	N FINANCE REPOR	<b>-</b>		COVER SHEET PG 1
The C/OH Instruction G	Guide explains how to complete this	s form.		2 Total pages filed:
				. 37
3 CANDIDATE / OFFICEHOLDER NAME	i	FIRST Betsy	MI	OFFICE USE ONLY Date Receive 3 4 5 6 7
ı			1	132
		AST Price	SUFFIX	RECEIVED IN
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	:UITE#; CITY;	ZIP CODE	thate Hand-delive to or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 100066			Page Hand-delive Morbolice Postmarked Reference CITY OF FORT WORTH
Change of Address	Fort Worth, TX 76185			Date Processed 99 V & 3
				Date Imaged
5 CAMPAIGN	MS/MRS/MR FII	RST	MI	
TREASURER NAME	A	lice		
	NICKNAME LA	AST	SUFFIX	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Pı	uente		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	2737 Calder Ct Fort Worth, TX 76107	·	PT / SUITE #; CITY;	STATE; ZIP CODE
7 CAMPAIGN	AREA CODE PHONE N	NUMBER EXTENSION		· · · · · · · · · · · · · · · · · · ·
TREASURER PHONE	817-207-8643	UNDER ENTEROIS.		
REPORT TYPE	X January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8	8th day before election	Exceeded \$500 limit	Final Report (Attach C/OH-FR)
PERIOD COVERED	Month Day Year 07/01/2018	THROUGH	Month Day 12/31/2018	Year
0 ELECTION	ELECTION DATE Month Day Year	Primary General	ELECTION TYPE Runoff Special	Other
	OFFICE HELD (if any) Mayor of Fort Worth	1	12 OFFICE SOUGHT (if Mayor of Fort Wort	-
		GO TO PAGE 2	<u></u>	·

## CANDIDATE / OFFICEHOLDER REPORT:

# FORM C/OH COVER SHEET PG 2

SOFFORT	& IUIALS				2 of 37
13 C / OH NAME	Price, Betsy		14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	ceholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
,		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		 AL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ARANTEES OF LOANS), UNLESS ITEMIZED	ΓHAN PLEDGES,	\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	20,250.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$	2,382.35
	4. TOTAL POLITICA	AL EXPENDITURES		\$	52,475.44
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$	355,597.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
	TENISHA N. BREWER JONE lotary Public, State of Tex Comm. Expires 05-27-202 Notary ID 130680351	dilder fille 15, Election Code.		o be reporte	
	TARY STAMP / SEAL ABO	The Hair	, this the <i>\</i> _	<u>/</u>	day
Signature of office	cer/administering	Printed name of officer administering	Title of officer	Asst administeri	ng oath

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

				COVER	3 of 37
l .	ER NA ce, Be		19 Filer ID		
		E SUBTOTALS SCHEDULE		SL	JBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	20,250.0
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	52,475.4
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	· <u></u>	\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	44.
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	
				F	11.1. <u>, , , , , , , , , , , , , , , , , , ,</u>

	MONET	FARY POLITICAL CONTRIBUTIONS	-	SCHEDULE	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this form.		Total pages Schedule A1: Sch: 1/2 Rpt: 4/37	
2	FILER NAME Price, Betsy	i i	3	Filer ID	
4	<del>-</del>		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	upation / Job title (See Instructions)  9 Employer (See Instructions)	,		
	Date 11/26/2018	Full name of contributor out-of-state PAC (ID#:) Greater Fort Worth Association of REALTORS PAC (FORPAC)  Contributor address; City; State; Zip Code 2650 Parkview Dr  Fort Worth, TX 76102	_	Amount of Contribution (\$) \$1	15,000.00
_	Principal occur	pation / Job title (See Instructions)  Employer (See Instructions)	_		
	Date 08/01/2018	Full name of contributor out-of-state PAC (ID#:) Knight Jr., Richard  Contributor address; City; State; Zip Code 6108 Red Bird	,	Amount of Contribution (\$)	\$250.00
_	Principal occur	Dallas, TX 75232  pation / Job title (See Instructions)  Employer (See Instructions)	_		
	Date 11/26/2018	Full name of contributor out-of-state PAC (ID#:) Longbow Consulting Partners LLC  Contributor address; City; State; Zip Code 816 Congress Ave Ste 1120  Austin, TX 78701		Amount of Contribution (\$)	\$500.00
	Principal occur	pation / Job title (See Instructions)  Employer (See Instructions)			
	Date 10/10/2018	Full name of contributor out-of-state PAC (ID#:) Lowrance, Dan E (Mr.)  Contributor address; City; State; Zip Code 2008 Four Oaks Ln  Fort Worth, TX 76102	<del>-</del>	Amount of Contribution (\$)	\$3,000.00
F	Principal occup	pation / Job title (See Instructions) Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	.E <b>A1</b>
	The Instruc	ction Guide explains how to complete this form	•	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/37	
2	FILER NAME Price, Betsy			3	Filer ID	
4	Date 12/28/2018	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Minker, Richard D.</li> <li>Contributor address; City; State; Zip Code 2865 Manorwood Trl</li> <li>Fort Worth, TX 76109</li> </ul>	)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<b>i</b> 5)		<del> </del>
	Date 09/05/2018	Full name of contributor out-of-state PAC (ID#:_ Sorcher, Michael A.  Contributor address; City; State; Zip Code 15344 Mastin  Overland Park, KS 66221	)		Amount of Contribution (\$)	\$250.00
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	1, 100	

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Dovation

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Le	tvawards/memorials Expense gal Services he Instruction Guide expla	Salaries/	/Wage	es/Contract Labor	Travel Out of District OTHER (enter a category not listed above	re)
1	Total pages Schedule F1:	TO ELLER NAME				3	Filer ID	
-	Sch: 1/32 Rpt: 6/37	Price, Betsy				١	FIRE ID	
	<del></del>							
4	Date	5 Payee name						
	09/05/2018	ATCHLEY &	ASSOCIATES LLP					
6	Amount (\$)	7 Payee address	City;	State; Zip Co	ode			
	\$2,373.55	1005 LA POS	-	,				
	42,010100	1000 1711 00	7,67,61,72					
		AUSTIN, TX 7	'8752					
8	PURPOSE	(a) Category (See (	Categories listed at the top of t	this schedule)	(b)	Description		
	OF EXPENDITURE	Accounting/Ba		•			de of Texas. Complete Schedule T.	
	EXPENDITURE	_	-			Check if Austin, TX,	officeholder living expense	
					İ	Campaign Accou	unting And Reporting Service	es
9	Complete ONLY if direct	Candidate/Officel	nolder name	Office sou	.ight		Office held	
	expenditure to benefit C/O	4			-			
_	Date	5						
		Payee name	/ODTU					
	10/04/2018	BIKE FORT W	/ORTH					
	Amount (\$)	Payee address;	City;	State; Zip Co	ode			
	\$100.00	200 TEXAS S	TREET					
		FORT WORTH	H. TX 76102					
	DUDDOOF							
	PURPOSE OF		ategories listed at the top of the	nis schedule)	(D)	Description		
	EXPENDITURE		Donations Made By	itt			e of Texas. Complete Schedule T.	
		Candidate/On	ceholder/Political Co	əmmillee	İ	Donation	officeholder living expense	
						Donation		
	0 1. 0				Ļ.,			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeh	older name	Office sou	ght		Office held	
	experience to belief ever							
	Date	Payee name						
	10/04/2018	BIKE FORT W	ORTH					
	Amount (\$)	Payee address;	City; S	State; Zip Co	do		······	
	\$750.00	200 TEXAS ST	•	nate, zip co	uc			
	\$750,00	200 IEAAS SI	REEI					
		FORT WORTH	ł, TX 76102					
	PURPOSE	(a) Category (See Ca	ategories listed at the top of th	is schedule)	(b)	Description		
	OF		Donations Made By	is soricular,	Ì		e of Texas. Complete Schedule T.	
	EXPENDITURE		ceholder/Political Co	mmittee	į	Check if Austin, TX, o	fficeholder living expense	
					Ī	 Donation		
								ļ
-	Complete ONLY if direct	Candidate/Officeh	older name	Office soug	uht.		Office held	
	expenditure to benefit C/OH			ooo oodg	9.10		Office field	ı
_					_			

## SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 2/32 Rpt: 7/37	Price, Betsy	
4	Date	5 Payee name	
	12/05/2018	BONNELL'S FINE TEXAS CUISINE	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,612.40	4259 BRYANT IRVIN RD	
		FORT WORTH, TX 76109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	el outside of Texas. Complete Schedule T.
		Staff Christ	tin, TX, officeholder living expense
		Ottali Offici	mad Dainei
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	10/15/2018	BRIGHTER OUTLOOK INC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	PO BOX 50634	
		FORT WORTH, TX 76105	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Aust Event Spon:	in, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
1	expenditure to benefit C/OI	1	
- 1	Date	Payee name	
	10/02/2018	CHARLESTON'S FORT WORTH	
,	Amount (\$)	Payee address; City; State; Zip Code	
	\$76.96	3020 SOUTH HULEN	
		FORT WORTH, TX 76109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
		City Staff Me	n, TX, officeholder living expense
		Only Stain We	····
(	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH		55

## SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment		
┝	Total pages Schedule F1:		
^	Sch: 3/32 Rpt: 8/37	Price, Betsy	
Ļ			_
4		5 Payee name	
	12/03/2018	CHARLESTON'S FORT WORTH	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$68.10	3020 SOUTH HULEN	
		FORT WORTH, TX 76109	
Ļ	DUDDOCE		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		City Staff Meal	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
			_
	Date	Payee name	
	12/26/2018	CHARLESTON'S FORT WORTH	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$132.17	3020 SOUTH HULEN	
		FORT WORTH, TX 76109	
	DUDDOCE		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  FOOD/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		City Staff Meal	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_			_
	Date	Payee name	
	09/19/2018	CONSTANT CONTACT	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$207.87	3232 MCKINNEY AVE STE 660	
		DALLAS, TX 75204	
	PURPOSE		4
	OF PURPOSE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign Email Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	4
	expenditure to benefit C/OF		İ
			4
			J

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		mmittee t	Gift/Awards/Memorials E Legal Services	Si		ages	/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
_		_		The Instruction Guid	e explains now to	o compie	ete t	nis form,			_
1	Total pages Schedule F1:	2							3	Filer ID	
	Sch: 4/32 Rpt: 9/37		Price, Betsy								
4	Date	5	Payee name								
	12/28/2018	l	CONSTANT	CONTACT							
6	Amount (\$)	7	Payee addres	s; City;	State; Z	Zip Cod	le				_
	\$207.87		3232 MCKIN	NEY AVE STE	660						
			DALLAS, TX	75204							
_		L.				— т.					
8	PURPOSE OF	(a)		Categories listed at the		le) (	(b)	Description			
	EXPENDITURE		Office Overh	ead/Rental Exp	ense			<u></u>		de of Texas. Complete Schedule T. officeholder living expense	
								Campaign Em			
								<b></b>		2011.000	
9	Complete ONLY if direct	Щ	Candidate/Office	sholder name	Offic	ce sougl	ht			Office held	
J	expenditure to benefit C/O		zai kiidate/Onie	choider hame	Onic	oc sougi	111			Office field	
		<del></del>			<del></del>						_
	Date	I	Payee name								
	09/06/2018		CORK & PIG	TAVERN							
	Amount (\$)		Payee address	; City;	State; Z	ip Cod	e				
	\$117.59		2869 CROCK	KETT ST							
			FORT WORT	H, TX 76107							
	PURPOSE OF			Categories listed at the	top of this schedule	<sub>e)</sub> (t	b)	Description			
	EXPENDITURE	İ	Food/Bevera	ge Expense				<u> </u>		e of Texas. Complete Schedule T.	
								City Staff Mea		officeholder living expense	
								ong chan moa			l
	Complete ONLY if direct	<u> </u>	andidate/Office	sholder name	Offic	e sough	ht	****		Office held	_
	expenditure to benefit C/O		andidate/Office	moider name	Onic	c sougi	11.			Office field	
	Date		Pavee name		<del> </del>						=
	11/28/2018		CORK & PIG	TAVERN						•	
					O. 4. 7:						_
	Amount (\$)		Payee address	•	State; Zi	ip Coae	е				
	\$74.79		2869 CROCK	E11 51							ļ
		1	FORT WORT	H, TX 76107							
	PURPOSE	(a)	Category (See	Categories listed at the	top of this schedule	) <b>(</b> b	o) I	Description			
	OF EXPENDITURE	1	Food/Beveraç	je Expense			Ţ	<b>_</b>		e of Texas. Complete Schedule T.	
							Ĺ			fficeholder living expense	
							,	City Staff Meal	ı		
			11 1								4
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Office	holder name	Office	e sough	ıt			Office held	
		-									╝
											_1

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 5/32 Rpt: 10/37	Price, Betsy
4	Date	5 Payee name
	11/17/2018	COWTOWN MARATHON
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$850.00	2617 WHITMORE ST
		FORT WORTH, TX 76107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	Start 11 mart 14 con 1 con 1	Candidate/Officeholder/Political Committee
	ı	Event Sponsorship
_	The CANANA Street	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
_	Date	Рауее пате
	09/19/2018	CRAIG GOLDMAN CAMPAIGN
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO BOX 100039
	·	1 0 Best 200000
		FORT WORTH, TX 76185
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EM LINDITO.L	Candidate/Officeholder/Political Committee
		Campaign Contribution
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
_	skpenditure to solicite 2.2.	
- 1	Date	Payee name
:	11/26/2018	DENNIS BONNEN CAMPAIGN
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	122 E MYRTLE ST
	1	
		ANGLETON, TX 77515
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
	1	Campaign Contribution
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Apenditure to benefit 5, 5, ,	
-		

#### SCHEDULE F1

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

Event Expense Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement

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

Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 6/32 Rpt: 11/37 Price, Betsy 4 Date Payee name 11/28/2018 **DENNIS BONNEN CAMPAIGN** 6 Amount (\$) Payee address; City; State; Zip Code 122 E MYRTLE ST \$1,000.00 ANGLETON, TX 77515 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete **ONLY** if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/19/2018 ELLMAN, RACHEL Amount (\$) Payee address; City; State; Zip Code \$250.00 PO BOX 126081 BENBROOK, TX 76126 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Photography Services For Campaign Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/19/2018 FORT WORTH CHRISTIAN PRAYER BREAKFAST Amount (\$) Payee address; City; State; Zip Code \$395.00 PO BOX 101296 FORT WORTH, TX 76185 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense **Event Sponsorship** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Office Overhead/Rental Expense Polling Expense Printing Expense

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

Gilt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 7/32 Rpt: 12/37 Price, Betsy Date Payee name 09/19/2018 FORT WORTH DELTA DELTA ALUMNAE CHARITIES 6 Amount (\$) Payee address; State; Zip Code City; \$1,250.00 5336 COLLINWOOD AVE FORT WORTH, TX 76107 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **Event Sponsorship** Complete ONLY if direct Office sought Candidate/Officeholder name Office held expenditure to benefit C/OH Date Payee name 09/19/2018 FORT WORTH HISPANIC CHAMBER OF COMMERCE State; Zip Code Amount (\$) Payee address; City; \$75.00 1327 N MAIN ST FORT WORTH, TX 76164 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation For Tough Stars Fort Worth Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name FORT WORTH HISPANIC CHAMBER OF COMMERCE 09/28/2018 Amount (\$) Payee address; City; State; Zip Code \$100.00 1327 N MAIN ST FORT WORTH, TX 76164 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politic Credit Card Payment		ry поt listed above)
1 Total pages Schedule F1:	1: 2 FILER NAME 3 Filer ID	, , , , , , , , , , , , , , , , , , , ,
Sch: 8/32 Rpt: 13/37	Price, Betsy	
4 Date	5 Payee name	
12/03/2018	FORT WORTH REPUBLICAN WOMEN	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 306 W 7TH STREET  FORT WORTH, TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Some Check if Austin, TX, officeholder living expense Attend Luncheon	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
Date	Payee name	
12/03/2018	FORT WORTH REPUBLICAN WOMEN	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 306 W 7TH STREET  FORT WORTH, TX 76102	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Dues  Check if travel outside of Texas. Complete Sc  Check if Austin, TX, officeholder living expens  Membership Dues	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held OH	
Date	Payee name	
12/07/2018	FORT WORTH REPUBLICAN WOMEN	
Amount (\$) \$440.00	Payee address; City; State; Zip Code PO BOX 101613	
	FORT WORTH, TX 76185	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Sch Christmas Ornaments	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held OH	

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Gift/Awards/Memorials Expe Legal Services The Instruction Guide ex	Salaries/	Wages	s/Contract Labor	Travel Out of District OTHER (enter a category not listed above)		
<b> </b> -	Total pages Schedule F1:	12 FILER NAM				[3	Filer ID	_	
-	Sch: 9/32 Rpt: 14/37	Price, Bets					) I HOLLID		
4		5 Payee name							
7	12/28/2018	1 1	: RTH REPUBLICAN '	MOMEN					
Ļ		ļ							
ľ	Amount (\$) \$125.00	7 Payee addre		State; Zip C	oae				
	\$123.00	POBOXI	01013						
		FORT WO	RTH, TX 76185						
8	PURPOSE	<del> </del>			(b)	Description	-		
ľ	OF	Dues	See Categories listed at the top	of this schedule)	(6)		tside of Texas. Complete Schedule T.		
	EXPENDITURE	Dues				<u>  </u>	X, officeholder living expense		
						Membership D	ues		
9	Complete ONLY if direct		ficeholder name	Office sou	ıght		Office held		
	expenditure to benefit C/OI	П							
	Date	Payee name	;						
	09/06/2018	FRIENDS	OF THE FORT WOR	TH NATURE C	CEN	TER & REFUGE	E INC		
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode			_	
	\$768.61	9601 FOS	SIL RIDGE RD						
		FORT WO	RTH, TX 76135						
	PURPOSE	(a) Category (s	ee Categories listed at the top	of this schedule)	(b)	Description		_	
Ì	OF EXPENDITURE	Contributio	ns/Donations Made E	Зу		<u></u>	side of Texas. Complete Schedule T.		
	EXI ENDITORE	Candidate/	Officeholder/Political	Committee		Check if Austin, T.  Donation	X, officeholder living expense		
						Donation			
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht	<del> </del>	Office held	_	
	expenditure to benefit C/O		icentiuer name	Office 200	grit		Office field		
	Data							_	
	Date	Payee name		ODMENT CHAI	D				
	12/03/2018		OTION AND DEVEL					_	
	Amount (\$)	Payee addre	•	State; Zip Co	de				
	\$3,500.00	PO BOX 80	140						
		- COT WOL	NT 1 TV 70404						
		FORT WOR	RTH, TX 76124					_	
	PURPOSE OF		ee Categories listed at the top		(b)	Description	side of Tours Consular Cabable T		
	EXPENDITURE		ns/Donations Made E Officeholder/Political				side of Texas. Complete Schedule T. K, officeholder living expense		
		Candidater	Sinceriolaein olitical	Committee		Event Sponsors			
						•	•		
	Complete ONLY if direct		ceholder name	Office sou	ght		Office held	1	
	expenditure to benefit C/OF	1							
								٦	

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Fees
Food/Reverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Consuling Expense Contributions/ Donations Made & Candidate/Officeholder/Politic Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
L	Sch: 10/32 Rpt: 15/37	Price, Betsy
4	Date	5 Payee name
	09/06/2018	GLEN ELLMAN PHOTOGRAPHY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	PO BOX 126081
		BENBROOK, TX 76126
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ĺ	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EX EXPITORE	Check if Austin, TX, officeholder living expense
İ		Photography Services For Campaign
Ļ	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	11/30/2018	GOODE PIE COMPANY
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,085.04	13843 N PROMENADE BLVD #900
		STAFFORD, TX 77477
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Christmas Gifts for constituents
		Childring One for Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/12/2018	GOODE PIE COMPANY
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.94	13843 N PROMENADE BLVD #900
	Φ30.34	13043 IN FROMENADE BLVD #300
		OTAFFORD TV 37.437
		STAFFORD, TX 77477
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Christmas Gifts for constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	ms provided by Toyos Et	higo Commission

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 11/32 Rpt: 16/37	Price, Betsy
4	Date	5 Payee name
	12/13/2018	GOODE PIE COMPANY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$703.49	13843 N PROMENADE BLVD #900
		STAFFORD, TX 77477
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Christmas Gifts for constituents
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
(	07/16/2018	JANE NELSON CAMPAIGN
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO BOX 608
		GRAPEVINE, TX 76099
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
$\epsilon$	expenditure to benefit C/OF	1
	Date	Payee name
1	.2/28/2018	JO
Δ	Amount (\$)	Payee address; City; State; Zip Code
	\$4,891.66	440 S MAIN STREET
		FORT WORTH, TX 76104
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Christmas Cards
		Gampaign Cimbanas Gards
C	omplete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
	xpenditure to benefit C/OF	

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	By - cal Committee	Gilt/Awards/Memorials Expe Legal Services	Salaries	s/Wage	ges/Contract Labor	Travel Out of District OTHER (enter a category not listed above	;)
L			The Instruction Guide ex	xplains how to com	plete			
1	Total pages Schedule F1:					3	3 Filer ID	
L	Sch: 12/32 Rpt: 17/37	Price, Bets	у					
4		5 Payee name	;		_			
	07/02/2018	JP SOLUTI	IONS					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	Code	;		
	\$500.00	1	SHAW PLACE					
		FORT WO	RTH, TX 76116					
8	PURPOSE				1/h	A management	<del></del>	<del></del>
O	OF		See Categories listed at the top ages/Contract Labor		(10)	<ul> <li>Description</li> <li>Check if travel outs</li> </ul>	tside of Texas. Complete Schedule T.	
	EXPENDITURE	Salai ics/ vvi	Ages/Contract Eason	í		<u></u>	X, officeholder living expense	
						<u> </u>	nagement Services	
	ı					•		
9	Complete ONLY if direct		iceholder name	Office sou	ught	t	Office held	
	expenditure to benefit C/O						<b>3</b>	
一	Date	Payee name			_			
	12/21/2018	JP SOLUTION						
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	·	States Zin C	-12			
	Amount (\$)	Payee addres	• • • • • • • • • • • • • • • • • • • •	State; Zip Co	oae			
	\$750.00	6421 FERS	SHAW PLACE					
	1							
		FORT WOF	RTH, TX 76116					
_	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	1	ages/Contract Labor			<b>=</b>	side of Texas. Complete Schedule T.	
	LAI LIADITO.			i		l-und	K, officeholder living expense	
	1	1		I		Campaign wan	agement Services	
		" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			<u> </u>			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Offic	ceholder name	Office sou	ught		Office held	
		·						
	Date	Payee name			_			
_	08/06/2018	JP SOLUTIO	ONS					
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode			
	\$500.00	6421 FERS	HAW PLACE					
	J	ĺ						
		FORT WOF	RTH, TX 76116					
—	PURPOSE		ee Categories listed at the top of	* * * * * * * * * * * * * * * * * * *	(b)	Description		
	OF		ee Categories listed at the top on ages/Contract Labor	′ 1	(6)		ide of Texas. Complete Schedule T.	
	EXPENDITURE	Jaianes	ges/comman Labo.	1			, officeholder living expense	ļ
		l					agement Services	İ
		l			1	-		
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	<u></u> ight		Office held	
	expenditure to benefit C/OH				Ð		<del></del>	

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Gift/Awards/Memorials Expe Legal Services  The Instruction Guide e	Salaries/	/Wages	s/Contract Labor	Travel Out of District OTHER (enter a category not listed a	above)
┞	Total pages Cahadula E1:	To CHEDNAM		xplains now to com	hiere r		=1 to	
+	Total pages Schedule F1: Sch: 13/32 Ppt: 18/37	I				٦	Filer ID	
Ļ	Sch: 13/32 Rpt: 18/37							
4		5 Payee name						
	09/05/2018	JP SOLUT	IONS		_			
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode			
	\$500.00	6421 FERS	SHAW PLACE					
		FORT WO!	RTH, TX 76116					
8	PURPOSE	<del> </del>			1/h)	detion		
٥	OF	1	See Categories listed at the top		(n)	Description  Check if travel outs	side of Texas. Complete Schedule T.	
ļ	EXPENDITURE	Salariesivvi	ages/Contract Labo	r		<u></u>	K, officeholder living expense	
							agement Services	
						• -	5	
9	Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	<u>l</u> unht		Office held	
	expenditure to benefit C/OI		100,70,23,	= :	- · · ·		011100 11010	
<del></del>	Data	T Same name						·
	Date	Payee name						
	10/03/2018	JP SOLUTI	<del></del>	<u>.</u>				_
	Amount (\$)	Payee addre		State; Zip Co	ode			
	\$500.00	6421 FERS	SHAW PLACE					
	- 1							
	I	FORT WOF	RTH, TX 76116					
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	B	ages/Contract Labor				ide of Texas. Complete Schedule T.	
	EXPENDITURE	_	ng			LI	, officeholder living expense	
						Campaign Mana	agement Services	
	Complete ONLY if direct		iceholder name	Office sou	ıght		Office held	
	expenditure to benefit C/OF	H ———			_			
_	Date	Payee name						
	12/06/2018	JP SOLUTION	ONS					
	Amount (\$)	Payee addres		State; Zip Co	nde			
	\$500.00	1	HAW PLACE	Otato, E.P	Juc			
	Ψ000.02	0721.2	HAVI LIGE					
			TV 70440					
			RTH, TX 76116					
	PURPOSE OF		ee Categories listed at the top	1	(p) [	Description		
	EXPENDITURE	Salaries/Wa	ages/Contract Labor		ļļ		de of Texas. Complete Schedule T.	
	<u> </u>	l		]	Ļ		officeholder living expense gement Services	
					`	Callipaign mana	Igement Services	
	The Control of Street	- 1: 1-1-10f6	• • •	0.00	<u> </u>			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	ceholder name	Office sou	ght		Office held	
	CAponataro to South	······					<u> </u>	
								<del></del>
								,

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 14/32 Rpt: 19/37 Price, Betsy Date Payee name 12/31/2018 JP SOLUTIONS Amount (\$) State; Zip Code Payee address; City; \$500.00 6421 FERSHAW PLACE FORT WORTH, TX 76116 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Management Services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/19/2018 KAY GRANGER CAMPAIGN FUND Amount (\$) Payee address; City; State; Zip Code \$250.00 1701 RIVER RUN STE 308 FORT WORTH, TX 76107 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/08/2018 KAY GRANGER CAMPAIGN FUND Amount (\$) Payee address; City; State; Zip Code \$400.00 1701 RIVER RUN STE 308 FORT WORTH, TX 76107 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 15/32 Rpt: 20/37 Price, Betsy Date Payee name 10/15/2018 LEADERSHIP FORT WORTH Amount (\$) Payee address; State; Zip Code City; \$370.00 PO BOX 11371 FORT WORTH, TX 76110 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **Event Sponsorship** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/17/2018 LILI'S BISTRO ON MAGNOLIA Amount (\$) Payee address; City; State; Zip Code \$57.63 1310 W MAGNOLIA AVE FORT WORTH, TX 76104 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder fiving expense City Staff Meal Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/16/2018 LILI'S BISTRO ON MAGNOLIA Amount (\$) Payee address; City; State; Zip Code \$75.24 1310 W MAGNOLIA AVE FORT WORTH, TX 76104 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense City Staff Meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Coutract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		imittee	Legal Services The Instruction Gui			Vages	s/Contract Labor		OTHER (enter a categ	jory not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	=					3	Filer ID		
	Sch: 16/32 Rpt: 21/37		Price, Betsy									
4	Date	5	Рауее пате						<u> </u>			
	11/06/2018			RO ON MAGNO	OLIA							
6	Amount (\$)	7 1	Payee addres	ss; City;	State:	; Zip Co	de					
	\$46.43	i		GNOLIA AVE								
		-		RTH, TX 76104		<del></del>						
8	PURPOSE OF			ee Categories listed at tl	the top of this scho	iedule)	(b)	Description		- 1		
	EXPENDITURE	F	Food/Bever	age Expense		l				de of Texas. Complete S officeholder living exper		
	I							City Staff Mea		Officeriolists raing one	nse	
į	I							Oily Claim	<i>^</i> .			i
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	ceholder name	C	L Office soug	ght		_	Office held		
	Date	F	Payee name				_					
	09/19/2018	1	MALAI KITC	CHEN								
	Amount (\$)	F	Payee addres	ss; City;	State;	; Zip Cod	de			······································		
	\$55.47	5	5289 MONA	AHANS AVE								
	,											
		<del>  </del>		RTH, TX 76109								
	PURPOSE OF	1		ee Categories listed at th	ne top of this sche	edule)	(b)	Description  Check if travel or	reid	ie of Texas. Complete S	?-b-dula T	
	EXPENDITURE		-ood/Bevera	age Expense				<u> </u>		ie of Lexas. Complete S officeholder living expen		
								City Staff Mea				
								-				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Offic	ceholder name	0	Office soug	<b>j</b> ht			Office held		
	D-1-	<del></del>										_
	Date	i .	Payee name Mal Al KITC	STIPNI								
	12/12/2018	├─	MALAI KITC									
	Amount (\$)		Payee addres	*	State;	Zip Cod	le					
	\$57.63	5	5289 MONA	.HANS AV⊨								
-		  F	ORT WOR	TH, TX 76109								
	PURPOSE			e Categories listed at th	ne top of this sche	edule) (	(b)	Description				
	OF EXPENDITURE	F	-ood/Bever <i>a</i>	age Expense			ļ			e of Texas. Complete Se		
	LN L.15	l					ŀ	Check if Austin, T City Staff Meal		officeholder living expens	se	
		İ						City Stan mea	,ì			
	Complete OAN V if direct		E-Into/Offic	-t-alder nome		en-coolin	1			Office held		$\dashv$
	Complete ONLY if direct expenditure to benefit C/OH		.ndidate/Onic	ceholder name	Oi	office soug	ht			Office neio		
			<del></del>									$\dashv$
												i

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 17/32 Rpt: 22/37		
4	Date	5 Payee name	
	08/14/2018	MICHAELS CUISINE	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$138.93	3413 W 7TH STREET	
		FORT WORTH, TX 76107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		City Staff Meal	
ŀ		ony Gran Wear	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	11/29/2018	MICHAELS CUISINE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.97		
	Ψ-10,07	1 STATE OF THE STA	
		FORT WORTH, TX 76107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		City Staff Meal	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	12/20/2018	ML LEDDY'S	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$2,273.28	2455 NORTH MAIN ST	
	Ψ2,210,20		
		FORT WORTH, TX 76164	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Gift Cards for City Staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	$\dashv$
	expenditure to benefit C/OF		
			$\dashv$

## SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Printing Expense

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

Candidate/Officeholder/Politic Credit Card Payment	The Instruction Guide explains how to complete this form.  OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 18/32 Rpt: 23/37	Price, Betsy
4 Date	5 Payee name
11/07/2018	NATIONAL COWGIRL MUSEUM
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1720 GENDY ST FORT WORTH, TX 76107
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Dues  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
07/16/2018	O D WYATT HIGH SCHOOL
Amount (\$) \$150.00	Payee address; City; State; Zip Code 2400 E SEMINARY DR
	FORT WORTH, TX 76119
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation For OD Wyatt Basketball Camp
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
07/23/2018	O D WYATT HIGH SCHOOL
Amount (\$) \$150.00	Payee address; City; State; Zip Code 2400 E SEMINARY DR
	FORT WORTH, TX 76119
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation For OD Wyatt Basketball Camp
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1: Sch: 19/32 Rpt: 24/37	2 FILER NAME Price, Betsy
4 Date 08/07/2018	5 Payee name OUTDOORS TOMORROW FOUNDATION
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO BOX 543305  DALLAS, TX 75354
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Sponsorship
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/10/2018	PERCH
Amount (\$) \$117.43	Payee address; City; State; Zip Code 640 TAYLOR STREET
	FORT WORTH, TX 76102
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/16/2018	PERCH
Amount (\$) \$91.40	Payee address; City; State; Zip Code 640 TAYLOR STREET
	FORT WORTH, TX 76102
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense City Staff Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		nmittee	Gift/Awards/Memorials E Legal Services  The Instruction Guid	Expense		(pen: /age:	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed abov	/e)
-	Total pages Schedule F1:	12	FILER NAME						Тз	Filer ID	
_	Sch: 20/32 Rpt: 25/37		Price, Betsy						"	riiet ib	
4		+	Payee name		<del> </del>						
Ĺ	08/28/2018	1	PINSTRIPE	S							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Cod	de				
	\$170.62		5001 TRAIL	HEAD BEND W	ΆΥ						
			FORT WOR	TH, TX 76109							
8	PURPOSE	(a)	Category <sub>(Se</sub>	e Categories listed at the	e top of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Food/Bevera	age Expense		ŀ		<u></u>		ide of Texas. Complete Schedule T.	
ĺ										, officeholder living expense	
						İ		City Staff Me	aı		
Ļ	0 1. 0.0.4.4.8	<u> </u>	P. L. + 10-17								
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	eholder name	O	ffice soug	jht			Office held	
L							_	Sect. 2000			
	Date		Payee name								
	08/02/2018		PIOLA ITALI	AN RESTAURA	NT						
	Amount (\$)		Payee addres	s; City;	State;	Zip Cod	le				
	\$101.25		3700 MATTI	SON AVE							
			FORT WOR	TH, TX 76107							
	PURPOSE OF	(a)	Category <sub>(See</sub>	Categories listed at the	top of this sched	dule) (	b)	Description			
	EXPENDITURE	1	Food/Bevera	ge Expense						de of Texas. Complete Schedule T.	
								City Staff Mea		officeholder living expense	
								Oity Stair Met	۸۱		
	Complete ONLY if direct	<u> </u>	andidate/Offic	abolder name	Of	fice sour	h.t	<del> </del>		Office held	
	expenditure to benefit C/Ol		anutuaterOnto	siloluei fiante	Oi	fice soug	11L			Office field	
	Date		Payee name								
	07/15/2018		PRESS CAF	E							
	Amount (\$)	f	Payee address	s; City;	State;	Zip Cod	е				
	\$75.78	4	1801 EDWA	RDS RANCH RE	)						
		F	ORT WORT	TH, TX 76109							
	PURPOSE	(a) (	Category (See	Categories listed at the	top of this sched	lule) (I	b)	Description			
	OF EXPENDITURE		ood/Bevera							le of Texas. Complete Schedule T.	
	LXI LINDITORL							ш		officeholder living expense	
								weat For Tri F	-ort	Worth Volunteers	
	Complete ONLY if direct expenditure to benefit C/OF		ındidate/Office	holder name	Off	fice sough	nt			Office held	
	experientire to beliefit G/OF	,									

## SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a colory pot listed above)

	Contributions/ Donations Made by Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction Guide			Vages	s/Contract Labor		ravel Out of District OTHER (enter a category not listed ab	ove)
1	Total pages Schedule F1:	T <sub>2</sub>	FII ER NAME	=				3	<b>3</b> Fi	iler ID	
_	Sch: 21/32 Rpt: 26/37	_	Price, Betsy						-		
4	Date	5	Payee name								
	09/05/2018		PRESS CA								
6	Amount (\$)	7	Payee addres	ess; City;	State;	Zip Co	de				
	\$105.85		4801 EDWA	ARDS RANCH RD	J						
-			FORT WOF	RTH, TX 76109							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the to	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			age Expense	•	Ì	ı	<b>L</b>		of Texas. Complete Schedule T.	
	LA LADITORL						ı			ficeholder living expense	
	!					1		Constituent Dir	nner	,	
_		L									
	Complete ONLY if direct expenditure to benefit C/Oh		Jandidate/Offic	ceholder name	Of	ffice sou	ght			Office held	
_	Date	abla	Payee name			<del></del>			-		
	07/30/2018	1	REATA								
		—	Payee addres	ss; City;	- State:	Zip Cor	40				
	Amount (\$)	1	,		State,	Zip Coo	üе			•	
	\$126.01		310 HOO21	TON STREET							
_			FORT WOR	RTH, TX 76102							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	top of this scher	dule)	(b)	Description			
	OF EXPENDITURE			age Expense				<b>=</b>		of Texas. Complete Schedule T.	-
	LA LIBERTO.							<del></del> -		iceholder living expense	
	!							City Staff Meal			
		<u>L</u>	- "1 . 10#				•				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	H C	Candidate/Offic	eholder name	On	ffice soug	jht			Office held	
_		_									
	Date	1	Payee name								
	07/07/2018	1_	RING CENT	RAL							
	Amount (\$)		Payee address	ss; City;	State;	Zip Coc	de				
	\$37.31	1	20 DAVIS DI	RIVE							
		1									1
			BELMONT,	CA 94002							
	PURPOSE			ee Categories listed at the to		dule)	(b)	Description			
	OF EXPENDITURE	ĺ	Office Overh	nead/Rental Expen	ise			<u> </u>		of Texas. Complete Schedule T.	
	hm/\1 ha17b*11.v.,	ĺ					١			ceholder living expense	
		ĺ						Campaign Phor	ne L	.ine	
		<u></u>					<del></del>				
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	Off	fice soug	jht			Office held	
	experientire to some		<del> </del>					······			
-											

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			mmittee	Legal Service				Vage	s/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
Ļ	=	т,			tion Guide ex	хріаінь ноч	/ ա շտոր	lete		_		
1	Total pages Schedule F1:	1								3	Filer ID	
	Sch: 22/32 Rpt: 27/37	$\bot$	Price, Betsy	'						_		
4	Date	5	Payee name									
	08/01/2018		RING CENT	Γ <b>RAL</b>								
6	Amount (\$)	17	Payee addres	ss; City	···	State:	Zip Co	nde				
	\$37.31	1	20 DAVIS D		y .	Juic,	Zip 00	luc				
	Ψ31.31		ZU DAVIO L	KIVL								
			BELMONT,	CA 9400	2							
8	PURPOSE	(a)	Category (Se	e Catenories	licted at the ton	of this scher	faluf-	(b)	Description			
1	OF		Office Over				itino j	•		utsid	de of Texas, Complete Schedule T.	
	EXPENDITURE		000	1000	100 m//p=::-	50			Check if Austin,	TX,	officeholder living expense	
Į									Campaign Pho	one	e Line	
									-			
9	Complete ONLY if direct		Candidate/Offic	-eholder na	eme	Of:	fice sou	aht			Office held	
5	expenditure to benefit C/OI		zdi iliiliaiti om	JEHOIUGI III	anic	0.,	HUG SOU	ynı			Office field	
··· <u>·</u>		<del></del>								_		
	Date		Payee name									
	09/07/2018		RING CENT	RAL								
_	Amount (\$)	<del>                                     </del>	Payee addres	ss; City		State;	Zin Co	de	9			
	\$37.31	1	20 DAVIS D		,		- •-					
	40.10-		20 0, 11,0 =	1/1/								
	!											
	•		BELMONT,	CA 94002	2							
	PURPOSE	(a)	Category (Se	e Categories I	isted at the top	of this sched	ule)	(b)	Description		<del></del>	
	OF		Office Overh					-		ıtside	e of Texas. Complete Schedule T.	
	EXPENDITURE					,,,			Check if Austin, 1	ΓX, c	officeholder living expense	
		•							Campaign Pho	one	e Line	
	Complete ONLY if direct		andidate/Offic	ebolder na		Off	ice soug	ht			Office held	
	expenditure to benefit C/OF		andidateronic	CHOIGGIA	шк	O.I.	เคย วดหรั	JI II.			Office field	
	·								<del></del>	_		
=	Date	[ ·	Рауее пате									
	10/07/2018		RING CENT	RAL								
	Amount (\$)	ļ	Payee addres	s; City		State; 2	7in Coo	te	··········			
	\$37.51	ŀ	20 DAVIS DI		•	O.C, .	Z.P	10				
	Ψ01,01	<b>'</b>	70 DV A12 P1	TIVL								
		١	BELMONT, (	CA 94002								
	PURPOSE	(a)	Category (See	Categories lic	eted at the ton (	of this schedu	(ما،	(b)	Description			
	OF ]		Office Overh					`		tside	e of Texas. Complete Schedule T.	
	EXPENDITURE		Jinde Gve	CKOTTOTA	ш шкропо.	C	F				fficeholder living expense	
									<b>ட</b> Campaign Pho			
									, ,			
_	Canaplata ONII V if direct		didata/Offic	-bolder ne		Offi	20110	·lat			O#: L-14	
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	enoluei na	me	Olin	ice soug	ĮΝί			Office held	
_									<del></del>			

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 23/32 Rpt: 28/37	i i
4	Date	5 Payee name
	11/07/2018	RING CENTRAL
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.40	
		BELMONT, CA 94002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Phone Line
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  OH
	Date	Payee name
	12/07/2018	RING CENTRAL
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.40	20 DAVIS DRIVE
		BELMONT, CA 94002
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Phone Line
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	09/05/2018	ROGER WILLIAMS VICTORY FUND
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1005 CONGRESS AVE STE 910
		AUSTIN, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Campaign Contribution
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 24/32 Rpt: 29/37	Price, Betsy
4	Date	5 Payee name
	10/18/2018	SAFE HAVEN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1100 HEMPHELL SUITE 101
		FORT WORTH, TX 76104
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	1	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
	Į	S STATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/16/2018	SMALL WONDER COMMUNICATIONS
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1712 JENSON RD
	1	
		FORT WORTH, TX 76112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Social Media Consulting & Writing  Campaign Social Media Consulting & Writing
		Services Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	· · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	08/13/2018	SMALL WONDER COMMUNICATIONS
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1712 JENSON RD
	Ψυυυ,ου	
		FORT WORTH, TX 76112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
		Campaign Social Media Consulting & Writing
		Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	

## SCHEDULE F1

Advertising Expense Accounting/Banking

Fees
Food/Reverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions / Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 25/32 Rpt: 30/37	Price, Betsy
4	Date	5 Payee name
	09/05/2018	SMALL WONDER COMMUNICATIONS
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1712 JENSON RD FORT WORTH, TX 76112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Social Media Consulting & Writing Services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Рауее пате
	10/03/2018	SMALL WONDER COMMUNICATIONS
	Amount (\$) \$500.00	Payee address; City; State; Zip Code  1712 JENSON RD  FORT WORTH, TX 76112
	PURPOSE	
	OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX. officeholder living expense  Campaign Social Media Consulting & Writing Services
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 11/07/2018	Payee name SMALL WONDER COMMUNICATIONS
	Amount (\$) \$500.00	Payee address; City; State; Zip Code  1712 JENSON RD
		FORT WORTH, TX 76112
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Social Media Consulting & Writing Services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI-	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense

l	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Contra		ense		Travel in District Travel Out of District OTHER (enter a category not listed above)	
	Credit Gard Fayment		The Instruction Guide exp	lains how to complet	e this form.		
1	Total pages Schedule F1: Sch: 26/32 Rpt: 31/37		R NAME , Betsy			3	Filer ID
4	Date	5 Pave	е пате				
	12/10/2018	1	LL WONDER COMMUNICA	TIONS			
6	Amount (\$)	7 Paye	address; City;	State; Zip Code	e		
	\$500.00	1712	JENSON RD				
		FOR'	T WORTH, TX 76112				
8	PURPOSE OF EXPENDITURE	1	Ory (See Categories listed at the top or ulting Expense	this schedule) (L	Check if Austin	ı, TX,	de of Texas. Complete Schedule T. officeholder living expense al Media Consulting & Writing
9	Complete ONLY if direct expenditure to benefit C/O		ate/Officeholder name	Office sough	t		Office held
	Date	Payee	name				
	09/05/2018	SOU	THWESTERN EXPOSITION	I AND LIVESTO	CK SHOW		
	Amount (\$) \$500.00	РО В	address; City; OX 150	State; Zip Code			
	<u> </u>	FOR	WORTH, TX 76101				
	PURPOSE OF EXPENDITURE	Contr	Ory (See Categories listed at the top of butions/Donations Made By date/Officeholder/Political C		<b>  </b>		de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		te/Officeholder name	Office sough	Į		Office held
	Date	Payee	name				***
	11/26/2018	ST JU	DE CHILDREN'S RESEAR	CH HOSPITAL			
	Amount (\$) \$250.00	-	address; City; ANNY THOMAS PL	State; Zip Code			
		MEMF	PHIS, TN 38105				
	PURPOSE OF EXPENDITURE	Contri	ry (See Categories listed at the top of toutions/Donations Made By date/Officeholder/Political C		<b>_</b>		e of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te/Officeholder name	Office sought			Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 27/32 Rpt: 32/37	Price, Betsy
4	Date	5 Payee name
	10/17/2018	TEXAS HEALTH RESOURCES FOUNDATION
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	612 E LAMAR BLVD STE 300
İ		
		ARLINGTON, TX 76011
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Check if Austin, Tx, officeholder living expense Check if Austin, Tx, officeholder living expense Check if Austin, Tx, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Н
	Date	Payee name
	08/30/2018	THE CAPITAL GRILLE
	Amount (\$)	Payee address; City; State; Zip Code
	\$198.61	800 MAIN STREET
		FORT WORTH, TX 76102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX. officeholder living expense  Campaign Office Lunch
		Sampaigh Since Edition
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>'</del>
-	Date	Payee name
	11/28/2018	THE CAPITAL GRILLE
	Amount (\$)	Payee address; City; State; Zip Code
	\$157.23	800 MAIN STREET
		FORT WORTH, TX 76102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  City Staff Meal
		City Stair Wear
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	and the state of t

## SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Olficeholder/Politic Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 28/32 Rpt: 33/37	Price, Betsy
4	Date	5 Payee name
	07/16/2018	THE LONE STAR FILM FESTIVAL
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	209 W 2ND STREET STE 284
		FORT WORTH, TX 76102
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Dues  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership Dues
_	0 1. 0.004 6	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	09/05/2018	THE REPUBLICAN PARTY OF TEXAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	PO BOX 2206
		AUSTIN, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Dues Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Membership Dues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/04/2018	THE TAVERN
-	Amount (\$)	Payee address; City; State; Zip Code
	\$154.09	2755 SOUTH HULEN
		FORT WORTH, TX 76109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		City Staff Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OH	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 29/32 Rpt: 34/37	Price, Betsy
4 Date	5 Payee name
07/02/2018	TRI FORT WORTH
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	2551 RIVER PARK PLAZA STE 200
	FORT WORTH, TX 76114
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Event Sponsorship
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
11/06/2018	TRINITY HABITAT FOR HUMANITY
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	9333 NORTH NOMAD
	FORT WORTH, TX 76116
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/23/2018	TRINITY RIVER STATION
Amount (\$)	
( )	Payee address; City; State; Zip Code
\$50.00	4450 OAK PARK LANE
	FORT WORTH, TX 76109
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Campaign Postage Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
· · · · · · · · · · · · · · · · · · ·	

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment		above)
1	Total pages Schedule F1: Sch: 30/32 Rpt: 35/37		
4	Date		
4	11/26/2018	5 Payee name TRINITY RIVER STATION	
_			
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$140.00	4450 OAK PARK LANE	
		FORT WORTH, TX 76109-9998	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Campaign PO Box Renewal	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	12/06/2018	TRINITY RIVER STATION	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,229.19	4450 OAK PARK LANE	
		FORT WORTH, TX 76109-9998	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign Postage Expense for Christma	s cards
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	12/10/2018	TRINITY RIVER STATION	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	4450 OAK PARK LANE	
		FORT WORTH, TX 76109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign Postage Expense	
(	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF		
		······································	
	·		

## SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	·	
<del></del>	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:			
Sch: 31/32 Rpt: 36/37	Price, Betsy		
4 Date	5 Payee name		
09/19/2018	USS FORT WORTH SUPPORT COMMITTEE		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	PO BOX 246		
	FORT WORTH, TX 76101		
8 PURPOSE			
OF	Dues  (b) Description  (c) Description  Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Membership Dues		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
experialitate to belieff C/Oi			
Date	Payee name		
08/14/2018	VISION MEXICO		
Amount (\$)	Payee address; City; State; Zip Code		
\$750.00	CARRETERA LEON-CUERAMARO KM 13		
	36440 SAN CRISTOBAL		
	GUANAJUATO Mexico		
PURPOSE			
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense		
	Donation		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OF	1		
Date	Payee name		
09/14/2018	WHATABUGER		
Amount (\$)	Payee address; City; State; Zip Code		
\$139.77	901 E SEMINARY DRIVE		
	FORT WORTH, TX 76115		
PUPPOSE			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel cutside of Taxas, Campble School In T		
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	City Staff Meal		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			
orms provided by Tayas Eth	hies Commission Wassa othics state by us		

## SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	y - al Committee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guide	xpense P S	_	se s/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not lis	sted above)
1	Total pages Schedule F1:	2 FILER NA	ME	·			3 Filer ID	
	Sch: 32/32 Rpt: 37/37	Price, Be						
4	Date	5 Payee nar	ne					
	12/03/2018	WOMEN	STEERING BUSIN	ESS				
6	Amount (\$)	7 Payee add	fress; City;	State; Z	ip Code			
	\$2,500.00	РО ВОХ	-					
ì	Ψ2,000.00	1 10 80%	2220					
		FORT W	ORTH, TX 76113					
8	PURPOSE	(a) Category	(See Categories listed at the	ton of this schedul	e) (b)	Description		
	OF EVERYDITURE	Dues	(See Categories listed at the	top of the senedo	,		outside of Texas. Complete Schedule	τ.
	EXPENDITURE					Check if Austin	, TX, officeholder living expense	
		•				Membership	Dues	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Officeholder name	Offic	e sought		Office held	
	Date	Payee nan	ne					-,-,-
	12/28/2018	WOMEN	STEERING BUSINE	ESS				
	Amount (\$)	Payee add	ress; City;	State; Z	in Code			
	\$75.00	PO BOX :	-	,				
	Ψ. 3.133	1000/11						
		505514						
		FORTWO	DRTH, TX 76113					
	PURPOSE	(a) Category	(See Categories listed at the I	top of this schedule	(b)	Description		
	OF EXPENDITURE	Event Exp	pense			_	outside of Texas. Complete Schedule T	
						<del></del>	TX, officeholder living expense	
						Attend Lunch	eon	
				77.4				
	Complete ONLY if direct		fficeholder name	Offic	e sought		Office held	
	expenditure to benefit C/OF	7						