CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete	this form. 1 Filer ID		2 Total pages filed: 43
3 CANDIDATE / OFFICEHOLDER NAME		RST	MI	OFFICE USE ONLY Date Received 10 11 12 PM
		ST ice	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SU PO Box 100066	JITE #; CITY;	ZIP CODE	Responsible Control of the Control o
X Change of Address	Fort Worth, TX 76185			Date Imaged
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIR		MI	
	NICKNAME LAS		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BO) 2737 Calder Court Fort Worth, TX 76107	X PLEASE); AP	r / SUITE #; CITY;	STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N 817-207-8643	UMBER EXTENSION		
8 REPORT TYPE		30th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 07/01/2016	THROUGH	Month Day 12/31/2016	Year G
10 ELECTION	ELECTION DATE Month Day Year	Primary General	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) Mayor		12 OFFICE SOUGHT	(if known)
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2**

13 C / OH NAME	Price, Betsy		14 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.						
Additional Pages	COMMITTEE TYPE						
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NA	AME				
		COMMITTEE CAMPAIGN TREASURER AD	DDRESS				
16 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$	0.00			
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$	3,200.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$	2,039.13		
	4. TOTAL POLITICAL EXPENDITURES			\$	53,108.42		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF	THE LAST DAY OF THE	\$	363,357.68		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	PAL AMOUNT OF ALL OUTSTANDING LOAI RTING PERIOD	NS AS OF THE LAST DAY	\$	0.00		
17 AFFADAVIT	BETH A ELLIS Notary Public, State My Commission E March 05, 20	true and correct and includer Title 15, Election Conference and Includer Election Election Conference and Includer Election El	penalty of perjury, that the accudes all information required to Code.	o be repor	ng report is ted by me		
	ortany Stamp / SEAL AB scribed before me, by the s	B.J. PAR	this the	3	day		

SUBTOTALS - C/OH

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

				3 01 43
18 FILER NA Price, Be		19 Filer ID		
	E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,200.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS	\$		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	53,108.42
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTE	ONS	\$	
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	326.18
	·			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/43 2 FILER NAME 3 Filer ID Price, Betsy 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/20/2016 Lowrance, Dan E (Mr.) \$3,000.00 6 Contributor address; City; State; Zip Code 2008 Four Oaks Ln Fort Worth, TX 76102 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor 08/30/2016 \$200.00 Wood, Robert A. (Monsignor) Contributor address; City; State; Zip Code 109 Cedar Bluff Ct Aledo, TX 76008 Employer (See Instructions) Principal occupation / Job title (See Instructions)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 1/36 Rpt: 5/43 Price, Betsy 4 Date Payee name 11/11/2016 ALL SAINTS CATHOLIC CHURCH 6 Amount (\$) Payee address: City; State: Zip Code \$200.00 214 NW 20TH STREET FORT WORTH, TX 76164 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE 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 08/15/2016 **AMERICAN AIRLINES** Amount (\$) Payee address; City; State; Zip Code \$326.10 4333 AMON CARTER BLVD FORT WORTH, TX 76155 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF X Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense TRAVEL EXPENSE FOR PHOTOGRAPHER Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 08/29/2016 ATCHLEY AND ASSOCIATES LLP State: Zip Code Amount (\$) Payee address; City; \$471.00 1005 LA POSADA DR AUSTIN, TX 78752 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense ACCOUNTING AND REPORTING SERVICES Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Contributions/ Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 2/36 Rpt: 6/43 Price, Betsy 4 Date 5 Payee name 08/08/2016 ATCHLEY AND ASSOCIATES, LLP 6 Amount (\$) State; Zip Code Payee address; City; \$2,022.87 1005 LA POSADA DR AUSTIN, TX 78752 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense ACCOUNTING AND REPORTING SERVICES Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name BILL WAYBOURN FOR SHERIFF CAMPAIGN 10/13/2016 Amount (\$) Payee address; City; State: Zip Code \$250.00 PO BOX 151305 ARLINGTON, TX 76015 **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 CAMPAIGN CONTRIBUTION Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name BOB'S STEAK AND CHOP HOUSE 10/18/2016 State: Zip Code Amount (\$) Payee address; City; \$398.57 1300 HOUSTON STREET FORT WORTH, TX 76102 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense OFFICEHOLDER MEETING WITH TXDOT STAFF Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

www.ethics.state.tx.us

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 3/36 Rpt: 7/43	2 FILER NAME Price, Betsy 3 Filer ID
4 Date 07/28/2016	5 Payee name BOTANICAL RESEARCH INSTITUTE OF TEXAS
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1700 UNIVERSITY DRIVE FORT WORTH, TX 76107
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 11/11/2016	Payee name BRIGHTER OUTLOOK INC
Amount (\$) \$600.00	Payee address; City; State; Zip Code 4910 DUNBAR STREET FORT WORTH, TX 76105
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
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 08/18/2016	Payee name CONSTANT CONTACT
Amount (\$) \$191.88	Payee address; City; State; Zip Code 3232 MCKINNEY AVE STE 660
PURPOSE OF EXPENDITURE	DALLAS, TX 75204 (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. Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL SERVICES
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees
Food/Beverage Expense
Cult/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		
	Sch: 4/36 Rpt: 8/43	Price, Betsy	
4	Date 12/15/2016	5 Payee name CONSTANT CONTACT	
6	Amount (\$) \$255.84	7 Payee address; City; State; Zip Code 3232 MCKINNEY AVE STE 660 DALLAS, TX 75204	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN EMAIL SERVICES	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date 09/26/2016	Payee name COSTCO	
	Amount (\$) \$216.96	Payee address; City; State; Zip Code 5300 OVERTON RIDGE BLVD FORT WORTH, TX 76132	
	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 FOOD/BEVERAGES FOR A WISH WITH WINGS DINNER	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date 12/23/2016	Payee name DEFENDER OUTDOORS	
	Amount (\$) \$4,221.75	Payee address; City; State; Zip Code 2900 SHOTTS ST	
		FORT WORTH, TX 76107	
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense STAFF CHRISTMAS GIFTS	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 5/36 Rpt: 9/43	Price, Betsy
4 Date	5 Payee name
12/20/2016	DEL FRISCO'S #8602
6 Amount (\$) \$451.33	7 Payee address; City; State; Zip Code 812 MAIN ST FORT WORTH, TX 76102
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 STAFF CHRISTMAS PARTY EXPENSE
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/06/2016	DEL FRISCO'S GRILLE
Amount (\$) \$120.67	Payee address; City; State; Zip Code 154 E THIRD 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 STAFF MEAL EXPENSE
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/28/2016	EXPANCO, INC.
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3005 WICHITA COURT
	FORT WORTH, TX 76140
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX officeholder living expense DONATION
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	CONTRIBUTION	15
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 6/36 Rpt: 10/43	Price, Betsy
4	Date 07/07/2016	Payee name FEDEX OFFICE
6	Amount (\$) \$49.95	Payee address; City; State; Zip Code 6020 CAMP BOWIE BLVD. FORT WORTH, TX 76116
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN POSTAGE
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/08/2016	FEDEX OFFICE
	Amount (\$) \$73.50	Payee address; City; State; Zip Code 6020 CAMP BOWIE BLVD. FORT WORTH, TX 76116
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN POSTAGE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/06/2016	FEDEX OFFICE
	Amount (\$) \$50.09	Payee address; City; State; Zip Code 6020 CAMP BOWIE BLVD.
		FORT WORTH, TX 76116
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENSE TO COPY CAMPAIGN DOCUMENTS
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donation Candidate/Officehold Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District
1 Total pages Schedu	e F1: 2 FILER NAME 3 Filer ID
Sch: 7/36 Rpt: 1	
4 Date	5 Payee name
12/06/2016	FEDEX OFFICE
6 Amount (\$)	7 Payee address; City; State; Zip Code 5.64 6020 CAMP BOWIE BLVD. FORT WORTH, TX 76116
8 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 EXPENSE TO COPY CAMPAIGN DOCUMENTS
Complete ONLY if of expenditure to beneau.	
Date	Payee name
12/07/2016	FEDEX OFFICE
Amount (\$)	Payee address; City; State; Zip Code 8.95 6020 CAMP BOWIE BLVD.
	FORT WORTH, TX 76116
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENSE TO COPY CAMPAIGN DOCUMENTS
Complete <u>ONLY</u> if on expenditure to bene	
Date	Payee name
09/20/2016	FIXTURE KITCHEN AND SOCIAL LOUNGE
Amount (\$)	Payee address; City; State; Zip Code 7.63 401 WEST MAGNOLIA
	FORT WORTH, TX 76104
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 STAFF MEAL EXPENSE
Complete ONLY if a expenditure to bene	

EXPENDITURE CATEGORIES FOR DOX 8(a) Advertising 6 service Contribution of Dustricon Mac 8) Contribution Mac 8)			
1 Total pages Schedule F1: Sch: 878 Rpt: 12/43 4 Date 11/01/2016 5 Payee name FIXTURE KITCHEN AND SOCIAL LOUNGE 6 Amount (\$) FORT WORTH, TX 76104 FORT WORTH, TX 76104 FORT WORTH, TX 76104 FORT WORTH CAMERA Amount (\$) FORT WORTH CAMERA Amount (\$) FORT WORTH CAMERA FORT WORTH TX 76107 FORT WORTH CAMERA Camidate Office boiled in a fine top of this criticalitie) FORT WORTH TX 76107 FORT WORTH TX 76107 FORT WORTH TX 76107 Complete QNLY if direct expenditure to benefit C/OH Complete QNLY if direct expenditure to direct expenditure to direct expenditure to benefit C/OH Complete QNLY if direct expenditure to direct expenditure to direct expenditure to the top of this strends on the top of this str		Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Travel Out of District Travel Out of District OTHER (enter a category not listed above)
Sch: 8/36 Rpt: 12/43 Price, Betsy 4 Date	-	T-1-1	
FIXTURE KITCHEN AND SOCIAL LOUNGE Amount (\$) FORT WORTH, TX 76104 PORT WORTH, TX 76104 FORT WORTH, TX 76104 Candidate/Officeholder name FORT WORTH CAMERA Candidate/Officeholder name Office sought Office held Office held Payee name FORT WORTH CAMERA FORT WORTH, TX 76107 PURPOSE OF EXPENDITURE (a) Category (see categories bised at the top of this schedule) Office sought Office held Office held Office held Office held Office held Office held Date Ophics of Austin, TX, officerholder in greyense PHOTOGRAPHER CHRISTMAS GIFT Complete QNLY if direct expenditure to benefit C/OH Date Ophics of Austin, TX, officerholder in greyense PHOTOGRAPHER CHRISTMAS GIFT Office held Payee name FORT WORTH DELTA DELTA DELTA ALUMNAE CHAPTER Amount (\$) \$250.00 2331 BROCKHOLLOW PLAZA DR PO BOX 587 ARUNGTON, TX 76006 PURPOSE OF EXPENDITURE (a) Category (see Congories bised at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder name Office sought Office held	1		
FIXTURE KITCHEN AND SOCIAL LOUNGE Amount (\$) FORT WORTH, TX 76104 PORT WORTH, TX 76104 FORT WORTH, TX 76104 Candidate/Officeholder name FORT WORTH CAMERA Candidate/Officeholder name Office sought Office held Office held Payee name FORT WORTH CAMERA FORT WORTH, TX 76107 PURPOSE OF EXPENDITURE (a) Category (see categories bised at the top of this schedule) Office sought Office held Office held Office held Office held Office held Office held Date Ophics of Austin, TX, officerholder in greyense PHOTOGRAPHER CHRISTMAS GIFT Complete QNLY if direct expenditure to benefit C/OH Date Ophics of Austin, TX, officerholder in greyense PHOTOGRAPHER CHRISTMAS GIFT Office held Payee name FORT WORTH DELTA DELTA DELTA ALUMNAE CHAPTER Amount (\$) \$250.00 2331 BROCKHOLLOW PLAZA DR PO BOX 587 ARUNGTON, TX 76006 PURPOSE OF EXPENDITURE (a) Category (see Congories bised at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder name Office sought Office held	4	Date	5 Pavee name
\$69.46 401 WEST MAGNOLIA FORT WORTH, TX 76104 8 PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			FIXTURE KITCHEN AND SOCIAL LOUNGE
B PURPOSE OF EXPENDITURE	6	, ,	401 WEST MAGNOLIA
Check if tweel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Nong expense			FORT WORTH, 1X 70104
Date 08/09/2016 Payee name FORT WORTH CAMERA Amount (\$) Payee address; City; State; Zip Code \$500.00 PURPOSE OF EXPENDITURE Candidate/Officeholder name 09/15/2016 Payee name FORT WORTH, TX 76107 (a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Complete DNLX if direct expenditure to benefit C/OH Date 09/15/2016 Payee name FORT WORTH DELTA DELTA ALUMNAE CHAPTER Amount (\$) Payee address; City; State; Zip Code 2331 BROOKHOLLOW PLAZA DR PO BOX 587 ARLINGTON, TX 76006 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete QNLY if direct Candidate/Officeholder name Office sought Office held Office held Office held Office held Office held Office held	8	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Date O9/15/2016 Payee address; City; State; Zip Code Complete ONLY if direct open displayed address; City; State; Zip Code Payee address; City; State; Zip Code PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) OF Contribution of Texas. Complete Schedule T. Complete ONLY if direct open displayed address; City; State; Zip Code Date O9/15/2016 Payee name FORT WORTH DELTA DELTA DELTA ALUMNAE CHAPTER Amount (\$) Payee address; City; State; Zip Code \$250.00 \$250.00 PURPOSE OF Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete QNLY if direct Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held	9		
Amount (\$) Payee address; City; State: Zip Code \$500.00 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if vavel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Date 09/15/2016 Payee name 99/15/2016 Payee address; City: State: Zip Code 2331 BROOKHOLLOW PLAZA DR PO BOX 587 ARLINGTON, TX 76006 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Office sought OF EXPENDITURE (b) Description Check if vavel outside of Texas. Complete Schedule T. Check if vavel outside of Texas. Complete Sched		Date	Payee name
\$500.00 2900 W 6TH STREET FORT WORTH, TX 76107 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if ravel outside of Texas. Complete Schedule T.		08/09/2016	FORT WORTH CAMERA
Complete ONLY if direct expenditure to benefit C/OH Date 09/15/2016 Payee name FORT WORTH DELTA DELTA ALUMNAE CHAPTER Amount (\$) Payee address; City; State; Zip Code \$250.00 \$250.00 \$250.00 \$Category (See Categories listed at the top of this schedule) OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder name Office sought Office held Check if Austin, TX, officeholder Iving expense PHOTOGRAPHER CHRISTMAS GIFT Office held Office held (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATION Complete QNLY if direct Candidate/Officeholder name Office sought Office held			2900 W 6TH STREET
Date 09/15/2016 Payee name FORT WORTH DELTA DELTA ALUMNAE CHAPTER Amount (\$) Payee address; City; State; Zip Code 2331 BROOKHOLLOW PLAZA DR PO BOX 587 ARLINGTON, TX 76006 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Office held		OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Amount (\$) Payee address; City; State; Zip Code \$250.00 \$250.00 \$250.00 PO BOX 587 ARLINGTON, TX 76006 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Office sought Odfice held			
Amount (\$) Payee address; City; State; Zip Code \$250.00 \$250.00 \$250.00 PO BOX 587 ARLINGTON, TX 76006 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Office sought Odfice held		Date	Pavee name
\$250.00 2331 BROOKHOLLOW PLAZA DR PO BOX 587 ARLINGTON, TX 76006 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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held			·
\$250.00 2331 BROOKHOLLOW PLAZA DR PO BOX 587 ARLINGTON, TX 76006 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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	_		Pavee address: City: State: Zin Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
ARLINGTON, TX 76006 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Candidate/Officeholder/Political Committee (b) Description 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		Ψ2.50,00	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct Candidate/Officeholder name (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATION Office held			
Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct Contributions/Donations Made By Candidate/Officeholder Iving expense DONATION Office held			
Complete Otter I and Co		OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Carlotter Circon Carlotter Carlo

			EXPENDITURE	CATEGORIES FO	R BO	X 8(a)		William Committee Charles on the Committee Com
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Office O Polling E spense Printing Salaries	verhead/ xpense Expense Wages/	Reimbursement Rental Expense Contract Labor e this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	IE .				3	Filer ID
	Sch: 9/36 Rpt: 13/43	Price, Bets	sy					
4	Date 07/28/2016	5 Payee name	e RTH PARKS AND	COMMUNITY S	ERVI	CES DEPT		
6	Amount (\$) \$147.50		ess; City; STREET #400 NE, TX 76051	State; Zip C	ode			
8	PURPOSE OF EXPENDITURE	Contributio	See Categories listed at the ons/Donations Mad /Officeholder/Politic	е Ву]	Check if Austin	ı, TX,	de of Texas. Complete Schedule T, officeholder living expense NTAL FOR SNOWBALL EXPRESS
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office held
	Date	Рауее пат	e					
	12/07/2016	FORT WO	RTH PROMOTION	AND DEVELOR	PMEN	T FUND		
	Amount (\$) \$3,500.00	Payee addr PO BOX 8 FORT WO	-	State; Zip C	ode			
	PURPOSE OF EXPENDITURE	Contributio	See Categories listed at the ons/Donations Made /Officeholder/Politic	е Ву			ı, TX,	de of Texas. Complete Schedule T. officeholder living expense ORSHIP
	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office so	ught			Office held
-	Date	Payee name	е					
	11/10/2016	FORT WO	RTH REPUBLICAN	N WOMEN				
	Amount (\$) \$100.00	Payee addr PO BOX 1	-	State; Zip C	ode			
		FORT WO	RTH, TX 76185					
	PURPOSE OF EXPENDITURE	Contributio	See Categories listed at the l ins/Donations Madi Officeholder/Politic	е Ву		Check if Austin	ı, TX,	de of Texas. Complete Schedule T. officeholder living expense NTRIBUTION
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office held

	Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a)	MATERIAL STATE OF THE STATE OF					
	Accounting/Banking Consulting Expense Contributions/ Donations Made B: Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID					
	Sch: 10/36 Rpt: 14/43	Price, Betsy						
4	Date 11/10/2016	5 Payee name FORT WORTH REPUBLICAN WOMEN						
6	Amount (\$) \$400,00	7 Payee address; City; State; Zip Code PO BOX 101613 FORT WORTH, TX 76185						
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense S ORNAMENTS FOR CONSTITUENT					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/10/2016	FORT WORTH REPUBLICAN WOMEN						
	Amount (\$) \$25.00	Payee address; City; State; Zip Code PO BOX 101613 FORT WORTH, TX 76185						
	PURPOSE OF EXPENDITURE	DOE5	outside of Texas. Complete Schedule T. n, TX, officeholder living expense IIP DUES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/03/2016	GEORGE P. BUSH CAMPAIGN						
	Amount (\$) \$250.00	Payee address; City; State; Zip Code PO BOX 2667						
		AUSTIN, TX 78755						
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense CONTRIBUTION					
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held					

	ONTRIBUTIO						
	Advertising Expense		EXPENDITURE CATEGO Event Expense			Colinitation (Transferring Fr	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - d Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain:	Office Overhe Polling Expen Printing Exper Salaries/Wage	nse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expensi Travel in District Travel Out of District OTHER (enter a category not listed above)	е
1 T	otal pages Schedule F1:	2 FILER NAM		3 11011 to comp	iete tina rottin.	3 Filer ID	
	Sch: 11/36 Rpt: 15/43	Price, Bets				S THEFTE	
4 D	Pate 7/20/2016	5 Payee name	e DOWNTOWN				
	mount (\$)	7 Payee addr		e; Zip Code			
	\$285.12	1020 EUC	LID AVE	o, <u>Lip</u> 0000			
0	DUDDOGE		ND, OH 44115	<u> </u>			
8	PURPOSE OF EXPENDITURE	l .	See Categories listed at the top of this so s/Memorials Expense	chedule) (D	Check if Austin.	outside of Texas. Complete Schedule T, , TX, officeholder living expense STAFF AT REPUBLICAN NATION IN	IAL
	complete <u>ONLY</u> if direct xpenditure to benefit C/OI		fficeholder name	Office sought		Office held	
	eate 2/12/2016	Payee name GOODE C	e COMPANY BARBEQUE				
A	mount (\$) \$1,487.48		ess; City; State TLETT ST STE 1 N, TX 77098	e; Zip Code			
	PURPOSE OF EXPENDITURE	1	See Categories listed at the top of this so Is/Memorials Expense	chedule) (b	Check if Austin.	outside of Texas. Complete Schedule T. , TX, officeholder living expense CONSTITUENTS	
	complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sought		Office held	
D	ate	Payee nam	е				
1	2/16/2016	GOODE C	OMPANY BARBEQUE				
A	mount (\$) \$87.94	Payee addr 2422 BAR	ess; City; State TLETT ST STE 1	e; Zip Code			
		HOUSTON	N, TX 77098				
	PURPOSE OF EXPENDITURE	1	See Categories listed at the top of this so Is/Memorials Expense	chedule) (b	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense CONSTITUENTS	
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sought	-	Office held	
	se provided by Tayas E		sion waww.athics			Version V1	0.000

Adverticing Exponen	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District
Contributions/ Donations	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedu	lle F1: 2 FILER NAME 3 Filer ID
Sch: 12/36 Rpt: 1	L6/43 Price, Betsy
4 Date	5 Payee name
12/16/2016	GOODE COMPANY BARBEQUE
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4	47.94 2422 BARTLETT ST STE 1
	HOUSTON TV 77000
	HOUSTON, TX 77098
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Cift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	GIFTS FOR CONSITUENTS
9 Complete <u>ONLY</u> if of expenditure to bene	
angularion of to work	
Date	Payee name
09/30/2016	H3 RANCH
Amount (\$)	Payee address; City; State; Zip Code
\$12	17.76 109 E. EXCHANGE AVE
	FORT WORTH, TX 76164
PURPOSE	
OF	(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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	OFFICEHOLDER DINNER MTH SUPPORTER AT LONGHORN CATTLE AUCTION
Complete ONLY if of expenditure to bene	
Date 08/15/2016	Payee name HAMPTON INN - NICEVILLE
Amount (\$)	Payee address; City; State; Zip Code 4400 ANSLEY DR
Φ2.	THOU AIVOLET DIX
	NICEVILLE, FL 32578
PURPOSE	
OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	LODGING EXPENSE FOR PHOTOGRAPHER
Complete ONLY if	lirect Candidate/Officeholder name Office sought Office held
Complete ONLY if of expenditure to bene	
	Varging V1 0 2016

Advertising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Polling Expense Printing Expense Fravel in District Travel out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Sch: 13/36 Rpt: 17/43 Price, Betsy	
4 Date 5 Payee name	
07/21/2016 HAWTHORN SUITES BY WINDHAM SEVILLE OH	
6 Amount (\$) 7 Payee address; City; State; Zip Code 5025 PARK AVE WEST SEVILLE, OH 44273	
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OFFICEHOLDER LODGING EXPENSE FOR REPUBLICAN NATIONAL CONVENTION	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
07/21/2016 HAWTHORN SUITES BY WINDHAM SEVILLE OH	
Amount (\$) Payee address; City; State; Zip Code \$566.26 5025 PARK AVE WEST SEVILLE, OH 44273	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense STAFF LODGING EXPENSE FOR REPUBLICAL NATIONAL CONVENTION	N
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
08/19/2016 HEIM BBQ	
Amount (\$) Payee address; City; State; Zip Code	
\$202.38 1109 WEST MAGNOLIA	
FORT WORTH, TX 76104	
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 STAFF AND POLICE DEPARTMENT MEAL	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

POLITICAL EXPENDITURES FROM POLITICAL

	CONTRIBUTIO	NS							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Loan Rep Office Ov Polling E: se Printing E	nayme rerhea xpens Expens	nt/Reimbursement d/Rental Expense e		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	е
	Great Galar ayment		The Instruction Guide ex	cplains how to co	ompl	ete this form.			
1	Total pages Schedule F1:						3	Filer ID	
	Sch: 14/36 Rpt: 18/43	Price, Bets							
4	Date 08/26/2016	5 Payee name HEIM BBQ							
6	Amount (\$) \$271.13		ess; City; T MAGNOLIA RTH, TX 76104	State; Zip Co	ode				
8	PURPOSE OF EXPENDITURE	(a) Category (s	isee Categories listed at the top or rage Expense	of this schedule)	(b)			de of Texas, Complete Schedule T.	
								HANK YOU LUNCH	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught			Office held	
	Date	Payee name							
	08/28/2016	HOME DE	POT						
	Amount (\$) \$103.24	Payee addre 4850 S.W.		State; Zip Co	ode				
		FORT WO	RTH, TX 76109						
	PURPOSE OF EXPENDITURE	1	see Categories listed at the top o s/Memorials Expense	of this schedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense MAS GIFT	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught		***************************************	Office held	
	Date	Payee name							
	07/28/2016	JANE NEL	SON CAMPAIGN						
	Amount (\$) \$500.00	Payee addre		State; Zip Co	ode				•
		GRAPEVII	VE, TX 76099		4				
	PURPOSE OF EXPENDITURE	Contributio	see Categories listed at the top on ns/Donations Made B Officeholder/Political	y	(b)	Check if Austin	, ТХ,	de of Texas. Complete Schedule T. officeholder living expense NTRIBUTION	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ught			Office held	
_									

			EXPENDITURE CATEGO	RIES FOR B	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Loan Repaym Office Overhe Polling Expens Printing Expens	ent/Reimbursement ad/Rental Expense se	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)	se
	Credit Card Payment		The Instruction Guide explains	how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	
	Sch: 15/36 Rpt: 19/43	Price, Betsy	1				
4	Date	5 Payee name					
	12/14/2016		ARITY BALL INC				
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Code			
	\$200.00	5020 COLL	INWOOD AVE STE 400				
		FORT WOR	RTH, TX 76107				
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this sc	hedule) (b)	Description		
	OF EXPENDITURE		ns/Donations Made By			outside of Texas. Complete Schedule T.	
		Candidate/	Officeholder/Political Comn	nittee		, TX, officeholder living expense ATTEND CHARITY BALL	
					HUNEIS IU	ATTEND CHANTIT DALL	
-	0	04:1:1:00	a haldan nama	Office		Office hold	
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sought		Office held	
	Date	Payee name					
	07/10/2016	JP SOLUTI	ONS				
_	Amount (\$)	Payee addre	ss; City; State	; Zip Code			
	\$500.00	6421 FERS	HAW PLACE				
		FORT WOR	RTH, TX 76116				
	PURPOSE	(a) Category (S	ee Categories listed at the top of this sc	hedule) (b)) Description		
	OF EXPENDITURE	Consulting	Expense			outside of Texas. Complete Schedule T.	
	EM EMBILONE					n, TX, officeholder living expense MANAGEMENT	
					CAMPAIGN	WANAGEWENT	
_				0//		Office held	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sought		Office held	
	Date	Payee name					
	07/30/2016	JP SOLUTI					
-	Amount (\$)	Payee addre	ss; City; State	e; Zip Code			
	\$500.00	1	SHAW PLACE				
	4000100						
		FORT WO	RTH, TX 76116				
	PURPOSE	(a) Category (S	ee Categories listed at the top of this so	hedule) (b) Description		
	OF EXPENDITURE	Consulting	Expense		LI	outside of Texas. Complete Schedule T.	
						n, TX, officeholder living expense MANAGEMENT	
					OMMEMON	MANACHIENT	
_	Complete ONII V if direct	Candidate/Off	iceholder name	Office sough	t	Office held	
	Complete ONLY if direct expenditure to benefit C/O		icentificer name	Onice adugit		Cilios ficio	
_							
-						11 1 12	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 16/36 Rpt: 20/43	2 FILER NAME Price, Betsy 3 Filer ID
4 Date	5 Payee name
09/06/2016	JP SOLUTIONS
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 6421 FERSHAW PLACE FORT WORTH, TX 76116
	FORT WORTH, 12 70110
8 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 MANAGEMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/07/2016	JP SOLUTIONS
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	6421 FERSHAW PLACE
	FORT WORTH, TX 76116
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 MANAGEMENT
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/03/2016	JP SOLUTIONS
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	6421 FERSHAW PLACE
	FORT WORTH, TX 76116
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 MANAGEMENT
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL

SCHEDULE F1

CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Travel Out of District 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 Filer ID 3 Sch: 17/36 Rpt: 21/43 Price, Betsy 4 Date Payee name 12/01/2016 JP SOLUTIONS 6 Amount (\$) 7 Payee address; City; State; Zip Code \$500.00 6421 FERSHAW PLACE FORT WORTH, TX 76116 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN MANAGEMENT Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 12/21/2016 JP SOLUTIONS Amount (\$) Payee address; State; Zip Code \$750.00 6421 FERSHAW PLACE FORT WORTH, TX 76116 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN MANAGEMENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/08/2016 JUSTIN BOOT Amount (\$) Payee address; City; State; Zip Code \$293.82 PO BOX 99188 FORT WORTH, TX 76199 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense STAFF CHRISTMAS GIFT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

		EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 18/36 Rpt: 22/43	Price, Betsy
4	Date 11/08/2016	5 Payee name JUSTIN BOOT
6	Amount (\$)	7 Payee address; City; State; Zip Code
0	\$409.69	PO BOX 99188 FORT WORTH, TX 76199
0	DUDDOCE	
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense STAFF CHRISTMAS GIFT
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/29/2016	KAY GRANGER CAMPAIGN FUND
_	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1701 RIVER RUN STE 308 FORT WORTH, TX 76107
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/26/2016	KINGS LIQUORS
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.68	5113 GRANBURY ROAD
		FORT WORTH, TX 76133
	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 BICYCLE INC THANK YOU LUNCH
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

POLITICAL EXPENDITURES FROM POLITICAL

	CONTRIBUTIO	NS SCHEDOLE 1 1			
	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Travel Out of District Travel Out of District			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID			
	Sch: 19/36 Rpt: 23/43	Price, Betsy			
4	Date 12/15/2016	5 Payee name KINGS LIQUORS			
6	Amount (\$) \$162.34	7 Payee address; City; State; Zip Code 5113 GRANBURY ROAD FORT WORTH, TX 76133			
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense STAFF CHRISTMAS PARTY EXPENSE			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date 07/01/2016	Payee name LA PERLA NEGRA			
	Amount (\$) \$132.42	Payee address; City; State; Zip Code 910 HOUSTON ST 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 STAFF MEAL EXPENSE			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	07/11/2016	LILI'S BISTRO ON MAGNOLIA			
	Amount (\$) \$52.30	Payee address; City; State; Zip Code 1310 W MAGNOLIA AVE FORT WORTH, TX 76104			
	DUDDOCE				
	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 STAFF MEAL EXPENSE			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

	Advertising Expense Accounting/Banking	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense
	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 20/36 Rpt: 24/43	Price, Betsy
4	Date 07/11/2016	5 Payee name LILI'S BISTRO ON MAGNOLIA
6	Amount (\$) \$97.22	7 Payee address; City; State; Zip Code 1310 W MAGNOLIA AVE FORT WORTH, TX 76104
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense STAFF MEAL EXPENSE
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Ť	Date	Payee name
	08/02/2016	LILI'S BISTRO ON MAGNOLIA
	Amount (\$) \$59.80	Payee address; City; State; Zip Code 1310 W MAGNOLIA AVE
		FORT WORTH, OH 76104
	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 STAFF MEAL EXPENSE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/17/2016	LILI'S BISTRO ON MAGNOLIA
	Amount (\$) \$71.54	Payee address; City; State; Zip Code 1310 W MAGNOLIA AVE
		FORT WORTH, TX 76104
	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 STAFF MEAL EXPENSE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B	Fees Office Ove Food/Beverage Expense Polling Exp y - Grlt/Awards/Memorials Expense Printing Ex	pense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to con	ages/Contract Labor	OTHER (enter a category not listed above)
4. Table Calcabile E4.			Files ID
1 Total pages Schedule F1: Sch: 21/36 Rpt: 25/43	2 FILER NAME Price, Betsy		Filer ID
4 Date	5 Payee name		
11/03/2016	MICHAEL BURGESS FOR CONGRESS		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$250.00	PO BOX 2334		
	DENTON, TX 76202		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Contributions/Donations Made By		tside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee		X, officeholder living expense
		CAMPAIGN	ONTRIBUTION
	0.00		Office hold
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout	ynt 	Office held
Date	Payee name		
11/07/2016	MON CHER TON TON		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$864.56	B1-3-12-2 ROPPONGI		
	TOKYO MINATOKU Japan		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Food/Beverage Expense		Itside of Texas. Complete Schedule T,
			TX, officeholder living expense ER MEAL WITH DFW BOARD
		OFFICEFICE	EN WEAL WITH DI W BOARD
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
expenditure to benefit C/O		3110	Since New
Data			
Date 07/18/2016	Payee name MOTEL 6 - CLEVELAND - MIDDLEBURG HEI	SHT	
			A MARINE
Amount (\$)	Payee address; City; State; Zip Co	ue	
\$326.18	7219 ENGLE RD		
	MIDDLEBURG HEIGHTS, OH 44130		22.00
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Travel Out of District		utside of Texas. Complete Schedule T. TX, officeholder living expense
			PENSE CHARGED IN ERROR,
		REFUNDED	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
expenditure to benefit C/C			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Office Overhead/Rental Expending Expense Prirting Expense Salaries/Wages/Contract Lal	Prise Transportation Equipment & Related Expense Travel in District Travel Out of District	e
		The Instruction Guide explains	how to complete this for	n.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	
	Sch: 22/36 Rpt: 26/43	Price, Betsy			
4	Date	5 Payee name			
	11/13/2016	NATIONAL COWGIRL MUSEUM AND	HALL OF FAME		
6	Amount (\$)	7 Payee address; City; State	Zip Code		
	\$155.00	1720 GENDY STREET			
		FORT WORTH, TX 76107			
8	PURPOSE		(b) Descripti		
Ů	OF	(a) Category (See Categories listed at the top of this sch		travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	DOES	-	Austin, TX, officeholder living expense	
			МЕМВЕ	RSHIP DUES	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
	expenditure to benefit C/OI	Н			
	Date	Payee name			
	09/13/2016	PRESS CAFE			
_	Amount (\$)	Payee address; City; State;	Zip Code		
	\$62.24	4801 EDWARDS RANCH RD			
	40212	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		FORT WORTH, TX 76109			
_	PURPOSE		(b) Description	100 100 100 100 100 100 100 100 100 100	
	OF	(a) Category (See Categories listed at the top of this sch		travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense		Austin, TX, officeholder living expense	
			STAFF	MEAL EXPENSE	
	Complete ONLY if direct	Candidate/Officeholder name C	Office sought	Office held	
	expenditure to benefit C/OI	Н			
_	Date	Payee name			
	12/12/2016	PRESS CAFE			
_	Amount (\$)	Payee address; City; State.	Zip Code		
	\$76.70	4801 EDWARDS RANCH RD			
		FORT WORTH, TX 76109			
			T	And the second of the second o	
	PURPOSE	(a) Category (See Categories listed at the top of this sch		on travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense		Austin, TX, officeholder living expense	
			-	MEAL EXPENSE	
	Complete ONLY if direct	Candidate/Officeholder name (Office sought	Office held	
	expenditure to benefit C/OH				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 23/36 Rpt: 27/43	Price, Betsy
4 Date	5 Payee name
12/15/2016	PRINTE POINT
6 Amount (\$) \$5,553.10	7 Payee address; City; State; Zip Code 2419 GRAVEL DR FORT WORTH, TX 76118
8 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 PRINTING AND MAILING OF CAMPAIGN CHRISTMAS CARDS
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/04/2016	REATA FORT WORTH
Amount (\$) \$46.92	Payee address; City; State; Zip Code 810 HOUSTON ST 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 STAFF MEAL EXPENSE
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/04/2016	REATA FORT WORTH
Amount (\$) \$186.80	Payee address; City; State; Zip Code 810 HOUSTON ST
	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 STAFF MEAL EXPENSE
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 Food/Beverage 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 Gift/Awards/Memorials Expense Legal Services Travel Out of District 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: 24/36 Rpt: 28/43 Price, Betsy 4 Date 5 Payee name 12/08/2016 **REATA FORT WORTH** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1,475.34 810 HOUSTON ST FORT WORTH, TX 76102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense STAFF CHRISTMAS PARTY EXPENSE Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 12/13/2016 REESE, COURTNEY Amount (\$) Payee address; City; State; Zip Code \$560.00 11905 AVARETT CIR ALEDO, TX 76008 **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 DESIGN OF CAMPAIGN CHRISTMAS CARD Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Pavee name 10/13/2016 REPUBLICAN NATIONAL COMMITTEE Amount (\$) Payee address; City; State; Zip Code \$500.00 310 FIRST STREET SE WASHINGTON, DC 20003 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **DUES EXPENDITURE** Check if Austin, TX, officeholder living expense MEMBERSHIP DUES Office held Complete ONLY if direct Candidate/Officeholder name Office sought 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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gitt/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 25/36 Rpt: 29/43	
4 Date 11/03/2016	5 Payee name REPUBLICAN PARTY OF TEXAS
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code PO BOX 2206 AUSTIN, TX 78768
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POLITICAL CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date 07/08/2016	Payee name RING CENTRAL INC
Amount (\$) \$36.21	Payee address; City; State; Zip Code 20 DAVIS DRIVE BELMONT, CA 94002
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of 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
Date 08/08/2016	Payee name RING CENTRAL INC
Amount (\$) \$36.21	Payee address; City; State; Zip Code 20 DAVIS DRIVE
	BELMONT, CA 94002
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of 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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense Travel in District Travel Out of District

Transportation Equipment & Related Expense Gift/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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 26/36 Rpt: 30/43 Price, Betsy 4 Date 5 Payee name 09/08/2016 RING CENTRAL INC Amount (\$) Payee address; City; State; Zip Code \$36.21 20 DAVIS DRIVE BELMONT, CA 94002 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN PHONE LINE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/07/2016 RING CENTRAL INC Amount (\$) Payee address; City; State: Zip Code \$36.04 20 DAVIS DRIVE BELMONT, CA 94002 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN PHONE LINE Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name 11/07/2016 RING CENTRAL INC Amount (\$) Payee address; City; State; Zip Code \$36.04 20 DAVIS DRIVE BELMONT, CA 94002 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN PHONE LINE Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL

	CONTRIBUTION	45			
		EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID			
	Sch: 27/36 Rpt: 31/43	Price, Betsy			
4	Date 12/07/2016	5 Payee name RING CENTRAL INC			
6	Amount (\$) \$36.04	7 Payee address; City; State; Zip Code 20 DAVIS DRIVE BELMONT, CA 94002			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN PHONE LINE			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	11/20/2016	RODEO GOAT			
	Amount (\$) \$125.01	Payee address; City; State; Zip Code 2836 BLEDSOE ST FORT WORTH, TX 76107			
	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 STAFF MEAL EXPENSE			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	08/03/2016	ROGER WILLIAMS FOR US CONGRESS COMMITTEE			
	Amount (\$) \$250.00	Payee address; City; State; Zip Code PO BOX 91061			
AUSTIN, TX 78709					
	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 CAMPAIGN CONTRIBUTION			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.	
Total pages Schedule F1: Sch: 28/36 Rpt: 32/43			
Date 11/03/2016	5 Payee name ROTARY CLUB OF FORT WORTH		
Amount (\$) \$300.00	7 Payee address; City; State; Zip Cod 306 W. 7TH STREET, SUITE 715 FORT WORTH, TX 76102	е	
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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht Office held	
Date 08/08/2016	Payee name SAL ESPINO CAMPAIGN		
Amount (\$) \$250.00	Payee address; City; State; Zip Cod 1205 N MAIN STREET FORT WORTH, TX 76164	е	
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 CAMPAIGN CONTRIBUTION	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held	
Date 07/14/2016	Payee name SMALL WONDER COMMUNICATIONS		
Amount (\$) \$300.00	Payee address; City; State: Zip Cod 1712 JENSON ROAD	е	
	FORT WORTH, TX 76112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	b) Description Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CONSULTATION AND WRITING SERVICES	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held	

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 29/36 Rpt: 33/43 Price, Betsy 4 Date 5 Payee name 08/15/2016 SMALL WONDER COMMUNICATIONS 6 Amount (\$) Payee address: City; State: Zip Code \$300.00 1712 JENSON ROAD FORT WORTH, TX 76112 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN CONSULTATION AND WRITING **SERVICES** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Рауее пате 09/10/2016 SMALL WONDER COMMUNICATIONS Amount (\$) Payee address: City; State; Zip Code \$300.00 1712 JENSON ROAD FORT WORTH, TX 76112 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN CONSULTATION AND WRITING **SERVICES** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/07/2016 SMALL WONDER COMMUNICATIONS Amount (\$) Payee address; City; State; Zip Code \$300.00 1712 JENSON ROAD FORT WORTH, TX 76112 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Consulting Expense EXPENDITURE Check if Austin, TX, officeholder living expense CAMPAIGN CONSULTATION AND WRITING **SERVICES** Complete ONLY if direct Candidate/Officeholder name Office held Office sought 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 Giff/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	cal Committee 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: 30/36 Rpt: 34/43	Price, Betsy						
Date	5 Payee name						
11/03/2016	SMALL WONDER COMMUNICATIONS						
Amount (\$)	7 Payee address; City; State; Zip Code						
\$500.00							
	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.						
	Check if Austin, TX, officeholder living expense						
	CAMPAIGN CONSULTATION AND WRITING SERVICES						
Complete ONLY if direct							
expenditure to benefit C/O							
Date	Payee name						
12/07/2016	SMALL WONDER COMMUNICATIONS						
Amount (#)	Payee address; City; State; Zip Code						
Amount (\$)	Tayor address, Only, State, Zip Code						
\$500.00	1712 JENSON ROAD						
1 ,							
1 ,							
\$500.00	1712 JENSON ROAD FORT WORTH, TX 76112						
\$500.00 PURPOSE OF	1712 JENSON ROAD FORT WORTH, TX 76112 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.						
\$500.00	1712 JENSON ROAD FORT WORTH, TX 76112 (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						
\$500.00 PURPOSE OF	1712 JENSON ROAD FORT WORTH, TX 76112 (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 CONSULTATION AND WRITING						
\$500.00 PURPOSE OF EXPENDITURE	1712 JENSON ROAD FORT WORTH, TX 76112 (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 CONSULTATION AND WRITING SERVICES						
\$500.00 PURPOSE OF	1712 JENSON ROAD FORT WORTH, TX 76112 (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 CONSULTATION AND WRITING SERVICES Candidate/Officeholder name Office sought Office held						
\$500.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	1712 JENSON ROAD FORT WORTH, TX 76112 (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 CONSULTATION AND WRITING SERVICES Candidate/Officeholder name Office sought Office held						
\$500.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Torr Worth, TX 76112 (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 CONSULTATION AND WRITING SERVICES Candidate/Officeholder name Office sought Office held						
\$500.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 10/13/2016	FORT WORTH, TX 76112 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Cambridge Candidate/Officeholder name Candidate/Officeholder name Office sought Payee name SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW						
\$500.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	FORT WORTH, TX 76112 (a) Category (See Categories listed at the top of this schedule) Consulting Expense Cambridge Candidate/Officeholder name Candidate/Officeholder name Office sought Payee name SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW						
\$500.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 10/13/2016 Amount (\$)	FORT WORTH, TX 76112 (a) Category (see Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Candidate/Officeholder name Office sought Payee name SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW Payee address; City; State; Zip Code (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside outside outside outside outsid						
\$500.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 10/13/2016 Amount (\$)	FORT WORTH, TX 76112 (a) Category (see Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Candidate/Officeholder name Office sought Payee name SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW Payee address; City; State; Zip Code (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside outside outside outside outsid						
\$500.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 10/13/2016 Amount (\$) \$500.00	Tonsulting Expense Candidate/Officeholder name Candidate/Officeholder name Payee name SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW Payee address; City; State; Zip Code FORT WORTH, TX 76101 [
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 10/13/2016 Amount (\$) \$500.00	1712 JENSON ROAD FORT WORTH, TX 76112 (a) Category (see Categories listed at the top of this schedule) Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CONSULTATION AND WRITING SERVICES						
\$500.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 10/13/2016 Amount (\$) \$500.00	FORT WORTH, TX 76112 (a) Category (see Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sought Office held Payee name SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW Payee address; City; State; Zip Code PO BOX 150 FORT WORTH, TX 76101 (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 travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 10/13/2016 Amount (\$) \$500.00	1712 JENSON ROAD FORT WORTH, TX 76112 (a) Category (see Categories listed at the top of this schedule) Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CONSULTATION AND WRITING SERVICES						
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 10/13/2016 Amount (\$) \$500.00	FORT WORTH, TX 76112 (a) Category (see Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sought Office held Payee name SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW Payee address; City; State; Zip Code PO BOX 150 FORT WORTH, TX 76101 (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 travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries	Expen s/Wage	se s/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER N	AME			3	Filer ID	
	Sch: 31/36 Rpt: 35/43	Price, B					THEFTS	
4	Date	5 Payee na	ime					
	10/13/2016	TARRAI	NT COUNTY REPUBL	ICAN PARTY				
6	Amount (\$)	7 Payee ac	Idress; City;	State; Zip C	Code			
	\$1,250.00	7524 M	OSIER VIEW COURT,	SUITE 230				
		FORT W	VORTH, TX 76118					
3	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE	DUES					de of Texas. Complete Schedule T,	
							officeholder living expense	
						MEMBERSHIP	DOES	
_	Complete CNII V if direct	Candidata	Officeholder name	06:00				
	Complete ONLY if direct expenditure to benefit C/Ol		Officeholder name	Office so	ougnt		Office held	
	Date	Payee na	me					
	10/13/2016	TEXANS	FOR KELLY HANCO	OCK				
-	Amount (\$)	Payee ad	dress; City;	State; Zip C	Code			
	\$250.00	4908 DC		otato, zip c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Ψ230.00	4300 00						
		NODTU	DICLU AND LIBE C T	777400				
		NORTH	RICHLAND HILLS, T	x 76180				
	PURPOSE OF	1	(See Categories listed at the to		(b)	Description		
	EXPENDITURE	1	tions/Donations Made				de of Texas. Complete Schedule T. officeholder living expense	
		Candida	te/Officeholder/Politica	ai Committee		CAMPAIGN CO		
						CAMI AIGIT CO	WINDO HOW	
_	Complete ONLY if direct	Candidate/	Officeholder name	Office so	ought		Office held	
	expenditure to benefit C/OI	H						
	Date	Payee na	me					
	08/03/2016	TEXAS	FOR JOE STRAUS					
	Amount (\$)	Payee ad	dress; City;	State; Zip C	Code			
	\$1,000.00	РО ВОХ	90388					
		SAN AN	TONIO, TX 78209					
_	PURPOSE				(h)	Description		
	OF		(See Categories listed at the to tions/Donations Made		(0)	Description Check if travel outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		te/Officeholder/Politica			l	officeholder living expense	
						CAMPAIGN CO	NTRIBUTION	
	Complete ONLY if direct		Officeholder name	Office so	ought		Office held	
	expenditure to benefit C/OI	Н						
					-			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gitt/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
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I 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
Sch: 32/36 Rpt: 36/43	Price, Betsy
4 Date 07/28/2016	5 Payee name
	THE POTTER'S HOUSE
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 6777 W. KIEST BLVD DALLAS, TX 75236
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 DONATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/21/2016	THE TEXAS STATE SOCIETY OF WASHINGTON DC
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code PO BOX 70155 WASHINGTON, DC 20024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TICKETS TO ATTEND PRESIDENTIAL INAUGURAL BALL
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 09/23/2016	Payee name TRADER JOE'S
Amount (\$) \$25.09	Payee address; City; State: Zip Code 2701 SOUTH HULEN
	FORT WORTH, TX 76107
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 FOOD/BEVERAGES FOR A WISH WITH WINGS DINNER
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 33/36 Rpt: 37/43	2 FILER NAME Price, Betsy 3 Filer ID
4 Date 09/26/2016	5 Payee name TRADER JOE'S
6 Amount (\$) \$87.02	7 Payee address; City; State; Zip Code 2701 SOUTH HULEN FORT WORTH, TX 76107
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FOOD/BEVERAGES FOR A WISH WITH WINGS DINNER
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 08/09/2016	Payee name TRINITY RIVER STATION
Amount (\$) \$47.00	Payee address; City; State; Zip Code 4450 OAK PARK LN FORT WORTH, TX 76109
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN POSTAGE
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 12/06/2016	Payee name TRINITY RIVER STATION
Amount (\$) \$47.00	Payee address; City; State; Zip Code 4450 OAK PARK LN
Array	FORT WORTH, TX 76109
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX officeholder living expense CAMPAIGN POSTAGE
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/Wag The Instruction Guide explains how to comp	es/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 34/36 Ppt: 38/43		3 Filer ID
Sch: 34/36 Rpt: 38/43	Price, Betsy	
4 Date 12/07/2016	5 Payee name TRINITY RIVER STATION	
6 Amount (\$) \$130.00	7 Payee address; City; State; Zip Code 4450 OAK PARK LN FORT WORTH, TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN POST OFFICE BOX RENTAL
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
09/15/2016	TRUMP MAKE AMERICA GREAT AGAIN COMM	IITTEE
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 138 CONANT ST 2ND FL BEVERLY, MA 01915	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
12/13/2016	Tarrant Community College Foundation	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1500 Houston St	
	Fort Worth, TX 75102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATION
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

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 35/36 Rpt: 39/43	2 FILER NAME Price, Betsy 3 Filer ID
4 Date 09/10/2016	5 Payee name UNITED COMMUNITY CENTERS INC
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1200 E. MADDOX AVENUE FORT WORTH, TX 76104
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, Tx, officeholder living expense DONATION
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
Date 12/15/2016	Payee name UNITED WAY OF TARRANT COUNTY
Amount (\$) \$750.00	Payee address; City; State; Zip Code 1500 N MAIN ST STE 200 FORT WORTH, TX 76164
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATION
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 07/28/2016	Payee name USS FORT WORTH SUPPORT COMMITTEE
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO BOX 246
	FORT WORTH, TX 76101
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 ANCHOR CLUB DUES
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Version V1.0.2016

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		The Instruction Guide ex		Vage	s/Contract Labor	OTHER (enter a cat	tegory not listed above)
1	Total pages Schedule F1: Sch: 36/36 Rpt: 40/43	2				3	Filer ID	
-		-	Price, Betsy					
4	Date 12/12/2016	5	5 Payee name VENDING NUT CO					
6	Amount (\$) \$397.39	7	Payee address; City; State; Zip Code 2222 MONTGOMERY ST FORT WORTH, TX 76107					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Gift/Awards/Memorials Expense	f this schedule)	(b)	Description Check if travel outsid Check if Austin, TX. GIFTS FOR CON	officeholder living exp	
9	Complete ONLY if direct expenditure to benefit C/O		candidate/Officeholder name	Office sou	ight		Office held	
	Date 11/03/2016		Payee name WILL ROGERS MEMORIAL CEN	NTER				
	Amount (\$) \$300.00		Payee address; City; 3401 W LANCASTER AVE FORT WORTH, TX 76107	State; Zip Co	ode			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Contributions/Donations Made By Candidate/Officeholder/Political (у	(b)	Description Check if travel outsid Check if Austin, TX, SPACE RENTAL CHALLENGE	officeholder living exp	pense
	Complete ONLY if direct expenditure to benefit C/O	Н	Candidate/Officeholder name	Office sou	ight		Office held	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 41/43 3 Filer ID 2 FILER NAME Price, Betsy 5 Name of person from whom amount is received 8 Amount (\$) 4 Date \$326.18 07/18/2016 Motel 6 - Cleveland - Middleburg Height 6 Address of person from whom amount is received; City; State; Zip Code 7219 Engle Rd Middleburg Heights, OH 44130 Check if political contribution returned to filer 7 Purpose for which amount is received Credit for lodging expense charged to campaign account in error

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Inst	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/2 Rpt: 42/43							
2 FILER NAME		3 Filer ID							
Price, Betsy									
AMERICAN AIR	tor / Corporation or Labor Organization / Pledgor /Payee								
	enditure reported on:								
Schedule A2	Schedule B Schedule B(J) Schedule C2	Cabadula D. Cabadula St							
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule D X Schedule F1 Schedule COH-UC Schedule B - SS							
6 Dates of Travel 7 Name of person(s) traveling									
	ELLMAN, GLEN								
07/07/0046	8 Departure city or name of departure location								
07/27/2016	FORT WORTH, TX								
07/27/2016	Destination city or name of destination location FORT WALTON BEACH, FL								
10 Means of transpor		or other event)							
Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee								
AMERICAN AIR									
	enditure reported on:								
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1							
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B - SS							
Dates of Travel	Name of person(s) traveling								
	ELLMAN, GLEN								
07/28/2016	Departure city or name of departure location FORT WALTON BEACH, FL								
	Destination city or name of destination location								
07/28/2016	FORT WORTH, TX								
Means of transpor	tation Purpose of travel (including name of conference, seminar,	or other event)							
Commercial Airp	DIANE TO TAKE PHOTOGRAPHS FOR CAMPAIGN								
	tor / Corporation or Labor Organization / Pledgor /Payee JITES BY WINDHAM SEVILLE OH								
	enditure reported on:								
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1							
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B - SS							
Dates of Travel	Name of person(s) traveling								
	PRICE, BETSY								
07/18/2016	Departure city or name of departure location FORT WORTH, TX								
07/20/2016	Destination city or name of destination location AKRON, OH								
Means of transpor	tation Purpose of travel (including name of conference, seminar,	or other event)							
Commercial Airp									

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

TOR TRAVEL GOTOIDE OF TEXAS										
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee										
HAWTHORN SUITES BY WINDHAM SEVILLE OH 5 Contribution / Expenditure reported on:										
Schedule A2 Schedule F2		Schedule B	Schedule B(J) Schedule G	Schedule C2 Schedule H	Schedule D Schedule COH-UC	X Schedule F1 Schedule B - SS				
6 Dates of Travel 7 Name of person(s) traveling SKELPSA, ALIX										
07/18/2016		B Departure city or name of departure location FORT WORTH, TX								
07/20/2016	9 Destination city or name of destination location AKRON, OH									
10 Means of transpor Commercial Airp			travel (including name of ND REPUBLICAN NAT							
Name of Contribut MON CHER TO		ation or Labor O	rganization / Pledgor /Pay	/ee						
Contribution / Exp	enditure rep	orted on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1				
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B - SS				
Dates of Travel		of person(s) trav E, BETSY	eling							
11/15/2016		ure city or name WORTH, TX	of departure location							
11/15/2016		ation city or nam OKA, JAPAN	e of destination location							
Means of transpor Commercial Airg			travel (including name of WITH MAYOR OF SIS							
Name of Contribut		ation or Labor O	rganization / Pledgor /Pay	/ee						
Contribution / Exp	enditure rep	orted on:								
Schedule A2 Schedule F2		Schedule B Schedule F4	Schedule B(J) Schedule G	Schedule C2 Schedule H	Schedule D Schedule COH-UC	X Schedule F1 Schedule B - SS				
Dates of Travel		of person(s) trav E, BETSY	reling							
	Departure city or name of departure location									
11/05/2016	11/05/2016 FORT WORTH, TX									
11/14/2016	Destination city or name of destination location 11/14/2016 CHINA									
	Means of transportation Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane TRAVEL WITH DFW AIRPORT BOARD FOR OFFICEHOLDER MEETINGS									
	·									