OFFICIAL RECORD FORM C/OH **CANDIDATE / OFFICEHOLDER** CITY SECRETARY **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** FT. WORTH, TX Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. FIRST CANDIDATE / MS/MRS/MR MI OFFICEHOLDER Betsy NAME LAST SUFFIX NICKNAME Price CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: ZIP CODE OFFICEHOLDER PO Box 100066 MAILING **ADDRESS** Change of Address Fort Worth, TX 76185 Date Processed Date Imaged FIRST ΜI CAMPAIGN MS/MRS/MR **TREASURER** Alice NAME LAST SUFFIX NICKNAME Puente STATE; ZIP CODE CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; TREASURER **ADDRESS** 2737 Calder Ct Fort Worth TX 76107 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE (817) 207-8643 8 REPORT TYPE January 15 30th day before election 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) Exceeded \$500 limit |X|July 15 8th day before election 9 PERIOD Day Year Month Day Year COVERED 04/27/2017 **THROUGH** 06/30/2017 **ELECTION TYPE** 10 ELECTION **ELECTION DATE** Month Day Year Primary Runoff Other General Special

Forms provided by Texas Ethics Commission

OFFICE HELD (if any)

Mayor of Fort Worth

11 OFFICE

GO TO PAGE 2
www.ethics.state.tx.us

12 OFFICE SOUGHT (if known)

Mayor of Fort Worth

Version V1.0.2645

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

2 of 18

| 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 | COMMITTEE NAME | | | | | | | |
| | GENERAL | COMMITTEE ADDRESS | | | | | | | |
| | SPECIFIC | | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | | | | | | |
| 16 CONTRIBUTION TOTALS | | AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS). UNLESS ITEMIZED | THAN PLEDGES, | \$ 0.00 | | | | | |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | 5) | \$ 7,635.00 | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITIC | AL EXPENDITURES OF \$100 OR LESS, UNLESS | ITEMIZED | \$ 851.01 | | | | | |
| | 4. TOTAL POLITIC | AL EXPENDITURES | THE PROPERTY OF THE PROPERTY O | \$ 50,046.93 | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICATION REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 425,876.50 | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 0.00 | | | | | |
| | BETH A ELLIS Notary ID #3856250 My Commission Expire March 5, 2021 TARY STAMP / SEAL ABO cribed before me, by the sa , 20, to ce | Signature of DVE | | be reported by me | | | | | |
| Signature of office | er administering | Printed name of officer administering | Title of officer | administering oath | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | 3 of 18 | | | | | | |
|-------------------------------|--|----------|---------------------|--|--|--|--|--|--|
| 18 FILER NAME Price, Betsy | Price, Betsy | | | | | | | | |
| 20 SCHEDULE SUBTO | SUBTOTAL AMOUNT | | | | | | | | |
| 1. X SCHEDU | JLE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 7,635.00 | | | | | | |
| 2. SCHEDU | JLE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | ., | \$ | | | | | | |
| 3. SCHEDU | JLE B: PLEDGED CONTRIBUTIONS | | \$ | | | | | | |
| 4. SCHEDU | JLE E: LOANS | | \$ | | | | | | |
| 5. X SCHEDU | ULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ 50,046.93 | | | | | | |
| 6. SCHEDU | ULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | | | | |
| 7. SCHEDU | ULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | | | |
| 8. SCHEDU | JLE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | | | | |
| 9. SCHEDI | JLE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | | | | | | |
| 10. SCHED | ULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (| OF C/OH | \$ | | | | | | |
| 11. SCHEDU | ULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO | ONS | \$ | | | | | | |
| 12. SCHEDU TO FILE | JLE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F R | RETURNED | \$ | | | | | | |
| | | | | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/3 Rpt: 4/18 3 Filer ID 2 FILER NAME Price, Betsy 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$1,000.00 06/05/2017 Atlantic Pacific Communities LLC 6 Contributor address; City; State; Zip Code 1025 Kane Concourse Ste 215 Bay Harbor Islands, FL 33154 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor Bass, Robert \$2,500.00 04/28/2017 Contributor address; City; State; Zip Code 201 Main Street, Suite 3100 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) Date 05/02/2017 Bennett, Scot \$250.00 Contributor address: City; State; Zip Code 2816 River Brook Court Fort Worth, TX 76116 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/04/2017 \$500.00 Gachman, Arnold Contributor address; City; State; Zip Code 1229 Shady Oaks Lane Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 05/01/2017 Greater Fort Worth Real Estate Council PAC \$1,000.00 Contributor address; City; State; Zip Code 777 Main Street #2100 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 5/18 2 FILER NAME 3 Filer ID Price, Betsy 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/05/2017 \$50.00 Harman, Doug 6 Contributor address; City; State; Zip Code 2222 Winton Terrace East Fort Worth, TX 76109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/05/2017 Hyer, Rex \$50.00 Contributor address; City; State; Zip Code 6401 Cahoba Dr. Fort Worth, TX 76135 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/16/2017 Lin, James \$500.00 Contributor address; City; State; Zip Code 5904 Fairmont Dr. Plano, TX 75093 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/28/2017 Muckleroy Jr., Harold \$500.00 Contributor address; City; State; Zip Code 3455 Ranch View Ct Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/28/2017 Pipes, Kasey \$250.00 Contributor address; City; State; Zip Code 3700 Country Club Circle Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 6/18 2 FILER NAME 3 Filer ID Price, Betsy 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) \$25.00 05/01/2017 Saleh, Mary 6 Contributor address; City; State; Zip Code 1400 Driftwood Dr Euless, TX 76040 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/16/2017 Sandlin, Robert \$500.00 Contributor address; City; State; Zip Code 11615 Forest Central Dr. Suite 209 Dallas, TX 75243 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ 05/01/2017 \$10.00 Scherrieb, Carl Contributor address; City; State; Zip Code 5995 Chesapeake Place Fort Worth, TX 76132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 06/05/2017 Texas Masonry Council PAC (TMC PAC) \$500.00 Contributor address; City; State; Zip Code PO Box 4278 Waco, TX 76708 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Doriations Made By Candidate/Officeholder/Politica Credit Card Payment | | Legal Services | | | se s/Contract Labor | OTHER (enter a category not listed above) |
|----------|---|---------------|-----------------------------------|--------------------|-------|--|---|
| L | | | The Instruction Guide | explains how to c | ompl | ete this form. | |
| 1 | Total pages Schedule F1: | 2 FILER NAM | ΛE | | | 3 | Filer ID |
| | Sch: 1/12 Rpt: 7/18 | Price, Bet | sy | | | | |
| 4 | Date | 5 Payee nam | ne | | | | |
| | 05/01/2017 | ATCHLE | & ASSOCIATES LLI | P | | | |
| 6 | Amount (\$) | 7 Payee add | ress; City; | State; Zip C | ode | | |
| | \$4,259.50 | 1005 LA F | POSADA DRIVE | | | | |
| | | | | | | | |
| | | AUSTIN, | TX 78752 | | | | |
| 8 | PURPOSE | (a) Category | (See Categories listed at the top | of the echodula) | (b) | Description | |
| | OF | 1 | g/Banking | or this scriedule) | ' | | de of Texas, Complete Schedule T. |
| | EXPENDITURE | | g. –g | | | Check if Austin, TX, | officeholder living expense |
| | | | | | | | COUNTING AND REPORTING |
| L | | | | | | SERVICES | |
| 9 | Complete ONLY if direct | | fficeholder name | Office so | ught | | Office held |
| | expenditure to benefit C/O | r1 | | | | | |
| Г | Date | Payee nam | ne | | | | |
| | 06/05/2017 | ATCHLE | ' & ASSOCIATES LLI | P | | | |
| Г | Amount (\$) | Payee add | ress; City; | State; Zip C | ode | | |
| | \$1,555.00 | 1005 LA F | POSADA DRIVE | | | | |
| | | | | | | | |
| | | AUSTIN. | TX 78752 | | | | |
| 一 | PURPOSE | (a) Category | (See Categories listed at the top | of this schedule) | (b) | Description | |
| | OF EXPENDITURE | 1 | g/Banking | , | | Check if travel outsi | de of Texas. Complete Schedule T. |
| | EXPENDITURE | | | | | | officeholder living expense |
| | | | | | | SERVICES | COUNTING AND REPORTING |
| _ | | | | 0.00 | | 0211710110 | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | fficeholder name | Office so | ught | | Office held |
| L | , | | | | | ************************************** | |
| | Date | Payee nam | | | | | |
| L | 06/27/2017 | | NT CONTACT | | | | |
| | Amount (\$) | Payee add | | State: Zip C | ode | | |
| | \$197.21 | 3232 MCł | GINNEY AVE STE 66 | 0 | | | |
| | | | | | | | |
| | | DALLAS, | TX 75204 | | | | |
| | PURPOSE | (a) Category | (See Categories listed at the top | of this schedule) | (b) | Description | |
| | OF EXPENDITURE | Office Ove | erhead/Rental Expens | se | | | de of Texas. Complete Schedule T. |
| | | | | | | CAMPAIGN EM. | officeholder living expense ALL SERVICES |
| | | | | | | | 5 |
| \vdash | Complete ONLY if direct | L Candidate/O | fficeholder name | Office sou | Jaht | | Office held |
| | expenditure to benefit C/O | | | Jilioc 301 | agrit | | Since ricia |
| \vdash | | | • | | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Gift/Awards/Mi Legal Services | emorials Exper | | | xpens Wages | | | Travel in District Travel Out of District OTHER (enter a category not lis | sted above) |
|---|---|----|-------------------------|----------------------------------|-----------------|-------------|------------|----------------|-------------|---|---|---------------------------------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | = | | | | | | 3 | Filer ID | |
| | Sch: 2/12 Rpt: 8/18 | | Price, Bets | y | | | | | | | | |
| 4 | Date | 5 | Payee name | - 111 III | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| | 06/26/2017 | | DEL FRISC | O'S | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City | , | State; | Zip Co | ode | | | | |
| | \$185.47 | | 812 MAIN : | STREET | | | | | | | | |
| | | | | | | | | | | | | |
| | | | FORT WO | RTH, TX 76 | 6102 | | | | | | | |
| 8 | PURPOSE | (a | Category (S | ee Categories li | sted at the top | of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Contributio | ns/Donatio | ns Made I | Ву | | | <u></u> | | de of Texas. Complete Schedule | т. |
| | | | Candidate/ | Officeholde | er/Political | Comm | ittee | | | | officeholder living expense TARRANT COUNTY (| SOP |
| | | | | | | | | | AUCTION | | 7,111,711,41 000,711 | 501 |
| 9 | Complete ONLY if direct | | Candidate/Off | iceholder na | ıme | | Office sou | ıaht | | | Office held | |
| | expenditure to benefit C/OI | | | | 7 | | | 5 | | | | |
| | Date | | Рауее пате | | | | | | | | | |
| | 06/26/2017 | | DEL FRISC | O'S | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City | | State; | Zip Co | ode | | | | |
| | \$340.37 | | 812 MAIN S | STREET | | | | | | | | |
| | | | | | | | | | | | | |
| | | | FORT WO | RTH, TX 70 | 6102 | | | | | | | |
| Г | PURPOSE OF | (a | Category (S | ee Categories li | sted at the top | of this sch | edule) | (b) | Description | | | |
| | EXPENDITURE | | Contribution Candidate/ | | | _ | ittoo | | <u></u> | | de of Texas. Complete Schedule , officeholder living expense | Т. |
| | | | Carididate | Oniceriolae | iir omica | Commi | iillee | | | | TARRANT COUNTY | SOP |
| | | | | | | | | | AUCTION | | | |
| ┢ | Complete ONLY if direct | | Candidate/Off | iceholder na | ıme | C | Office sou | ıght | | | Office held | |
| | expenditure to benefit C/OI | Η | | | | | | | | | | |
| Г | Date | Γ | Payee name | | | | | | | | | |
| | 06/10/2017 | | DEL FRISC | O'S GRILI | LE | | | | | | | |
| Γ | Amount (\$) | | Payee addre | ss; City | | State; | Zip Co | ode | | | | |
| | \$121.76 | | 154 E. 3RD | STREET | | | | | | | | |
| | | | | | | | | | | | | |
| L | | | FORT WO | RTH, TX 76 | 6102 | | | | | | | |
| | PURPOSE | (a | Category (S | _ | | of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Food/Beve | rage Exper | nse | | | | | | de of Texas. Complete Schedule , officeholder living expense | Т. |
| | | | | | | | | | CITY STAFF | | | |
| | | | | | | | | | | | | |
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| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| Г | - 400 0 | | | | | | | | | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | Poling Expense Have in District Printing Expense Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category no | ot listed above) |
|---|--|--|---------------------------------------|
| Credit Card Payment | The Instruction Guide explains | | , |
| Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID | |
| Sch: 3/12 Rpt: 9/18 | Price, Betsy | | |
| Date | 5 Payee name | | |
| 04/29/2017 | DOMINO'S PIZZA | | |
| Amount (\$) | 7 Payee address; City; State; | Zip Code | |
| \$306.13 | 4301 S 31ST ST | | |
| | | | |
| | TEMPLE, TX 76502 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this sch | | |
| OF EXPENDITURE | Food/Beverage Expense | Check if travel outside of Texas. Complete Sched Check if Austin, TX, officeholder living expense | lule T. |
| | | FOOD FOR PEACE OFFICERS MC | TORCYCLE |
| | | PEACE RIDE | |
| Complete ONLY if direct | | ffice sought Office held | |
| expenditure to benefit C/O | 1 | | |
| Date | Payee name | | |
| 04/27/2017 | EAST FORT WORTH INC. | | |
| Amount (\$) | Payee address; City; State; | Zip Code | |
| \$250.00 | 1501 HANDLEY DR | | |
| | | | |
| | FORT WORTH. TX 76112 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this sch | | |
| OF EXPENDITURE | Contributions/Donations Made By | Check if travel outside of Texas. Complete Sched | lule T. |
| | Candidate/Officeholder/Political Comm | EASTSIDE BLOSSOMS GALA SPO | ONSORSHIP |
| | | | |
| Complete ONLY if direct | | ffice sought Office held | |
| expenditure to benefit C/O | 4 | | |
| Date | Payee name | | |
| 05/17/2017 | GLEN E. ELLMAN PHOTOGRAPHER | | |
| Amount (\$) | Payee address; City; State | Zip Code | · · · · · · · · · · · · · · · · · · · |
| \$225.00 | PO BOX 1260281 | | |
| | | | |
| | BENBROOK, TX 76126 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this sch | | |
| OF | Event Expense | Check if travel outside of Texas. Complete Sched | lule T. |
| EXPENDITURE | 1 | Check if Ausen, TX, officendatier living expense | |
| EXPENDITURE | | CAMPAIGN VICTORY PARTY PHO | TOGRAPHY |
| EXPENDITURE | | CAMPAIGN VICTORY PARTY PHO | TOGRAPHY |
| EXPENDITURE Complete ONLY if direct | Candidate/Officeholder name C | CAMPAIGN VICTORY PARTY PHO ffice sought Office held | TOGRAPHY |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense 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

Legal Services Candidate/Officeholder/Political Committee Credit Card Payment Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 4/12 Rpt: 10/18 Price, Betsy 4 Date Payee name 04/30/2017 GOURDOUGH'S PUBLIC HOUSE Amount (\$) Payee address: City: State; Zip Code \$100.92 2700 SOUTH LAMAR BLVD AUSTIN, TX 78704 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense MEAL FOR LOBBY WORK IN AUSTIN Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Рауее пате 05/05/2017 JD JOHNSON CAMPAIGN Payee address; Amount (\$) City; State; Zip Code \$750.00 PO BOX 136021 FORT WORTH, TX 76136 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Contributions/Donations Made By Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee CAMPAIGN CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/05/2017 JP SOLUTIONS Amount (\$) 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 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District
Travel Out of District Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 5/12 Rpt: 11/18 Price, Betsy 4 Date Payee name JP SOLUTIONS 06/05/2017 City; 6 Amount (\$) Payee address; 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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/09/2017 JUSTIN BOOT Payee address; State; Zip Code Amount (\$) City; \$364.22 PO BOX 99198 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 GIFT FOR CITY STAFF Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name 05/01/2017 LA VIDA NEWS - THE BLACK VOICE Amount (\$) Payee address; State: Zip Code \$600.00 PO BOX 751 FORT WORTH, TX 76101 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN PRINT ADVERTISING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Candidate/Officeholder/Politica Credit Card Payment | | Legal Services The Instruction Guide | Salaries/\ | Vages/Co | ontract Labor this form. | OTHER (enter a cate | egory not listed above) |
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| 1 | Total pages Schedule F1: | 2 FILER NAM | E | | | - : | 3 Filer ID | |
| | Sch: 6/12 Rpt: 12/18 | Price, Bets | | | | | | |
| 4 | Date | 5 Payee name | 2 | | | | | |
| | 05/25/2017 | LITTLE RE | D WASP KITCHEN | + BAR | | | | |
| 6 | Amount (\$) | 7 Payee addr | ess; City; | State; Zip Co | ode | | | |
| | \$137.20 | 808 MAIN | STREET | | | | | |
| l | | | | | | | | |
| | | FORT WO | RTH, TX 76102 | | | | | |
| 8 | PURPOSE | (a) Category (| See Categories listed at the top | of this schedule) | (b) D | escription | | |
| | OF EXPENDITURE | Food/Beve | erage Expense | | | ᆋ | utside of Texas. Completi | |
| | | *** | | | L | | TX, officeholder living exp | pense |
| | | | | | | CITY STAFF I | VIEAL | |
| L | | | | | <u> </u> | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ficeholder name | Office sou | ight | | Office held | |
| L | onpondituro to porroit or o | | | | | | | |
| Г | Date | Payee name | е | | | | | |
| | 05/15/2017 | MAYES M | EDIA GROUP | | | | | |
| \vdash | Amount (\$) | Payee addr | ess; City; | State; Zip Co | ode | | | |
| | \$1,800.00 | 312 CREE | KWOOD DRIVE | | | | | |
| | | | | | | | | |
| | | SUNNYVA | ALE, TX 75182 | | | | | |
| Γ | PURPOSE | (a) Category (| See Categories listed at the top | of this schedule) | (b) D | escription | | |
| | OF EXPENDITURE | Advertising | g Expense | | [| _ | utside of Texas. Complet | |
| | EAT ENDITORE | | | | L | _ | TX, officeholder living exp | |
| | | | | | | AMPAIGN N | MEDIA AND PRIN | II ADS |
| L | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | ficeholder name | Office sou | ıght | | Office held | |
| | expenditure to benefit C/O | r i | | | | | | |
| Г | Date | Payee nam | e | | | | | |
| | 05/15/2017 | MAYES M | EDIA GROUP | | | | | |
| \vdash | Amount (\$) | Payee addr | ess; City; | State: Zip Co | ode | | | |
| | \$9,765.33 | 1 | KWOOD DRIVE | | | | | |
| | Φ0,7 00.00 | 012 0,122 | | | | | | |
| | | | LE TV 75400 | | | | | |
| L | | SUNNYVA | ALE, TX 75182 | | | | | |
| | PURPOSE | (a) Category | See Categories listed at the top | of this schedule) | (p) D | escription | | |
| | OF EXPENDITURE | Solicitation | n/Fundraising Expens | se | | | utside of Texas. Complet | |
| | | | | | | | TX. officeholder living ex | |
| | | | | | | // UMI / NOIN N | WILLIAM VIEW LI | |
| - | Complete ONLY if divers | Ca-4:4-1-10 | fficabalder new - | 0#: | L | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | Office held | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | fliceholder name | Office sou | ıgnı | | Office held | |
| L | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | mmittee | Fees Food/Beverage Expense Gilt/Awards/Memorials Expe Legal Services | ense | Polling Exper Printing Expe | nse ense | Rental Expense | | Transportation Equipment & Rela Travel in District Travel Out of District OTHER (enter a category not list | |
|----------|---|-----|-----------------|---|----------------|--------------------------------|-------------|----------------|-------|---|--|
| | Credit Card Payment | | | The Instruction Guide | explains h | ow to com | plet | e this form. | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAMI | E | | | | | 3 | Filer ID | |
| | Sch: 7/12 Rpt: 13/18 | | Price, Bets | у | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 05/15/2017 | | MAYES ME | EDIA GROUP | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City; | State; | Zip Code | e | | | | |
| | \$10,562.98 | | 312 CREE | KWOOD DRIVE | | | | | | | |
| | | | | | | | | | | | |
| | | | SUNNYVA | LE, TX 75182 | | | | | | | |
| 8 | PURPOSE | (a) | Category (s | See Categories listed at the to | n of this sche | dule) (t | b) [| Description | | | |
| | OF | | | /Fundraising Expen | | 33.0) | | | outsi | de of Texas. Complete Schedule | |
| | EXPENDITURE | | | | | | | _ | | officeholder living expense | |
| | | | | | | 1 | (| CAMPAIGN N | V!A | ILING AND PRINTING | |
| L | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Off | ficeholder name | O | ffice sough | ht | | | Office held | |
| L | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| L | 05/15/2017 | | MAYES ME | EDIA GROUP | | | | | | | |
| | Amount (\$) | | Payee addre | - | State; | Zip Code | е | | | | |
| | \$1,550.62 | | 312 CREE | KWOOD DRIVE | | | | | | | |
| | | | | | | | | | | | |
| | | | SUNNYVA | LE, TX 75182 | | | | | | | |
| | PURPOSE | (a | Category (S | See Categories listed at the to | p of this sche | dule) (I | b) [| Description | | | |
| | OF EXPENDITURE | | Consulting | Expense | | | ļ | _ | | de of Texas. Complete Schedule ofticeholder living expense | |
| | | | | | | | L (| | | DIA CONSULTING SE | RVICES |
| | | | | | | | | | | | |
| \vdash | Complete ONLY if direct | | Candidate/Off | ficeholder name | 0 | ffice sough | ht | | | Office held | |
| | expenditure to benefit C/O | | | | | | | | | | |
| H | Date | Γ | Payee name | <u> </u> | | ····· | | | | | Annual Control of the |
| | 05/15/2017 | | | EDIA GROUP | | | | | | | |
| ┝ | Amount (\$) | | Payee addre | | State: | Zip Code | е. | | | | |
| l | \$1,500.00 | | | KWOOD DRIVE | | | | | | | |
| | 72,100.00 | | | | | | | | | | |
| | | | SUNNYVA | LE, TX 75182 | | | | | | | |
| Г | PURPOSE | (a | Category (S | See Categories listed at the to | p of this sche | edule) (I | b) [| Description | | | |
| | OF EXPENDITURE | | Consulting | Expense | | | [| | | de of Texas. Complete Schedule | f. |
| | | | | | | | L | | | officeholder living expense DIA CONSULTING SE | RVICES |
| | | | | | | | , | CART AION | • / • | 2 CO. 100ETHO 3E | |
| - | Complete ONLY if direct | _ | Candidate/Of | ficeholder name | | ffice sough | ht | | | Office held | |
| | expenditure to benefit C/O | | Carlorodite/Off | ASSERBIGO TRUTTO | O | cc adagi | , 10 | | | Office field | |
| H | | | | | | | | | | | |
| | | | | | | | | | | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Office Overhead/F
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Confract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: Sch: 8/12 Rpt: 14/18 | 2 FILER NAME Price, Betsy 3 Filer ID |
| 4 | Date 05/15/2017 | 5 Payee name MAYES MEDIA GROUP |
| 6 | Amount (\$) \$107.06 | 7 Payee address: City; State; Zip Code 312 CREEKWOOD DRIVE SUNNYVALE, TX 75182 |
| 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 Irving expense REIMBURSE CONSULTANT MILEAGE |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 06/27/2017 | Payee name MICHAEL BURGESS FOR CONGRESS |
| | Amount (\$) \$250.00 | Payee address; City; State: Zip Code PO BOX 2334 DENTON, TX 76202 |
| | 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 |
| | Date 05/06/2017 | Payee name MIICHAELS CUISINE |
| | Amount (\$) \$5,501.75 | Payee address; City; State; Zip Code 3413 W 7TH FORT WORTH, TX 76107 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin TX, officeholder living expense CAMPAIGN ELECTION PARTY |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|--|
| | order contragnition | The Instruction Guide explains how to complete this form. |
| 1 T | otal pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 9/12 Rpt: 15/18 | Price, Betsy |
| 4 D | ate | 5 Payee name |
| 0 | 6/27/2017 | REPUBLICAN NATIONAL COMMITTEE |
| 6 A | mount (\$) | 7 Payee address; City; State; Zip Code |
| | \$500.00 | 310 FIRST STREET, SE |
| | | |
| | | WASHINGTON, DC 20003 |
| 8 | PURPOSE | |
| 0 | OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Check if travel outside of Texas, Complete Schedule T. |
| | 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 |
| | | POLITICAL CONTRIBUTION |
| | | |
| 9 C | omplete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | xpenditure to benefit C/O | |
| | | |
| | ate | Payee name |
| U | 6/27/2017 | REPUBLICAN PARTY OF TEXAS |
| A | mount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | PO BOX 2206 |
| | | |
| | | AUSTIN, TX 78768 |
| *************************************** | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| E | EXPENDITURE | Candidate/Officeholder/Political Committee |
| | | POLITICAL CONTRIBUTION |
| | | |
| С | omplete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| e | xpenditure to benefit C/OI | H |
| D | ate | Payee name |
| | 5/05/2017 | ROGER WILLIAMS FOR US CONGRESS COMMITTEE |
| | | |
| A | mount (\$) | Payee address; City; State: Zip Code |
| | \$1,000.00 | PO BOX 91061 |
| | | |
| | | AUSTIN, TX 78709 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| _ | OF | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| ŧ | EXPENDITURE | Candidate/Officeholder/Political Committee |
| | | CAMPAIGN CONTRIBUTION |
| | | |
| | omplete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held |
| e> | xpenditure to benefit C/O | Н |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Gilt/Awards/Memorials Ex Legal Services The Instruction Guid | Sala | _ | es/Contract Labor | Travel Out of District OTHER (enter a category not listed above) | |
|----------|--|-----|----------------|--|-----------------------|--------|----------------------|--|---|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | |
| | Sch: 10/12 Rpt: 16/18 | | Price, Betsy | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 05/24/2017 | | ROTARY C | LUB OF FORT W | ORTH | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State; Zip | Code | | | |
| | \$300.00 | | 306 W. 7TH | I STREET, SUITE | 715 | | | | |
| | | | | | | | | | |
| | | | FORT WOR | RTH, TX 76102 | | | | | |
| 8 | PURPOSE | (a) | Category (s | ee Categories listed at the | top of this schedule) | (b |) Description | | |
| | OF | ` | | head/Rental Expe | | | | de of Texas. Complete Schedule T. | |
| | EXPENDITURE | | | | | | Check if Austin, TX, | officeholder living expense | |
| | | | | | | | MEMBERSHIP I | DUES | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | | Candidate/Offi | ceholder name | Office | sought | t | Office held | |
| L | | | | | | | | | _ |
| | Date | | Payee name | | | | | | |
| | 05/05/2017 | | SAVING HO | OPE FOUNDATIO | N | | | | |
| Г | Amount (\$) | | Payee addre | ss; City; | State; Zip | Code | | | |
| | \$1,000.00 | | 950 COMM | ERCE ST | | | | | |
| | | | | | | | | | |
| | | | FORT WOR | RTH, TX 76102 | | | | | |
| Г | PURPOSE | (a) | Category (S | ee Categories listed at the | top of this schedule) | (b |) Description | | |
| | OF EXPENDITURE | | | ns/Donations Mad | , | | <u></u> | de of Texas. Complete Schedule T. | |
| | EXTENSITIONE | | Candidate/ | Officeholder/Politic | cal Committee | | | officeholder living expense | |
| | | | | | | | DONATION | | |
| L | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Off | iceholder name | Office | sought | t | Office held | |
| | experiulture to benefit C/O | 1 | | | | | | | |
| Γ | Date | | Payee name | | | | | | |
| | 05/05/2017 | | SMALL WO | NDER COMMUN | IICATIONS | | | | |
| ┝ | Amount (\$) | - | Pavee addre | ss; City; | State; Zip | Code | | | _ |
| | \$500.00 | | 1712 JENS | - | | | | | |
| | Ψ300.00 | | TITE SEINS | ONTOAD | | | | | |
| | | | | | | | | | |
| L | | | FORT WOR | RTH, TX 76112 | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories listed at the | top of this schedule) | (b |) Description | | |
| | OF EXPENDITURE | | Consulting | Expense | | - 1 | LI | de of Texas. Complete Schedule T. | |
| | | | | | | | | officeholder living expense | |
| | | | | | | | WRITING SERV | CIAL MEDIA CONSULTING & /ICES | |
| \vdash | | L | | | | | | And the second s | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Off | iceholder name | Office | sough | t | Office held | |
| | Experientale to belief C/O | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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 listerl above)

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| 1 | Total pages Schedule F1: Sch: 11/12 Rpt: 17/18 | 2 FILER NAME Price, Betsy 3 Filer ID |
| 4 | Date 06/12/2017 | 5 Payee name SMALL WONDER COMMUNICATIONS |
| 6 | Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 1712 JENSON RD |
| L | | FORT WORTH, TX 76112 |
| 8 | PURPOSE OF EXPENDITURE | (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 SOCIAL MEDIA CONSULTING & WRITING SERVICES |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 05/05/2017 | Payee name TEXAS MUNICIPAL CLERKS CERTIFICATION PROGRAM |
| | Amount (\$) \$250.00 | Payee address; City; State: Zip Code 1155 UNION CIRCLE DENTON, TX 76203 |
| | 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 CITY SECRETARY AWARD |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 04/27/2017 | Payee name THE HOME DEPOT |
| | Amount (\$) \$102.30 | Payee address; City; State; Zip Code 4850 SW LOOP 850 |
| | | FORT WORTH, TX 76109 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TEXAS FALLEN OFFICERS BIKE RIDE DINNER DECORATIONS |
| | Complete <u>ONLY</u> 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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

| | 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: | 2 FILER NAME 3 Filer ID |
| | Sch: 12/12 Rpt: 18/18 | Price, Betsy |
| 4 | Date | 5 Payee name |
| | 05/04/2017 | THE SALVATION ARMY ARLINGTON CORPS |
| 6 | Amount (\$) | 7 Payee address; City; State: Zip Code |
| | \$250.00 | 712 W ABRAM ST |
| | | |
| | | ARLINGTON, TX 76013 |
| 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 Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | | Candidate/Officeholder/Political Committee Candidate/Officeholder living expense DONATION |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | Н |
| | Date | Payee name |
| | 05/02/2017 | TRIBUTARY CAFE |
| Г | Amount (\$) | Payee address; City; State; Zip Code |
| | \$113.10 | 2813 RACE STREET |
| | | |
| | | FORT WORTH, TX 76111 |
| Г | 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 COMMUNITY COFFEE |
| | | COMMONTE |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | Н |
| | Date | Payee name |
| | 04/27/2017 | ZIM ZIMMERMAN CAMPAIGN |
| Г | Amount (\$) | Payee address; City; State: Zip Code |
| | \$3,000.00 | 11400 NORTHVIEW DRIVE |
| | | |
| | | FORT WORTH, TX 76008 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | REIMBURSE COST OF CAMPAIGN MAILER |
| | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | PH Company of the Com |
| Г | | |
| | | |