huston Fashion Concepts Payee address City; State; Zip Code 6 Amount (\$) 925 Gave Lane \$375.00 Arlington, TX 76012 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Campaign Staff Training Expense OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Tarrant County Junior Livestock Association 01/29/2014 Amount (\$) Payee address City; State; Zip Code 6713 Telephone Rd., Ste. 301 \$500.00 Fort Worth, TX 76135 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation Candidate/Officeholder/Political Committee EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/27/2014 **Tarrant Literacy Coalition** Payee address Amount (\$) City; State; Zip Code PO Box 470744 \$1,000.00 Fort Worth, TX 76147 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation OF EXPENDITURE Candidate/Officeholder/Political Ćommittee Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 01/12/2014 Tarrent County Republican Party Amount (\$) Payee address City; State; Zip Code 2405 Gravel Dr \$200.00 Fort Worth, TX 76118 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Contributions/Donations Made By Campaign contribution - attend Lincoln Day Dinner OF Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held:

POLITIC	CAL EXPENDITURES	SCHEDULE F
Advertising Exp Accounting/Ban Consulting Expe Event Expense Fees	king Legal Services Solicitation/Fundrai	ontract Labor sing Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule. 17/20		00000002
4 Date 02/13/2014	5 Payee name Taylor's Rental Equipment Co	
6 Amount (\$) \$860.59	7 Payee address City; State; Zip Code PO Box 470764 Fort Worth, TX 76147	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Fundraising Event Supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
04/27/2014	Texans for Greg Abbott	
Amount (\$) \$500.00	Payee address City; State; Zip Code PO Box 308 Austin, TX 78767	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 05/15/2014	Payee name Texas Federation of Republican Women PAC	
Amount (\$)	Payee address City; State; Zip Code	.
\$148.00	515 Capitol of Texas Hwy Suite 133 Austin, TX 78746	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) Campaign contribution - attend Tribute to Women Luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 02/24/2014	Payee name Texas Health Resources Foundation	
Amount (\$)	Payee address City; State; Zip Code	
\$200.00	612 E. Lamar Blvd. Suite 300 Arlington, TX 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

P.O.Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Travel Out Of District Office Overhead/Rental Expense Event Expense Fees Polling Expense Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) PAGE# Price, Betsy 00000002 Schedule: 18/20 Report: 87/95 Date Payee name The Eppstein Group 02/25/2014 Payee address City; State; 6 Amount (\$) Zip Code 4055 International Plaza, Ste. 600 \$595.38 Fort Worth, TX 76109 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Printing Expense For Campaign Fundraiser OF Invitations **EXPENDITURE** 9 Complete ONLY if Office held: Office sought: Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name 02/06/2014 The Eppstien Group City; State; Zip Code Amount (\$) Payee address 4055 International Plaza Ste. 600 \$3,264.10 Fort Worth, TX 76109 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Postage For Campaign Fundraiser Invitations Solicitation/Fundraising Expense **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/06/2014 The Eppstien Group Amount (\$) Payee address City; State; Zip Code 4055 International Plaza Ste. 600 \$5,671.35 Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Printing Expense For Campaign Fundraiser OF Invitations **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/27/2014 The Fort Worth Police Officers' Award Foundation Payee address City; State; Zip Code Amount (\$) PO Box 17659 \$250.00 Fort Worth, TX 76102 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Candidate/Officeholder/Political Committee Donation OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Gifts/Awards/Memorial Expense Legal Services Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Event Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 19/20 Report: 88/95 00000002 4 Date 5 Payee name The Women's Center 03/20/2014 6 Amount (\$) Payee address City; State; Zip Code 1723 Hemphill \$150.00 Fort Worth, TX 76110 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation OF Candidate/Officeholder/Political Committee **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/20/2014 Trader Joe's Amount (\$) Payee address City; State; Zip Code \$163.55 2701 South Hulen Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation of dinner items for A Wish with Wings OF Candidate/Officeholder/Political Committee EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/06/2014 US Postal Service - Trinity River Station Amount (\$) Payee address City; State; Zip Code 4450 Oak Park Lane \$98.00 Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Campaign Postage Expense OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name US Postal Service - Trinity River Station 02/06/2014 City; State; Zip Code Amount (\$) Payee address 4450 Oak Park Lane \$1.15 Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Office Overhead/Rental Expense Campaign Postage Expense OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Advertising Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Accounting/Banking Consulting Expense Legal Services Food/Beverage Expense Event Expense Polling Expense Printing Expense Fees The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) PAGE# Price, Betsy 00000002 Schedule: 20/20 Report: 89/95 4 Date 5 Payee name 03/27/2014 US Postal Service - Trinity River Station City; State; Zip Code 6 Amount (\$) Payee address 4450 Oak Park Lane \$245.00 Fort Worth, TX 76109 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) (b) Description **PURPOSE** Office Overhead/Rental Expense Campaign Postage Expense OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 02/25/2014 VIP Valet Services Amount (\$) Payee address City; State; Zip Code PO Box 101541 \$1,650.00 Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Campaign valet expense for fundraising event EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Windsor Club 03/20/2014 Amount (\$) Payee address City; State; Zip Code 6332 Halifax Rd \$250.00 Fort Worth, TX 76116 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OTHER - Dues Membership Dues OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name Z's Café 02/13/2014 Amount (\$) Payee address City; State; Zip Code 1116 Pennsylvania Ave \$4,000.00 Fort Worth, TX 76104 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE Event Expense** Catering For Fundraising Event OF **EXPENDITURE**

Office held:

Office sought:

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

TDD 1-800-735-2989

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Polling Expense Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) PAGE# Price, Betsy 00000002 Schedule: 1/6 Report: 90/95 4 Date 5 Payee name AF&B 05/19/2014 Payee address City; State; Zip Code 6 Amount (\$) 2869 Crockett St. \$101.60 Fort Worth, TX 76107 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Campaign Meal Expense OF **EXPENDITURE** Date Payee name Bicycles, Inc. 05/08/2014 Amount (\$) Payee address City; State; Zip Code 5153 Granbury Rd Fort Worth, TX 76133 \$865.90 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Gifts/Awards/Memorials Expense Campaign Gift Expense EXPENDITURE Date Payee name 02/24/2014 Central Market Payee address State; Zip Code Amount (\$) City; 4651 West Freeway Suite A \$139.78 Fort Worth, TX 76107 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation of dinner items for A Wish with Wings OF EXPENDITURE Candidate/Officeholder/Political Committee Date Pavee name Central Market 05/10/2014 Amount (\$) Payee address City; State; Zip Code 4651 West Freeway Suite A \$93.95 Fort Worth, TX 76107 Reimbursement from political contributions intended (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contributions/Donations Made By Donation of dinner items for A Wish with Wings OF Candidate/Officeholder/Political Committee EXPENDITURE

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

P.O.Box 12070

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

(512)463-5800

Travel Out Of District
Office Overhead/Rental Expense Polling Expense Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) PAGE# Price, Betsy 00000002 Schedule: 2/6 Report: 91/95 4 Date 5 Payee name Charleston's Restaurant 04/25/2014 Payee address City; State; Zip Code 6 Amount (\$) 3020 South Hulen \$25.98 Fort Worth, TX 76109 Reimbursement from political contributions intended (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) PURPOSE Food/Beverage Expense Campaign Meal Expense OF EXPENDITURE Date Pavee name Harper's Blue Bonnet Bakery 06/09/2014 Amount (\$) Payee address City; State; Zip Code 4705 Camp Bowie Blvd \$29.05 Fort Worth, TX 76107 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Campaign Meal Expense EXPENDITURE Date Payee name Jos. A. Bank 01/12/2014 Amount (\$) Payee address City; State; Zip Code 1540 South University Dr \$150.00 Fort Worth, TX 76107 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Gifts/Awards/Memorials Expense Campaign gift expense OF EXPENDITURE Date Payee name La Familia Mexican Restaurant 03/26/2014 Amount (\$) Payee address City; State; Zip Code 841 Foch St. \$55.84 Fort Worth, TX 76107 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Campaign Meal Expense **EXPENDITURE**

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

EXPENDITURE CATEGORIES Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Event Expense Fees Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) PAGE# FILER NAME Price, Betsy 00000002 Schedule: 3/6 Report: 92/95 4 Date 5 Payee name Little Red Wasp Kitchen and Bar 05/29/2014 City; State; Zip Code Amount (\$) Payee address 808 Main St. \$20.57 Fort Worth, TX 76102 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) (b) Description **PURPOSE** Food/Beverage Expense Campaign Meal Expense OF EXPENDITURE Date Payee name Pappa Burger 06/14/2014 Amount (\$) Payee address City; State; Zip Code 2700 West Freeway \$65.37 Fort Worth, TX 76102 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Campaign Meal Expense **EXPENDITURE** Date Payee name 05/01/2014 Pappadeux Seafood Kitchen Amount (\$) Payee address City; State; Zip Code 2708 West Freeway \$27.77 Fort Worth, TX 76102 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Campaign Meal Expense OF EXPENDITURE Date Payee name Restaurant Neuvo Leon 05/21/2014 Amount (\$) Payee address City; State; Zip Code 1544 Ellis Ave \$60.35 Fort Worth, TX 76164 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Campaign Meal Expense **EXPENDITURE**

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Austin, Texas 78711-2070

EXPENDITURE CATEGORIES

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Travel In District
Travel Out Of District
Office Overhead/Rental Expense Polling Expense Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) PAGE# Price, Betsy 00000002 Schedule: 4/6 Report: 93/95 Date 5 Payee name 06/16/2014 Riscky's BBQ City; State; Zip Code Amount (\$) Payee address 300 Main St \$61.87 Fort Worth, TX 76102 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) (b) Description **PURPOSE** Food/Beverage Expense Campaign Meal Expense OF **EXPENDITURE** Date Payee name South 7th 06/11/2014 Amount (\$) Payee address City; State; Zip Code 2401 W. 7th St. Ste. 110 Fort Worth, TX 76107 \$103.66 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Campaign Meal Expense Food/Beverage Expense EXPENDITURE Date Payee name 06/03/2014 Taverna Payee address Amount (\$) City; State; Zip Code 450 Throckmorton \$130.26 Fort Worth, TX 76102 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Campaign Meal Expense **EXPENDITURE** Payee name Texas Pit Bar B Q 03/25/2014 Amount (\$) Payee address City; State; Zip Code 324 S Saginaw Blvd \$34.11 Saginaw, TX 76176 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Campaign Meal Expense OF EXPENDITURE

SCHEDULE G

Advertising Expense

Gifts/Awards/Memorial Expense

EXPENDITURE CATEGORIES

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

Accounting/Bant Consulting Expe Event Expense Fees	ense Food/Be Polling I	everage Expense Expense g Expense	Solicitation/Fundra Travel In District Travel Out Of Distr Office Overhead/Rav Guide explains how	rict Rental Expense	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) orm.
1 PAGE#		2 FILER NAME	•		3 ACCOUNT # (TEC filers)
Schedule: 5/6 Re	eport: 94/95	Price, Betsy			00000002
4 Date	5 Payee name	t			· · · · · · · · · · · · · · · · · · ·
04/26/2014	The Tavern				
6 Amount (\$)	7 Payee addres	ss City; State	e; Zip Code		
\$70.00					
Reimbursement from political contributions intended	· ·			- t	
8 PURPOSE	(a) Category (See Food/Bevera	e Categories listed at the top	p of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF	F000/Devera	ige Expense		Campaign iv	Meal Expense
EXPENDITURE					
Date	Payee name				
04/30/2014	The Wine Th				
Amount (\$)	Payee address	•	e; Zip Code		
\$38.48	1300 Housto Fort Worth,				
Reimbursement from political		TX 70102			
contributions intended	· · · · ·	e Categories listed at the top	o of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
PURPOSE	Food/Bevera		, , , , , , , , , , , , , , , , , , , ,		leal Expense
OF EXPENDITURE	[•
Date 01/12/2014	Payee name Vending Nut	Co			
Amount (\$)	Payee address		e; Zip Code		
\$181.74	2222 Montgo	<u>-</u>	, Elbana		
	Fort Worth, 7				
Reimbursement from political contributions intended					
PURPOSE		Categories listed at the top	of this schedule)	·	(If travel outside of Texas, complete Schedule T)
OF	Gitts/Awards/	/Memorials Expense		Campaign gif	ft expense
EXPENDITURE	İ				
	l				
J	ļ				
				<u> </u>	
Date	Payee name	-IIIa Canatal Cuinina			
03/24/2014 Amount (\$)		ell's Coastal Cuisine	7'- 0-4-	 	
Amount (\$)	Payee address 2901 Crocket		; Zip Coae		
\$108.93	Fort Worth, T				
Reimbursement from political contributions intended		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CONTINUATIONS TREATEGY	Category (See	Categories listed at the top	of this schedule)	Description ((If travel outside of Texas, complete Schedule T)
PURPOSE	Food/Beverag		VI 1012	Campaign Me	
OF EXPENDITURE	-	,			

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Expense Travel Out Of District Candidate/Of Printing Expense Office Overhead/Rental Expense OTHER (enter a The Instruction Guide explains how to complete this form.	ficeholder/Political C category not listed a	ommittee above)
1 PAGE#	2 FILER NAME	3 ACCOUNT#	(TEC filers)
Schedule: 6/6 Re		00000002	
4 Date	5 Payee name West Side Café		
04/25/2014 6 Amount (\$)	West Side Café 7 Payee address City; State; Zip Code		
\$17.94	7950 Camp Bowie West Blvd		
Reimbursement from political contributions intended	Fort Worth, TX 76116		
	(a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of	f Towns namelate Co	abadula T)
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description (If travel outside of Campaign Meal Expense)	f Texas, complete So	medule 1)
OF EXPENDITURE			
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