## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

# FORM C/OH COVER SHEET PG 1

		FI.	WORTH, TX	
The C/OH Instruction	Guide explains how to complete t	his form. 1 Filer ID		<ul><li>2 Total pages filed:</li><li>40</li></ul>
3 CANDIDATE / OFFICEHOLDER NAME	i .	etsy	MI	OFFICE USE ONLY Date Received
	NICKNAME LA Pri	ST ice	SUFFIX	RECEIVED JAN 1 5 2020
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SU PO Box 100066	JITE#; CITY;	ZIP CODE	Date Hand-deliver CTTY OF CONTINUED CITY SECRETARY  Receipt # Amount
Change of Address	Fort Worth, TX 76185			Date Imaged
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIR		МІ	
	NICKNAME LAS	ente	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BO)  2737 Calder Ct  Fort Worth, TX 76107	X PLEASE); AP	Γ / SUITE #; CITY;	STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NO 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 07/01/2019	THROUGH	Month Day 12/31/2019	Year )
10 ELECTION	EI.ECTION DATE Month Day Year	Primary General	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) Mayor of Fort Worth		12 OFFICE SOUGHT Mayor of Fort Wo	
		GO TO PAGE 2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 40

13 C / OH NAME	Price, Betsy		14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditon. These expenditures may have been made without d officeholders are required to report this information.	the candidate's or office	holder's k	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	3S		
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER SARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	1,350.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$	1,295.19
	4. TOTAL POLITIC	CAL EXPENDITURES	C. BURNING CO.	\$	56,765.60
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	CAL CONTRIBUTIONS MAINTAINED AS OF THE LEFIOD	AST DAY OF THE	\$	243,605.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTS <b>T</b> ANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFADAVIT					
	NISHA N. BREWER JONES ary Public, State of Texas	I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
o Co	mm. Expires 05-27-2020 Notary ID 130680351		Candidate or Officehold	der	
	AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said				
of Signature of office		ertify Which, witness my hand and seal of office.  This so N. Brewer Tore  Printed name of officer administering	es Exeru Title of officer	hoe 1 administe	<b>1587</b> ering oath

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

	3 of 40							
l	8 FILER NAME Price, Betsy							
l	E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,350.00				
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 CONTRIBUTIONS	S	\$	56,577.79				
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. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	187.81				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDUI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/40	
2	FILER NAME Price, Betsy		3	Filer ID	
4	Date 12/11/2019	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:)</li> <li>Bailey, Tamiko</li> <li>6 Contributor address; City; State; Zip Code</li> <li>PO Box 16364</li> <li>Fort Worth, TX 76162</li> </ul>	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ns)		THE STATE OF THE S
	Date 08/01/2019	Full name of contributor out-of-state PAC (ID#:) Greater Fort Worth Real Estate Council PAC  Contributor address; City; State; Zip Code 777 Main Street #2100  Fort Worth, TX 76102		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instruction	ns)		
	Date 07/02/2019	Full name of contributor out-of-state PAC (ID#:) Petty, Nina B.  Contributor address; City; State; Zip Code 3876 Bellaire Cicle  Fort Worth, TX 76109		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instruction	ns)		

#### SCHEDULE F1

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

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

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

Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID 1 Total pages Schedule F1: FILER NAME Sch: 1/35 Rpt: 5/40 Price, Betsy 4 Date Payee name 07/11/2019 APPLE ITUNES Amount (\$) Payee address; State; Zip Code \$10.81 ONE INFINITE LOOP CUPERTINO, CA 95014 **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 OFFICEHOLDER SERVICE SUBSCRIPTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/18/2019 APPLE ITUNES Amount (\$) Pavee address: City: State: Zip Code \$9.99 ONE INFINITE LOOP CUPERTINO, CA 95014 **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 OFFICEHOLDER SERVICE SUBSCRIPTION Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 08/07/2019 APPLE ITUNES City; State; Zip Code Amount (\$) Payee address; \$10.81 ONE INFINITE LOOP CUPERTINO, CA 95014 **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 OFFICEHOLDER SERVICE SUBSCRIPTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
Credit Card Payment	The Instruction Guide explains how to complete this form.
Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 2/35 Rpt: 6/40	Price, Betsy
Date	5 Payee name
08/18/2019	APPLE ITUNES
Amount (\$)	7 Payee address; City; State; Zip Code
\$9.99	ONE INFINITE LOOP
	CUPERTINO, CA 95014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	OFFICEHOLDER SERVICE SUBSCRIPTION
<ul> <li>Complete <u>ONLY</u> if direct expenditure to benefit C/O</li> </ul>	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/11/2019	APPLE ITUNES
Amount (\$)	Payee address; City; State; Zip Code
\$10.81	ONE INFINITE LOOP
	CUPERTINO, CA 95014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	OFFICEHOLDER SERVICE SUBSCRIPTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payon page
09/18/2019	Payee name APPLE ITUNES
Amount (\$)	Payee address; City; State; Zip Code
\$9.99	ONE INFINITE LOOP
Ψ5.55	ONE IN INTE EGO!
	CUPERTINO, CA 95014
DUDDOGE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	OFFICEHOLDER SERVICE SUBSCRIPTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Н

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense
Contributions/ Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 3/35 Rpt: 7/40 Price, Betsy 4 Date Payee name 10/11/2019 APPLE ITUNES Amount (\$) Payee address; City: State; Zip Code \$10.81 ONE INFINITE LOOP CUPERTINO, CA 95014 **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 OFFICEHOLDER SERVICE SUBSCRIPTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/18/2019 **APPLE ITUNES** Amount (\$) Payee address; City; State; Zip Code \$9.99 ONE INFINITE LOOP CUPERTINO, CA 95014 **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 OFFICEHOLDER SERVICE SUBSCRIPTION Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2019 **APPLE ITUNES** Amount (\$) Payee address; City; State; Zip Code \$10.81 ONE INFINITE LOOP CUPERTINO, CA 95014 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense OFFICEHOLDER SERVICE SUBSCRIPTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Git/Awards/Memorials Expense Printing Expense Travel Out of District 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: 4/35 Rpt: 8/40	Price, Betsy
4	Date	5 Payee name
	11/18/2019	APPLE ITUNES
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.99	ONE INFINITE LOOP
		CUPERTINO, CA 95014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check it travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, afficeholder living expense
		OFFICEHOLDER SERVICE SUBSCRIPTION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-1</del>
	Date	Payee name
	12/05/2019	APPLE ITUNES
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	ONE INFINITE LOOP
		CUPERTINO, CA 95014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPERIENCE	Check if Austin, TX. officeholder living expense
		OFFICEHOLDER SERVICE SUBSCRIPTION
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/29/2019	ASSOCIATED REPUBLICANS OF TEXAS CAMPAIGN FUND
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	807 BRAZOS STREET STE 601
		AUSTIN, TX 78701
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Contributions/Donations Made Ry  Check it 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
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## 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 Lenal Services

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

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

Credit Card Payment	The Instruction Guide explains how to co	emplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 5/35 Rpt: 9/40	Price, Betsy	
4 Date	5 Payee name	
07/29/2019	ATCHLEY & ASSOCIATES LLP	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1,898.00	1005 LA POSADA DR	
	AUSTIN, TX 78752	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX. afficeholder living expense
		CAMPAIGN ACCOUNTING AND REPORTING SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ught Office held
Date	Payee name	
09/19/2019	BETH VAN DUYNE FOR CONGRESS	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$500.00	PO BOX 630167	
	IRVING, TX 75063	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX. officeholder living expense  CAMPAIGN CONTRIBUTION
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	I Jaht Office held
expenditure to benefit C/OI		agrit and the d
Date	Davies name	
10/08/2019	Payee name BRIGHTER OUTLOOK INC	
		odo
Amount (\$) \$600.00	Payee address; City; State; Zip City; State; Zip City;	oue
\$000.00	FO BOX 30034	
	FORT WORTH TV 7610E	
	FORT WORTH, TX 76105	In .
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check it travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		EVENT SPONSORSHIP
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	1	

#### SCHEDULE F1

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

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

Event Expense
Fees
Food/Beverage Expense
Git/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
OTHER (expenses a catagogy and listed above)

Candidate/Officeholder/Political Committee Credit Card Payment Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 6/35 Rpt: 10/40 Price, Betsy 4 Date 5 Payee name 12/24/2019 CHARLESTON'S Amount (\$) Payee address; State; Zip Code City; 3020 S HULEN \$210.89 FORT WORTH, TX 76109 **PURPOSE** 8 (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 CITY STAFF MEAL Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name CHARLESTON'S 11/01/2019 Amount (\$) Payee address; State; Zip Code City; 3020 S HULEN \$64.13 FORT WORTH, TX 76109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CITY STAFF MEAL Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name CHARLESTON'S 12/04/2019 Amount (\$) Payee address; City; State; Zip Code \$66.02 3020 S HULEN FORT WORTH, TX 76109 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CITY STAFF MEAL 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 Gift/Awards/Memorials Expense Legal Services

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID
	Sch: 7/35 Rpt: 11/40	Price, Betsy		
4	Date	5 Payee name		
	07/27/2019	CONSTANT CONTACT		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$69.29	1601 TRAPELO ROAD SUITE 329		
		WALTHAM, MA 02451		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				CAMPAIGN ONLINE COMMUNICATION
				CAMPAIGN ONLINE COMMONICATION
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		giit	Office Held
	Date	Development		
	08/27/2019	Payee name CONSTANT CONTACT		
H			do	
	Amount (\$) \$69.29	Payee address; City; State; Zip Co 1601 TRAPELO ROAD SUITE 329	ue	
	\$09.29	1001 TRAFELO ROAD SOTTE 329		
		NA THAM NA 02454		
_		WALTHAM, MA 02451	T	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				CAMPAIGN ONLINE COMMUNICATION
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	<del></del>		
	Date	Рауее пате		
	10/01/2019	CONSTANT CONTACT		
Г	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$69.29	1601 TRAPELO ROAD SUITE 329		
		WALTHAM, MA 02451		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				CAMPAIGN ONLINE COMMUNICATION
-	Complete ONLY if direct	Candidate/Officeholder name Office sou	ah+	Office held
	expenditure to benefit C/O		Aur	Office field
_				

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memorials Legal Services  The Instruction Gu			/ages	s/Contract Labor		el Out of District ER (enter a category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME					3	File	r ID	
	Sch: 8/35 Rpt: 12/40		Price, Betsy								
_		<u> </u>			***************************************						
4	Date	5	Payee name								
	11/05/2019		CONSTAN	T CONTACT							
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de				
	\$69.29	l	1601 TRAP	ELO ROAD SU	TE 329						
			WALTHAM,	MA 02451							
0	DUDDOCE	(0)				1	(h)	Deposintion			***************************************
8	PURPOSE OF	(a)		ee Categories listed at the		hedule)	(11)	Description	tside of T	Texas. Complete Schedule T.	
	EXPENDITURE		Office Over	head/Rental Exp	ense					holder living expense	
								CAMPAIGN OF	NLINE	E COMMUNICATION	N
9	Complete ONLY if direct	<u> </u>	Candidato/Offi	ceholder name		Office sou	abt			Office held	
9	Complete ONLY if direct expenditure to benefit C/O		Januluale/Oni	cenoider name	,	Office Sour	giit			Office ficial	
	***	-									
	Date		Payee name								
	11/26/2019		CONSTAN	T CONTACT							
	Amount (\$)	T	Payee addre	ss; City;	State	e; Zip Co	de				
	\$69.29		1601 TRAP	ELO ROAD SU	TE 329						
			WALTHAM	MA 02451							
		ļ.,					(1-)				
	PURPOSE OF	(a)		ee Categories listed at t		hedale)	(10)	Description	teida of	Texas, Complete Schedule T.	
	EXPENDITURE		Office Over	head/Rental Ex	oense					holder living expense	
										E COMMUNICATION	V
H	Complete ONLY if direct	<u></u>	Candidato/Offi	ceholder name		Office sou	aht	the state of the s		Office held	
	expenditure to benefit C/O		Januluale/On	centider name		Office 300	gin			Office field	
	Date		Payee name								
	11/11/2019		COWTOW	N MARATHON							
Г	Amount (\$)	T	Payee addre	ss; City;	State	e; Zip Co	de				
	\$850.00		2617 WHIT	MORE							
			EORT WOR	RTH, TX 76107							
L		ļ.,									
	PURPOSE OF	(a)		ee Categories listed at t		chedule)	(a)	Description	tride of	Texas. Complete Schedule T.	
	EXPENDITURE			ns/Donations Ma Officeholder/Pol		mittoo				cholder living expense	
			Cariuldale/	Jilicenolue//Fui	ilicai Comi	iiillee		EVENT SPON			
$\vdash$	Complete ONE V if divers	<u></u>	Condidate/O#	iceholder name		Office est	abt			Office held	
	Complete ONLY if direct expenditure to benefit C/O		Januluate/Off	cenoider name		Office sou	ynt			Office field	
_				<del></del>						· · · · · · · · · · · · · · · · · · ·	

## SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Connact 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: 9/35 Rpt: 13/40	Price, Betsy	
4	Date	5 Payee name	
	09/24/2019	CRAIG GOLDMAN CAMPAIGN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	PO BOX 1000039	
		FORT WORTH, TX 76185	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	EXPENDITORE	Candidate/Officeholder/Political Committee	
		CAMPAIGN CONTRIBUTION	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	10/25/2019	DAPHNE BROOKINS CAMPAIGN	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$250.00	4729 LEONARD ST	
		FORT WORTH, TX 76116	
_			_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if Austin, TX officeholder living expense	
		Candidate/Officeholder/Political Committee CAMPAIGN CONTRIBUTION	
		CAWIT ATOM CONTINUES TION	
_	Complete QNLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
-			=
	Date	Payee name	
	12/28/2019	DAVID COOK FOR TEXAS	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	309 EAST BROAD ST	
		MANSFIELD, TX 76063	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Contributions/Donations Made By Check if travel outside of Texas, Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		CAMPAIGN CONTRIBUTION	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	п	

#### 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 Lenal 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:	2 FILER NAME 3 Filer ID
	Sch: 10/35 Rpt: 14/40	Price, Betsy
4	Date	5 Payee name
	09/13/2019	EAST FORT WORTH BUSINESS ASSOCIATION
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	PO BOX 8861
		FORT WORTH, TX 76124
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		EVENT SPONSORSHIP
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	09/03/2019	FIRESTONE & ROBERTSON DISTILLING CO
L	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	901 W VICKERY BLVD
	Ψ2,300.00	301 W VICKERT BEVB
		FORT WORTH, TX 76104
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CAMPAIGN EVENT FACILITY RENTAL
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to beliefit 6/01	
	Date	Payee name
	09/19/2019	FORT WORTH COPS FOR KIDS
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2501 PARKVIEW DR SUITE 600
		FORT WORTH, TX 76102
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense SPONSORSHIP
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Event Expense Loan Fees Office Food/Beverage Expense Pollir Gift/Awards/Memorials Expense Printi Leual Services Salar

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

	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: 11/35 Rpt: 15/40	Price, Betsy
4	Date	5 Payee name
	09/24/2019	FORT WORTH DELTA DELTA ALUMNAE CHARITIES
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	2331 COLONIAL PARKWAY
		FORT WORTH, TX 76109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		SPONSORSHIP
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
	Date	Payee name
	08/16/2019	FORT WORTH HISPANIC CHAMBER OF COMMERCE
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	1377 N. MAIN STREET
		FORT WORTH, TX 76164
	PURPOSE OF	(a) Category (See Categories listed at the rop of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX. officeholder living expense
		SPONSORSHIP
Т	Complete QNLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	10/21/2019	FORT WORTH REPUBLICAN WOMEN
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	PO BOX 101613
		FORT WORTH, TX 76102
	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  ATTEND LUNCHEON
		, E. 10 E. 11 E.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Reimal Expense Polling Expense Printing Expense Salaires/Wages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction Gu		-	s/Contract Labor	Travel Out of District OTHER (enter a category not)	isted above)
1	Total pages Schedule F1:	2	Ell ED NIAME	=	- And Charles and	***************************************	3	Filer ID	
_	Sch: 12/35 Rpt: 16/40	-	Price, Betsy				3	Filet ID	
4	Date	5	Payee name			**************	······································		
	11/26/2019			RTH REPUBLICA	AN WOMEN				
6	Amount (\$)	7	Payee addre	ss; City;	State; Zip	Code			
	\$35.00		PO BOX 10	)1613					
			FORT WOR	RTH, TX 76102					
8	PURPOSE	(a)	Category (S	ee Categories listed at th	ne top of this schedule)	(b)	Description		
	OF EXPENDITURE		Event Expe	ense				side of Texas. Complete Schedul	е Т.
							ш	X. officeholder living expense	
							ATTEND LUNC	LHEUN	
		L_							
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	iceholder name	Office s	ought		Office held	
	experialities to belieff 6/01	11							
	Date		Payee name						
	12/05/2019		FORT WOR	RTH REPUBLICA	AN WOMEN				
_	Amount (\$)	$\vdash$	Payee addre	ss; City;	State; Zip (	Code			
	\$440.00		PO BOX 10						
	<b>\$110.00</b>		. 0 20% 10	,1010					
			FORT WOR	DTIL TV 76100					
		<u> </u>	FORT WOR	RTH, TX 76102					
	PURPOSE OF	(a)		ee Categories listed at th		(b)	Description		
	EXPENDITURE		Gift/Awards	:/Memorials Exp	ense	l	<u> </u>	side of Texas. Complete Schedul K. officeholder living expense	е Т.
						l	ш	PRNAMENTS FOR CC	NSTITLIENTS
						economic and a seconomic and a	0.111,011	,	
_	Complete ONLY if direct		Candidate/Offi	iceholder name	Office s	ought		Office held	
	expenditure to benefit C/Ol		Januidate/Oni	centide name	Office 3	ougnt		Office field	
	Date		Payee name						
	11/26/2019		FORT WOF	RTH REPUBLICA	AN WOMEN				
	Amount (\$)		Payee addre	ss; City;	State; Zip (	Code			
	\$10.00		PO BOX 10	1613					
			FORT WOR	RTH, TX 76102					
	PURPOSE OF	(a)	Category (S	ee Categories listed at th	ne top of this schedule)	(b)	Description		
	EXPENDITURE		DUES					side of Texas. Complete Schedul	е Т.
							MEMBERSHIP	K, officeholder living expense	
							WEWDERSHIP	DUES	
	Committee ONE V. 7. E		2-11-1-15			<u>ــــــــــــــــــــــــــــــــــــ</u>		OW 1.11	
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offi	iceholder name	Office s	ought		Office held	
		·········	***************************************						

#### 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
OTHER (enter a category not listed above)

OTHER (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 13/35 Rpt: 17/40 Price, Betsy 4 Date 5 Payee name FORT WORTH REPUBLICAN WOMEN 11/26/2019 State; Zip Code Amount (\$) Payee address; City; \$10.00 PO BOX 101613 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. **DUES EXPENDITURE** Check if Austin, TX, officeholder living expense MEMBERSHIP DUES Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name FORT WORTH REPUBLICAN WOMEN 11/26/2019 Amount (\$) Payee address; City; State; Zip Code \$100.00 PO BOX 101613 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. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLITICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/22/2019 GLEN ELLMAN PHOTOGRAPHY City; Payee address; State; Zip Code Amount (\$) \$750.00 PO BOX 126081 BENBROOK, TX 76126 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense PHOTOGRAPHY SERVICES FOR CAMPAIGN 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 Salaries/Wages/Connact Labor

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

Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Travel Out of District OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 14/35 Rpt: 18/40 Price, Betsy 4 Date 5 Payee name 12/09/2019 **GOODE COMPANY** Amount (\$) Payee address; State; Zip Code 13843 N PROMANADE #900 \$2,211.70 STAFFORD, TX 77477 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX. officeholder living expense CHRISTMAS GIFTS FOR CONSTITUENTS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/23/2019 HEIM BARBECUE Amount (\$) Payee address; City; State; Zip Code \$107.10 1109 WEST MAGNOLIA FORT WORTH, TX 76104 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CITY STAFF MEAL Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name HG SUPPLY CO 07/17/2019 Amount (\$) State; Zip Code Payee address; City: \$112.45 1621 RIVER RUN DR #176 FORT WORTH, TX 76107 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CITY STAFF MEAL Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reinibursement 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		Citt/Awards/Memorials Expe Legal Services  The Instruction Guide	Salaries/\	Vages	s/Contract Labor OTHER (enter a category not fisted above)
1	Total pages Schedule F1: Sch: 15/35 Rpt: 19/40	2 FILER NAM Price, Bets				3 Filer ID
4	Date 08/13/2019	5 Payee name				
6	Amount (\$) \$148.28		ess; City; ER RUN #176 ERTH, TX 76107	State; Zip Co	ode	
8	PURPOSE OF EXPENDITURE	(a) Category	See Categories listed at the top	p of this schedule)	(b)	Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense  CITY STAFF MEAL
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ight	Office held
	Date 10/22/2019	Payee name		***************************************		
	Amount (\$) \$96.11		ess; City; ER RUN #176 RTH, TX 76107	State; Zip Co	ode	
	PURPOSE OF EXPENDITURE	1	See Categories listed at the for grage Expense	p of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense CITY STAFF MEAL
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ight	Office held
	Date	Payee name JANE NEL	SON CAMPAIGN			
	Amount (\$) \$250.00	Payee addr PO BOX 6	08	State; Zip Co	ode	
	DUDDOCT		NE, TX 76099		1/1.	
	PURPOSE OF EXPENDITURE	Contributio	See Categories listed at the to ons/Donations Made /Officeholder/Politica	Ву	(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		ficeholder name	Office sou	ight	Office held

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/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 complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 16/35 Rpt: 20/40 Price, Betsy 4 Date Payee name 09/04/2019 JEWEL CHARITY BALL INC Amount (\$) Payee address; City; State; Zip Code \$500.00 3301 HAMILTON AVENUE SUITE 121 FORT WORTH, TX 76107 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Ausen, 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 12/28/2019 JO Amount (\$) Payee address; City; State; Zip Code \$1,582.50 440 S MAIN STREET FORT WORTH, TX 76104 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN CHRISTMAS CARD DESIGN Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/20/2019 JOS A BANK Amount (\$) Payee address; City; State; Zip Code \$1,800.00 1540 S UNIVERSITY DR FORT WORTH, TX 76107 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CHRISTMAS GIFTS FOR CONSTITUENTS Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 17/35 Rpt: 21/40	Price, Betsy
4	Date	5 Payee name
	12/03/2019	JP SOLUTIONS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	6421 FERSHAW PLACE
		FORT WORTH, TX 76116
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas, Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense  CAMPAIGN MANAGEMENT SERVICES
		CAMPAIGN MANAGEMENT SERVICES
_	Consider ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	5
	Date	Payee name
	11/04/2019	JP SOLUTIONS
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6421 FERSHAW PLACE
		FORT WORTH, TX 76116
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		CAMPAIGN MANAGEMENT SERVICES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<u></u>
_	Data	
	Date 10/02/2019	Payee name 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
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check it Austin, TX, officeholder living expense  CAMPAIGN MANAGEMENT SERVICES
		CAMIFAIGIN MANAGLINILINI SERVICES
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### 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
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 d		ete this form.
1	Total pages Schedule F1:			3 Filer ID
	Sch: 18/35 Rpt: 22/40	Price, Betsy		
4	Date	5 Payee name		
ľ	09/03/2019	JP SOLUTIONS		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
Ů	\$500.00	6421 FERSHAW PLACE	ouc	
	<b>\$6</b> 00.00	012112113111111111111111111111111111111		
		FORT WORTH, TX 76116		
8	PURPOSE		(b)	Description
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				CAMPAIGN MANAGEMENT SERVICES
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held
	experiatore to benefit 6/01			
	Date	Payee name		
	08/01/2019	JP SOLUTIONS		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$500.00	6421 FERSHAW PLACE		
		FORT WORTH, TX 76116		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX. officeholder living expense CAMPAIGN MANAGEMENT SERVICES
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O	4		
-	Date	Payee name		
	07/05/2019	JP SOLUTIONS		
-	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$500.00	6421 FERSHAW PLACE		
		FORT WORTH, TX 76116		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	'	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	-		Check if Austin, TX. officeholder living expense
				CAMPAIGN MANAGEMENT SERVICES
	Complete ONLY if divers	Condidate/Officeholder name	LIGH-+	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	ugnt	Office held

#### 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 Legal Services

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID						
	Sch: 19/35 Rpt: 23/40	Price, Betsy							
4	Date	5 Payee name							
	12/28/2019	JP SOLUTIONS							
6	Amount (\$)	7 Payee address; City; State; Zip Code	9						
	\$750.00	6421 FERSHAW PLACE							
		FORT WORTH, TX 76116							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.						
	LAFLINDITORL		CAMPAICNI MANIACEMENT SERVICES						
			CAMPAIGN MANAGEMENT SERVICES						
_	Consider ONII V if disease	Condidate Office holder some	nt Office held						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	at Office field						
L									
	Date	Payee name							
L	12/10/2019	LILI'S BISTRO ON MAGNOLIA							
	Amount (\$)	Payee address; City; State; Zip Code	2						
	\$100.35	1310 MAGNOLIA AVE							
		FORT WORTH, TX 76104							
	PURPOSE	3 (222 222 22 22 22 22 22 22 22 22 22 22	Description						
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX. officeholder living expense						
			CITY STAFF MEAL						
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held						
	expenditure to benefit C/O								
H	Date	Payee name							
	07/12/2019	LILI'S BISTRO ON MAGNOLIA							
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	2						
	\$56.55	1310 MAGNOLIA AVE							
	\$00.00								
		FORT WORTH, TX 76104							
H	DUDDOCE		2) 0						
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Food/beverage Expense	Check if Austin, TX. officeholder living expense						
			CITY STAFF MEAL						
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	office held						
	expenditure to benefit C/O	н							
Γ									

### 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/Renral Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete the	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 20/35 Rpt: 24/40	Price, Betsy	
4	Date	5 Payee name	
	09/26/2019	LONGHORN COUNCIL BOY SCOUTS OF AMERICA	A
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	PO BOX 54190	
		FORT WORTH, TX 76054	
8	PURPOSE		scription
	OF EXPENDITURE	Continuations/Donations Made by	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	:	Caradate/Officeriolaetii cinteati committee	/ENT SPONSORSHIP
	•		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	07/15/2019	ML LEDDY'S	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$519.60	2455 N MAIN ST	
		FORT WORTH, TX 76164	
	PURPOSE OF		escription
	EXPENDITURE	1 Ont Awards I werner to the same and the sa	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX. officeholder living expense
		,	FTS FOR CONSTITUENTS
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	n	
	Date	Payee name	
	12/03/2019	MOSAIC STRATEGY PARTNERS LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,462.50	777 TAYLOR STREET STE 1130	
		FORT WORTH TV 75100	
_		FORT WORTH, TX 76102	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense	escription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense	Check if Austin, TX. officeholder living expense
		1	AMPAIGN STRATEGIC COMMUNICATIONS  ONSULTING SERVICES
_			
	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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.	, ,				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID				
	Sch: 21/35 Rpt: 25/40	Price, Betsy						
4	Date	5 Payee name						
	11/04/2019	MOSAIC STRATEGY PARTNERS LLC						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,125.00	777 TAYLOR STREET STE 1130						
		FORT WORTH, TX 76102						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description					
	OF EXPENDITURE	Consulting Expense		outside of Texas. Complete Schedule T.				
	EXI ENDITORE			n, TX, officeholder living expense STRATEGIC COMMUNICATIONS				
				IG SERVICES				
-	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office held				
3	expenditure to benefit C/OI			Office field				
H	Data		SPHILLIAN R					
	Date 10/02/2019	Payee name  MOSAIC STRATEGY PARTNERS LLC						
L								
	Amount (\$) \$1,612.50	Payee address; City; State; Zip Code 777 TAYLOR STREET STE 1130						
	\$1,012.50	III IATLUK SIKEEL SIE 1130						
		FORT WORTH TV 70400						
_		FORT WORTH, TX 76102						
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description  Check if trave	l outside of Texas. Complete Schedule T.				
	EXPENDITURE	Consulting Expense		n, TX, officeholder living expense				
				STRATEGIC COMMUNICATIONS				
			CONSULTIN	NG SERVICES				
	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office held				
	expenditure to benefit C/OI	7						
Г	Date	Payee name						
	09/03/2019	MOSAIC STRATEGY PARTNERS LLC						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,760.00	777 TAYLOR STREET STE 1130						
		FORT WORTH, TX 76102						
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description					
	OF EXPENDITURE	Consulting Expense		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
				STRATEGIC COMMUNICATIONS				
			CONSULTIN	NG SERVICES				
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office held				
	expenditure to benefit C/O	H						

#### 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 Glft/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:	2 FILER NAME 3 Filer ID							
	Sch: 22/35 Rpt: 26/40	Price, Betsy .							
4	Date	5 Payee name							
	08/05/2019	MOSAIC STRATEGY PARTNERS LLC							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2,887.50	777 TAYLOR STREET STE 1130							
		FORT WORTH, TX 76102							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedul	le T.						
	EM EMBITORE	Check if Austin, TX. officeholder living expense  CAMPAIGN STRATEGIC COMMUNI	ICATIONS						
		CONSULTING SERVICES	ICATIONS						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	Complete ONLY if direct expenditure to benefit C/OH								
_									
	Date	Payee name							
L	12/28/2019	MOSAIC STRATEGY PARTNERS LLC							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,462.50	777 TAYLOR STREET STE 1130							
		FORT WORTH, TX 76102							
	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 Schedu	le T.						
		CAMPAIGN STRATEGIC COMMUNI	ICATIONS						
		CONSULTING SERVICES							
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	3							
⊨	Date	Payee name							
	12/09/2019	NATIONAL COWGIRL MUSEUM AND HALL OF FAME							
_	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00								
	Ψ300.00	1720 SEND TOTALET							
		FORT WORTH, TX 76107							
H	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 Schedu	le T.						
	EXPENDITURE	Candidate/Officeholder/Political Committee							
		DONATION							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
L	experiuntire to beliefft C/OI	VII							

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Candidate/Officeholder/Political Committee Event Expense 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 Travel Out of District

Consulting Expense Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -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: 23/35 Rpt: 27/40 Price, Betsy Date Payee name 08/20/2019 NATIONAL MEXICAN AMERICAN COLLEGE EDUCATION FUND INC Amount (\$) Payee address; State; Zip Code City; PO BOX 471752 \$250.00 FORT WORTH, TX 76147 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check it 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 12/18/2019 OLD EBBITT GRILL Amount (\$) Payee address; City: State; Zip Code \$139.22 675 15H ST NW WASHINGTON, DC 20005 **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 OFFICEHOLDER MEAL TO ATTEND EARLY CHILDHOOD PROGRAM Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 10/25/2019 OUR COMMUNITY COLLEGE, OUR FUTURE Amount (\$) City; Payee address; State; Zip Code \$250.00 777 TAYLOR STREET STE 900 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. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee POLITICAL CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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		nmittee	Gift/Awards/Me Legal Services The Instruct	morials Expen	ise		opens Vages			Travel Out of District OTHER (enter a category n	ot listed above)
1	Total pages Schedule F1:	2	EILER NAME							3	Filer ID	
-	Sch: 24/35 Rpt: 28/40	1	Price, Betsy								7 1101 12	
4	Date	5	Payee name									
	10/07/2019	l	PACIFIC TA									
6	Amount (\$)	7	Payee addre	ss; City		State;	Zip Co	de				
	\$278.74		1600 S UN	IVERSITY	STE 601							
			FORT WOR	RTH, TX 76	5107							
8	PURPOSE	(a)	Category (S	ee Categones lis	sted at the top	of this sched	dule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Exper	ise				ليبيا		ide of Texas. Complete Schei	dule T.
	EXI ENDITORE										, officeholder living expense	
									CITY STAFF	- MI	EAL	
L												
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	iceholder na	me	Of	ffice sou	ght			Office held	
	expenditure to benefit C/O							na webstered water				
Г	Date		Payee name									
	09/12/2019		PRESS CA	FE								
$\vdash$	Amount (\$)		Payee addre	ss; City:		State;	Zip Co	de		***************************************		#
	\$189.13	l	4801 EDW		ICH RD		·					
			FORT WOR	OTU TV 76	:100							
_		_										
	PURPOSE OF	(a)	Category (S			of this sched	dule)	(b)	Description	l out-	ida of Tayen Complete School	tula T
	EXPENDITURE		Food/Bever	age Exper	ise				_		ide of Texas. Complete Sche , officeholder living expense	aule (.
									CITY STAFF			
H	Complete ONLY if direct		Candidate/Offi	ceholder na	me	Of	ffice sou	ght			Office held	
	expenditure to benefit C/OI	Н										
H	Date	Γ	Device resus							<del></del>		
	07/08/2019		Payee name PRICE, BE	TCV								
L		_										
	Amount (\$)	ı	Payee addre			State;	Zip Co	de				
	\$187.81		3908 SUM	MERCRES	1							
			FORT WOR	RTH, TX 76	109							
Γ	PURPOSE	(a)	Category (S	ee Categories lis	sted at the top (	of this sched	dule)	(b)	Description			
	OF EXPENDITURE		Loan Repay	yment/Rein	nburseme	ent			Lagrand .		ide of Texas. Complete Schee	fule T.
									language of the control of the contr		, officeholder fiving expense	
									EXPENSES		ENT OF SCHEDULI	E G CAMPAIGN
_	Complete ONE V 'S Proces		Sanali de La 1911	andrat I							Off. 1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenoider na	me	Of	fice sou	ynt			Office held	
_												
L												

## 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

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 25/35 Rpt: 29/40	Price, Betsy
4	Date	5 Payee name
	12/17/2019	PRINT POINTE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,084.79	2419 GRAVEL DRIVE
		FORT WORTH, TX 76118
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check it travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  PRINTING CAMPAIGN CHRISTMAS CARDS
		PRINTING CAMPAIGN CHRISTMAS CARDS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	п
	Date	Payee name
	12/16/2019	REATA
	Amount (\$)	Payee address; City; State; Zip Code
		310 HOUSTON ST
	\$1,097.99	310 4005101/ 51
		FORT WORTH, TX 76102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX. officeholder living expense
		CITY STAFF CHRISTMAS PARTY
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	H
	Date	Payee name
	12/07/2019	RING CENTRAL
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.46	20 DAVIS DRIVE
		BELMONT, CA 94002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CAMPAIGN PHONELINE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

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

Advertising Expense

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

Solicitation/Fundraising Expense Travel in District Travel Out of District

Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 26/35 Rpt: 30/40 Price, Betsy Date Payee name 07/07/2019 RING CENTRAL Amount (\$) Payee address; State; Zip Code \$38.29 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 PHONELINE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/07/2019 RING CENTRAL State; Zip Code Amount (\$) City; Payee address; \$38.29 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 PHONELINE Office sought Candidate/Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/07/2019 RING CENTRAL Amount (\$) Payee address; City: State; Zip Code \$38.29 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 PHONELINE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### 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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 27/35 Rpt: 31/40	Price, Betsy
4	Date	5 Payee name
	10/07/2019	RING CENTRAL
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.45	20 DAVIS DRIVE
		BELMONT, CA 94002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CAMPAIGN PHONELINE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-1
	Date	Payee name
	11/07/2019	RING CENTRAL
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.46	20 DAVIS DRIVE
		BELMONT, CA 94002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		CAMPAIGN PHONELINE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/10/2019	ROGER WILLIAMS FOR US CONGRESS COMMITTEE
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	10 N CADDO ST
		PMB #174
		CLEBURNE, TX 76021
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee CAMPAIGN CONTRIBUTION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	MANUAL SOCIAL CONTROL OF THE STATE OF THE ST	
_		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Mem Legal Services The Instruction	norials Expense	Prin Sala			Travel Out of District OTHER (enter a category	not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3 Filer ID	
	Sch: 28/35 Rpt: 32/40		Price, Betsy	/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>				
4	Date	5	Payee name							
	07/22/2019		ROTARY C	LUB OF FO	RT WORT	Н				
6	Amount (\$)	7	Payee addre	ss; City;	9	State; Zip	p Code			
	\$630.00		306 W 7TH	STREET #	715					
			FORT WOR	RTH, TX 761	.02					
8	PURPOSE	(a)	Category (S	ee Categories list	ed at the top of th	nis schedule)	(b)	Description		
	OF EXPENDITURE		DUES					<u></u>	outside of Texas. Complete Sch	
								MEMBERSH	n, TX, officeholder living expense	
								MEMBERSH	III. DOES	
Ļ	On the Court of the court		2 11:4-4-10#			0#:			C#1-11	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Candidate/Offi	cenoider nam	1e	Опісе	e sought		Office held	
	Date	Π	Payee name							
	12/03/2019		SMALL WO	NDER CON	MUNICAT	IONS				
_	Amount (\$)	$\vdash$	Payee addre	ss; City;	5	State; Zir	o Code			
	\$500.00		1712 JENS			,				
			FORT WOR	RTH, TX 762	L12					
Г	PURPOSE	(a)	Category (Se	ee Categories list	ed at the top of th	nis schedule)	(b)	Description		
	OF EXPENDITURE		Consulting	Expense					outside of Texas. Complete Sch	
									n, TX, officeholder living expense SOCIAL MEDIA CON	
								WRITING SE		ISOL I IIVO Q
_	Carrelate ONLY if diseast		Candidate/Offi			Office			O#ioo loold	
	Complete ONLY if direct expenditure to benefit C/OI		Januidale/Oiii	cenoider nam	ie	Office	e sought		Office held	
_							······			
	Date		Payee name							
	11/11/2019		SMALL WO	NDER CON	MUNICAT	IONS				
	Amount (\$)		Payee addre	ss; City;	9	State; Zip	p Code			
	\$500.00		1712 JENS	EN ROAD						
			FORT WOF	RTH, TX 761	112					
	PURPOSE	(a)	Category (Se	ee Categories liste	ed at the top of the	nis schedule)	(b)	Description		
	OF EXPENDITURE		Consulting	Expense					outside of Texas. Complete Sch	
									n, TX, officeholder living expense SOCIAL MEDIA CON	
								WRITING SE		ISOLTING &
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder nam	10	Office	sought		Office held	
	expenditure to benefit C/OI		Janualer OIII	ocholaci nan		Onice	, sought		Office field	

#### SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Committee Legal Services Salaries/ The Instruction Guide explains how to committee	Wages/Contract Labor OTHER (enter a category not listed above)  omplete this form.
2 FILER NAME	3 Filer ID
Price, Betsy	
5 Payee name	
SMALL WONDER COMMUNICATIONS	
7 Payee address; City; State; Zip C	ode
1712 JENSEN ROAD	
FORT WORTH, TX 76112	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX. officeholder living expense  CAMPAIGN SOCIAL MEDIA CONSULTING &
	WRITING SERVICES
Candidate/Officeholder name Office so	ught Office held
Payee name	
SMALL WONDER COMMUNICATIONS	
Payee address; City; State; Zip C	rode
1712 JENSEN ROAD	
FORT WORTH, TX 76112	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX. officeholder living expense  CAMPAIGN SOCIAL MEDIA CONSULTING &
	WRITING SERVICES
Constitute 10th about a second	Office hold
Candidate/Officerolder name Office so	ught Office held
Payee name	
SMALL WONDER COMMUNICATIONS	
Payee address; City; State; Zip C	code
1712 JENSEN ROAD	
FORT WORTH, TX 76112	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Check if travel outside of Texas. Complete Schedule T.
,	Check if Austin, TX. officeholder living expense
	CAMPAIGN SOCIAL MEDIA CONSULTING &
	I MOITING CEDVICES
	WRITING SERVICES
Candidate/Officeholder name Office so	
Candidate/Officeholder name Office so	
	The Instruction Guide explains how to c  2 FILER NAME     Price, Betsy  5 Payee name     SMALL WONDER COMMUNICATIONS  7 Payee address; City; State; Zip C     1712 JENSEN ROAD     FORT WORTH, TX 76112  (a) Category (See Categories listed at the top of this schedule)     Consulting Expense  Candidate/Officeholder name     SMALL WONDER COMMUNICATIONS Payee address; City; State; Zip C     1712 JENSEN ROAD  FORT WORTH, TX 76112  (a) Category (See Categories listed at the top of this schedule)     Consulting Expense  Candidate/Officeholder name     Office so  Payee name     SMALL WONDER COMMUNICATIONS  Payee address; City; State; Zip C     1712 JENSEN ROAD  Payee name     SMALL WONDER COMMUNICATIONS  Payee address; City; State; Zip C     1712 JENSEN ROAD

### SCHEDULE F1

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

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

Event Expense
Fees
Food/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  The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID					
	Sch: 30/35 Rpt: 34/40	Price, Betsy					
4	Date	5 Payee name					
	08/04/2019	SMALL WONDER COMMUNICATIONS					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$500.00	1712 JENSEN ROAD					
		FORT WORTH, TX 76112					
8	PURPOSE						
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas, Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		CAMPAIGN SOCIAL MEDIA CONSULTING &					
		WRITING SERVICES					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/Oi						
	Date	Payee name					
	08/01/2019	SOUTHWESTERN EXPOSITION AND LIVESTOCK SHOW					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	PO BOX 150					
		FORT WORTH, TX 76101					
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
	EM EMBITORE	Candidate/Officeholder/Political Committee					
		EVENT SPONSORSHIP					
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
H	Data						
	Date 09/20/2019	Payee name TARRANT AREA FOOD BANK					
L							
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 2600 CULLEN STREET					
	\$230.00	2000 COLLEN STREET					
		FORT WORTH TV 76107					
_		FORT WORTH, TX 76107					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description  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					
		DONATION					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					

#### SCHEDULE F1

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

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

Event Expense 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

Travel Out of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 31/35 Rpt: 35/40 Price, Betsy 4 Date Payee name TEXANS FOR KELLY HANCOCK SPAC 07/29/2019 Amount (\$) Payee address; City; State; Zip Code 4908 DORY CT \$250.00 NORTH RICHLAND HILLS, TX 76180 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee CAMPAIGN CONTRIBUTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/24/2019 TEXANS FOR SENATOR JOHN CORNYN INC Amount (\$) Payee address; City; State; Zip Code \$500.00 PO BOX 13026 AUSTIN, TX 78711 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee CAMPAIGN CONTRIBUTION Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 11/17/2019 THE CAPITAL GRILLE Amount (\$) Payee address; City; State; Zip Code \$213.70 800 MAIN STREET FORT WORTH, TX 76102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX. officeholder fiving expense CITY STAFF MEAL Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## SCHEDULE F1

Advertising Expense Ever Accounting/Banking Feet Consulting Expense Foot Contributions/ Donations Made By - Gift/.

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

	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: 32/35 Rpt: 36/40	Price, Betsy
4	Date	5 Payee name
	11/24/2019	THE TAVERN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$241.35	2755 SOUTH HULEN
		FORT WORTH, TX 76109
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.
		CITY STAFF MEAL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	12/16/2019	THE YMCA OF METROPOLITAN FORT WORTH
	Amount (\$)	Payee address; City; State; Zip Code
	\$185.00	512 LAMAR ST #400
	Ψ100.00	SIZ EAWAR ST 11400
		FORT WORTH, TX 76102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		EVENT SPONSORSHIP
_		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  H
	Date	Payee name
	10/02/2019	TRUMP VICTORY
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	138 COVANT ST 2ND FL
		C/O RED CURVE SOLUTIONS
		BEVERLY, MA 01915
	PURPOSE 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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Н

### 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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to con		te this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID				
	Sch: 33/35 Rpt: 37/40	Price, Betsy						
4	Date	5 Payee name						
	10/24/2019	UNCLE JULIO'S MEXICAN FROM SCRATCH						
6	Amount (\$) \$103.00	7 Payee address; City; State; Zip Co. 150 E I-20	de					
		ARLINGTON, TX 76018						
8	PURPOSE OF		(b)	Description  Check it travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense				
				CITY STAFF MEAL				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout	ght	Office held				
Г	Date	Payee name						
	12/05/2019	US POST OFFICE TRINITY RIVER						
Г	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$154.00	4450 OAK PARK LN						
		FORT WORTH, TX 76109						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX. officeholder living expense				
				CAMPAIGN POST OFFICE BOX				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O							
L			-					
	Date	Payee name						
L	12/17/2019	US POST OFFICE TRINITY RIVER						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$2,216.49	4450 OAK PARK LN						
L		FORT WORTH, TX 76109						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense				
		·		POSTAGE TO MAIL CAMPAIGN CHRISTMAS				
				CARDS				
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held				
	expenditure to benefit C/O	Н						

## SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		minitiee	Gift/Awa Legal Se	verage Expense rds/Memorials Ex ervices struction Guid			pens /ages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed abo	ve)
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	
	Sch: 34/35 Rpt: 38/40		Price, Bets									
4	Date	5	Payee name	9						-		
	09/13/2019		-		TH SUPPO	RT CON	MMITTEE					
6	Amount (\$)	7	Payee addre	ess;	City;	Stat	te; Zip Co	de				
	\$1,000.00		PO BOX 2	46								
			FORT WO	RTH, T	X 76101							
8	PURPOSE	(a	Category (5	See Catego	ones listed at the	top of this s	chedule)	(b)	Description			**************************************
	OF EXPENDITURE		DUES								side of Texas. Complete Schedule T.	
									MEMBERSH		C. officeholder living expense	
									WEWDERO	111	0020	
9	Complete ONLY if direct	_	Candidate/Of	ficehold	er name		Office sou	ght			Office held	
	expenditure to benefit C/O	Н						_				
	Date	Π	Payee name	9								Programme
	12/16/2019		VENDING	NUT C	OMPANY							
	Amount (\$)	$\vdash$	Payee addre	ess;	City;	Stat	te; Zip Co	de				
	\$250.71		2222 MON	ITGOM	ERY ST.							
			FORT WO	RTH, T	X 76107							
Г	PURPOSE	(a	Category (	See Categ	ories listed at the	top of this s	schedule)	(b)	Description			
	OF EXPENDITURE		Gift/Award	s/Mem	orials Exper	nse					side of Texas. Complete Schedule T.	
											K, officeholder living expense	2
									CHRISTWA	3 0	III 131 ON CONSTITULION	5
_	Complete ONLY if direct		Candidate/Of	ficehold	er name		Office sou	ght			Office held	
	expenditure to benefit C/O	Н										
	Date	Π	Payee name	e				<del></del>				
	12/06/2019		VENDING	NUT C	OMPANY							
Г	Amount (\$)	Γ	Payee addr	ess;	City;	Stat	te; Zip Co	de				
	\$415.15		2222 MON	ITGOM	ERY ST.							
		ļ	FORT WO	RTH, T	X 76107							
Г	PURPOSE	(a	Category (	See Categ	ories listed at the	top of this s	schedule)	(b)	Description			
	OF EXPENDITURE		Gift/Award	s/Mem	orials Exper	nse					side of Texas. Complete Schedule T. K, officeholder living expense	
											GIFTS FOR CONSTITUENTS	S
									J			
H	Complete ONLY if direct	_	Candidate/Of	fficehold	er name		Office sou	ght			Office held	
	expenditure to benefit C/O							-				

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
-	Total pages Schedule F1:	2 FILER NAME 3 F	Filer ID
^			nel 1D
	Sch: 35/35 Rpt: 39/40	Price, Betsy	
4	Date	5 Payee name	
	12/18/2019	WHITE HOUSE GIFTS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$275.34	701 15TH ST. NW	
	Ψ213.34	701 13111 31.1000	
		WASHINGTON, DC 20005	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	1	e of Texas, Complete Schedule T.
	EXPENDITURE		ifficeholder living expense
		CHRISTMAS GIF	TS FOR CONSTITUENTS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
	•		
	Date	Payee name	
	10/18/2019	WOMEN STEERING BUSINESS	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	PO BOX 2223	
	\$2,500.00	PO BOX 2223	
		FORT WORTH, TX 76113	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		e of Texas. Complete Schedule T.
	EXPENDITURE		fficeholder living expense
		MEMBERSHIP D	UES
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Since field
L			
	Date	Payee name	
	12/21/2019	WOMENS POLICY FORUM	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.00	PO BOX 11246	
	#220.00		
		FORT WORTH, TX 76110	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		e of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, o	fficeholder living expense
		MEMBERSHIP D	UES
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
<del> -</del>			

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By Polling Expense Travel in District Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salanes/Wages/Contract Labor OTHER (enter a category not fisted above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: FILER NAME 3 Filer ID Sch: 1/1 Rpt: 40/40 Price, Betsy 4 Date Payee name 07/08/2019 AT&T Payee address; 6 Amount (\$) City; State; Zip Code \$23,32 PO BOX 536216 Reimbursement from political contributions ATLANTA, GA 30353 intended **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** OFFICEHOLDER IPAD DATA PLAN Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/08/2019 FIXTURE-KITCHEN AND SOCIAL LOUNGE Amount (\$) Payee address; City; State; Zip Code \$164.49 401 W MAGNOLIA AVE Reimbursement from political contributions Χ intended FORT WORTH, TX 76104 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** STAFF PLANNING MEETING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH