SCHEDULE A

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 51	1/77 Report: 53/103
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Oliver, James M.	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/20/2011	6 Contributor address; City; State; Zip Code 2600 W 7th Street #2508 Fort Worth, TX 76107		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/24/2011	Contributor address; City; State; Zip Code 6901 Serrano Drive Benbrook, TX 76126-2315		\$100.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/30/2011	Contributor address; City; State; Zip Code 4936 Bryce Avenue Fort Worth, TX 76107		\$50.00	
				(If traval autoida of	Texas, complete Schedule T)
	Principal occup	ration / Job title (See Instructions)	Employer (See In	L`.	Texas, complete scriedule 1/
		,			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/18/2011	Contributor address; City; State; Zip Code P.O. Box 4660 Fort Worth, TX 76164-0650		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/14/2011	Contributor address; City; State; Zip Code P.O. Box 10 De Soto, TX 75123		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		, 55.00

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 52	2/77 Report: 54/103
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Palko, Mary	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/28/2011	6 Contributor address; City; State; Zip Code 2409 Winton Terrace W Fort Worth, TX 76109		\$200.00	<u> </u>
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In		Texas, complete Schedule T)
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/24/2011	Contributor address; City; State; Zip Code 2105 Thornton Road Austin, TX 78704		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/21/2011	Contributor address; City; State; Zip Code 3837 Arundel Avenue Fort Worth, TX 76109		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/04/2011	Contributor address; City; State; Zip Code 1419 Thomas Fort Worth, TX 76107-2431		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/29/2011	Contributor address; City; State; Zip Code 3604 Brighton Road Fort Worth, TX 76109		\$25.00 	
			-	Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

The Instructi	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 53	3/77 Report: 55/103				
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)				
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Patterson, Steve	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)				
03/22/2011	6 Contributor address; City, State; Zip Code 3508 Overton View Court Fort Worth, TX 76109		\$150.00	<u> </u> 				
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	1	f Texas, complete Schedule T)				
Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
03/28/2011	Contributor address; City; State; Zip Code P.O. Box 179 Bloomburg, TX 75556		\$100.00	! ! !				
			(If travel outside of	Texas, complete Schedule T)				
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)					
Date	Full name of contributor	į)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
03/17/2011	Contributor address; City; State; Zip Code 3736 Country Club Circle Fort Worth, TX 76109		\$1,000.00 	 				
			<u> </u>	Texas, complete Schedule T)				
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)					
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
03/15/2011	Contributor address; City; State; Zip Code 9133 Dickson Road Fort Worth, TX 76179		\$1,000.00 	 				
				Texas, complete Schedule T)				
Principal occup	pation / Job title (See Instructions)	Employer (See Inst	tructions)					
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
03/15/2011	Contributor address; City; State; Zip Code 200 Texas Way Fort Worth, TX 76106		\$1,000.00 <mark> </mark> 	I				
			(if travel outside of	Texas, complete Schedule T)				
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst	tructions)					

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The Instruction Guide explains how to complete this form.					1 PAGE # Schedule: 54	4/77 Report: 56/103		
2	FILER NAME	Price, Betsy			3 ACCOUNT # 00000002	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out Pike, Steve	-of-state PAC (ID#	#)	7 Amount of contribution (\$)	8		
	03/17/2011	6 Contributor address; City; S 4001 Hildring Drive W Fort Worth, TX 76109-4719	State; Zîp Code		\$500.00	 		
9	Principal occup	pation / Job title (See Instructions)		10 Employer (See In	<u> </u>	Texas, complete Schedule T)		
	Date	Full name of contributor	-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/23/2011	Contributor address; City; S 6462 Woodstock Road Fort Worth, TX 76116	State; Zip Code		\$250.00	! 		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)		Employer (See In	structions)			
	Date	Full name of contributor ut-	of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/28/2011	Contributor address; City; S 4121 Inwood Road Fort Worth, TX 76109	State; Zip Code	.,	\$200.00	 - -		
	5.				<u> </u>	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)		Employer (See In:	structions)			
	Date	Full name of contributor ut-	-of-state PAC (ID#	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/15/2011	Contributor address; City; S 6613 Augusta Road Fort Worth, TX 76132	State; Zip Code		\$250.00	 		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)		Employer (See In:	structions)			
	Date	Full name of contributor	of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/28/2011	Contributor address: City; S 5429 Northcrest Road Fort Worth, TX 76107	tate; Zip Code		\$50.00	 		
					(If travel outside of	Texas, complete Schedule T)		
	Principal occupa	ation / Job title (See Instructions)		Employer (See Ins	structions)			

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	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE#					
H					5/77 Report: 57/103				
2	FILER NAME	Price, Betsy		3 ACCOUNT#	(Ethics Commission filers)				
ļ.				00000002	1 -				
4	Date	5 Full name of contributor ut-of-state PAC (ID: Prillman, John	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)				
_	03/28/2011	6 Contributor address; City; State; Zip Code		\$25.00					
	00/20/2011	8532 Majestic Ridge El Paso, TX 79912		Ψ23.00	1				
L				<u> </u>	f Texas, complete Schedule T)				
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)					
	Date	Full name of contributor	#)	Amount of	In-kind contribution				
		Primeaux, Nancy R.		contribution (\$)	description (if applicable)				
	03/24/2011	Contributor address; City; State; Zip Code 9028 Green Oaks Circle		\$150.00	 				
		Dallas, TX 75243			1				
				(If travel outside of	Texas, complete Schedule T)				
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)					
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	03/22/2011	Contributor address; City; State; Zip Code 2805 River Forest Drive		\$250.00] 				
		Fort Worth, TX 76116			l				
				(If travel outside of	Texas, complete Schedule T)				
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)					
	Date	Full name of contributor 🔲 out-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution				
		Prince, Cynthia		contribution (\$)	description (if applicable)				
	03/28/2011	Contributor address; City; State; Zip Code 4309 Woodwick Court Fort Worth, TX 76109		\$250.00	! 				
				(If travel outside of	Texas, complete Schedule T)				
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		Texas, complete ochedule 1)				
			· · · · · · · · · · · · · · · · · · ·						
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	03/25/2011	Contributor address; City; State; Zip Code 201 Main Street, Suite 2500 Fort Worth, TX 76102		\$3,062.50					
				(If travel outside of	Texas, complete Schedule T)				
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)					

	The Instruction	ON GUIDE explains how to complete this form.	, ,,,,	1 PAGE #				
-	FILED MAME	Drice Date:			6/77 Report: 58/103			
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)			
4	Date	5 Full name of contributor ut-of-state PAC (ID	#)	7 Amount of	8 In-kind contribution			
		Puente, Alice J.		contribution (\$)	description (if applicable)			
	03/14/2011	6 Contributor address; City; State; Zip Code		\$2,500.00	1			
	00/14/2011	3824 Bellaire Circle		\$2,500.00	1			
		Fort Worth, TX 76109			1			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)				
	Date	Full name of contributor ut-of-state PAC (ID:	#)	Amount of	In-kind contribution			
		Purvis, Patricia		contribution (\$)	description (if applicable)			
	03/21/2011	Contributor address; City; State; Zip Code		\$100.00	I			
	03/21/2011	4121 Rowan Drive		\$100.00	1			
		Fort Worth, TX 76116						
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor 🔲 out-of-state PAC (ID:	¥)	Amount of	In-kind contribution			
		Purvis, Tom E.		contribution (\$)	description (if applicable)			
	03/22/2011	Contributor address; City; State; Zip Code		#250.00				
	03/22/2011	5301 Byers Avenue		\$250.00				
		Fort Worth, TX 76107						
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution			
		Radler, Geoffrey C.		contribution (\$)	description (if applicable)			
	03/28/2011	Contributor address; City; State; Zip Code		\$500.00				
	03/20/2011	3701 Monticello Drive		\$300.00				
		Fort Worth, TX 76107						
				(If travel outside of	Texas, complete Schedule T)			
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)				
	Date	Full name of contributor ut-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution			
		Ray, Breck			description (if applicable)			
	03/14/2011	Contributor address; City: State: Zip Code		\$100.00 ₁				
	00/14/2011	1401 Thomas Place		\$100.00				
		Fort Worth, TX 76107		ı				
				(If travel outside of	Texas, complete Schedule T)			
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)				

The Ins	TRUCTION GUIDE explains how to complete this form.		1 PAGE#	=/== D 50/400			
2 FILER N	AME Price, Betsy		3 ACCOUNT # 00000002	7/77 Report: 59/103 (Ethics Commission filers)			
4 Date	5 Full name of contributor uut-of-state PAC (III Rayburn, Kevin	D#)	7 Amount of contribution (\$)	8			
03/24/2	011 6 Contributor address; City; State; Zip Code 3209 Spanish Oaks Drive Fort Worth, TX 76109-2056		\$25.00	1 1 1			
9 Principal	occupation / Job title (See Instructions)	40 Employer (See I		f Texas, complete Schedule T)			
3 Triticipal	occupation 7 500 title (See Instructions)	10 Employer (See I	nstructions)				
Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
03/14/2	O11 Contributor address; City; State; Zip Code 7204 Forestwind Court Arlington, TX 76001		\$100.00	 			
			(If travel outside of	Texas, complete Schedule T)			
Principal	occupation / Job title (See Instructions)	Employer (See Ir	nstructions)				
	_						
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
03/14/20	O11 Contributor address; City; State; Zip Code 1017 S. FM Road 5 Aledo, TX 76008		\$500.00	 			
			(If travel outside of	Texas, complete Schedule T)			
Principal	occupation / Job title (See Instructions)	Employer (See In	estructions)	· · · · · · · · · · · · · · · · · · ·			
Date	Full name of contributor ut-of-state PAC (ID	#)	Amount of	In-kind contribution			
	Renfro Borbolla, Becky	,	contribution (\$)	description (if applicable)			
03/24/20	Ontributor address; City; State; Zip Code P.O. Box 2223 Fort Worth, TX 76113		\$250.00	 			
			(If travel outside of	Texas, complete Schedule T)			
Principal o	occupation / Job title (See Instructions)	Employer (See In	structions)				
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
03/17/20	11 Contributor address; City; State: Zip Code 8003 Turkey Trail Fort Worth, TX 76126-6101		\$500.00 				
			(If travel outside of	Texas, complete Schedule T)			
Principal o	occupation / Job title (See Instructions)	Employer (See Ins	structions)				
		<u> </u>					

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#		
				Schedule: 58	3/77 Report: 60/103	
2	FILER NAME	Price, Betsy		3 ACCOUNT#	(Ethics Commission filers)	
<u></u>			· · · · · · · · · · · · · · · · · · ·	00000002		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Riley, Robert P.	#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)	
	2010110011			2000.00		
	03/24/2011	6 Contributor address; City; State; Zip Code 4117 Walnut Creek Court Fort Worth, TX 76137		\$200.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	nstructions)		
	Date	Full name of contributor	*)	Amount of	In-kind contribution	
		Rimmer, Roy T.		contribution (\$)	description (if applicable)	
	03/22/2011	Contributor address; City; State; Zip Code 14531 Highway 377 S Fort Worth, TX 76126		\$2,500.00	1	
İ		Total Taranza		-	·	
				<u> 1 ' </u>	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)		
	Date	Full name of contributor 🔲 out-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution	
		Ritchey, Rebecca		contribution (\$)	description (if applicable)	
	03/17/2011	Contributor address; City; State; Zip Code 3164 Westcliff Road W Fort Worth, TX 76109		\$75.00	 - 	
				(If travel outside of	Texas, complete Schedule T)	
_	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
-	Date	Full name of contributor ut-of-state PAC (ID#	·)	Amount of	In-kind contribution	
i		Roach, Allison E.		contribution (\$)	description (if applicable)	
	03/29/2011	Contributor address; City; State; Zip Code		\$100.00	! !	
		5000 NE 28th Street Haltom City, TX 76117-4458			I I	
		•			' 	
	Principal accur	ation / Job title (See Instructions)	Employer (See In:	<u> </u>	Texas, complete Schedule T)	
	-ппстраг оссир	ation / Job title (See instructions)	Employer (See in:	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/14/2011	Contributor address; City; State; Zip Code		\$1,000.00		
		2805 Alton Road Fort Worth, TX 76109	i	+ 1,233.00		
	j	. 5			<u> </u>	
L .				·	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		

The Nextractrone Guine explains how to complete this form. 1 PAGE 8 Schedule: 59/77 Report: 81/103 Schedule: 59/77 Report:		THAN PLEDGES ON LOAI			
### Price Betsy ### Price Betsy ### Date ##	The Instruction	ION GUIDE explains how to complete this form.			9/77 Report: 61/103
Roark, Linda Contribution (\$) description (if applicable)	2 FILER NAME	Price, Betsy		3 ACCOUNT#	
Second North North	4 Date		#)		
Principal occupation / Job title (See Instructions) Date	03/17/2011	6209 Kenwick Avenue		\$100.00	<u> </u>
Date Full name of contributor out-of-state PAC (ID#) Amount of In-kind contribution (if applicable) O3/21/2011 Contributor address; City: State; Zip Code \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of In-kind contribution (if applicable) O3/17/2011 Contributor address; City: State; Zip Code S50.00 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of In-kind contribution (if applicable) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Roberts, Everett A Contributor out-of-state PAC (ID#) Amount of In-kind contribution (if applicable) O3/17/2011 Contributor address; City: State; Zip Code \$100.00 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of In-kind contribution (if applicable) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of In-kind contribution (if applicable) O3/19/2011 Contributor address: City: State: Zip Code S100.00 S100.00 S100.00 S100.00 O3/19/2011 Contributor address: City: State: Zip Code S100.00					Texas, complete Schedule T)
Robbins, Frankie	9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	istructions)	
212 Copperwood Drive Lakeside, TX 76108 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#	Date		<i>‡</i>)		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Robbins, Pamela Contribution address: 6144 Plum Valley Place Fort Worth, TX 76116 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Ontribution (S) In-kind contribution (ff applicable) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Ontribution (S) In-kind contribution (ff applicable) O3/17/2011 Contributor address; City: State; Zip Code \$100.00 [If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) O3/19/2011 Contributor address: City: State: Zip Code Supply (If travel outside of Texas, complete Schedule T) Ontribution (S) Ontribution (03/21/2011	212 Copperwood Drive		\$100.00	
Date Full name of contributor Contributor Robbins, Pamela City: State: Zip Code \$50.00 In-kind contribution (\$) In-			!	(If travel outside of	Texas, complete Schedule T)
Robbins, Pamela Contributor (if applicable) Contributor address; 6144 Plum Valley Place Fort Worth, TX 76116 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Roberts, Everett A. Contributor address; 4804 Boulder Run Fort Worth, TX 76109 City: State; Zip Code \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) In-kind contribution (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) (If travel outside of Texas, complete Schedule T) O3/19/2011 Contributor address: City: State: Zip Code \$100.00 Full name of contributor contribution contribution (if applicable) Contributor address: City: State: Zip Code \$100.00 Contributor (if applicable) (If travel outside of Texas, complete Schedule T)	Principal occup	pation / Job title (See Instructions)	Employer (See In:	<u></u>	·
Contributor address: City: State; Zip Code State	Date	,	t)		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) In-kind contribution (fi applicable) O3/17/2011 Contributor address; City; State; Zip Code 4804 Boulder Run Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) (If travel outside of Texas, complete Schedule T) Date Full name of contributor contributor Robertson, Kathy O3/19/2011 Contributor address: City: State: Zip Code south of contribution (\$) In-kind contribution description (if applicable) O3/19/2011 Contributor address: City: State: Zip Code south of contribution (\$) In-kind contrib	6144 Plum Valley Place			\$50.00 	
Date Full name of contributor Roberts, Everett A. City: State: Zip Code 4804 Boulder Run Fort Worth, TX 76109 Date Full name of contributor address; City: State: Zip Code 4804 Boulder Run Fort Worth, TX 76109 Employer (See Instructions) Employer (See Instructions) Date Full name of contributor contributor Robertson, Kathy Contributor address: City: State: Zip Code 48100.00 Date Full name of contributor contributor Contributor Robertson, Kathy Contributor address: City: State: Zip Code 3900 White Settlement Road. #96 Fort Worth. TX 76107 (If travel outside of Texas, complete Schedule T) (If travel outside of Texas, complete Schedule T)				l.`.	Texas, complete Schedule T)
Roberts, Everett A. Contribution (\$) description (if applicable) Contributor address; City; State; Zip Code	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
4804 Boulder Run Fort Worth, TX 76109 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Robertson, Kathy Contributor address; City: State: Zip Code 3900 White Settlement Road. #96 Fort Worth, TX 76107 (If travel outside of Texas, complete Schedule T) (If travel outside of Texas, complete Schedule T)	Date	, _)		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Robertson, Kathy O3/19/2011 Contributor address; City; State: Zip Code 3900 White Settlement Road. #96 Fort Worth, TX 76107 (If travel outside of Texas, complete Schedule T)	03/17/2011	4804 Boulder Run		\$100.00 	_
Date Full name of contributor Out-of-state PAC (ID# Ontribution Contribution Contribution (\$) In-kind contribution description (if applicable) 03/19/2011 Contributor address; City; State: Zip Code 3900 White Settlement Road. #96 Fort Worth, TX 76107 (If travel outside of Texas, complete Schedule T)	=			<u> </u>	Texas, complete Schedule T)
Robertson, Kathy Contribution (\$) description (if applicable) Contributor address: City: State: Zip Code	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
3900 White Settlement Road. #96 Fort Worth, TX 76107 (If travel outside of Texas, complete Schedule T)	Date	· -)		
	03/19/2011	3900 White Settlement Road, #96		\$100.00 	
		1]	(If travel outside of 7	Texas, complete Schedule T)
•	Principal occup	ation / Job title (See Instructions)	Employer (See Ins		

POLITICAL CONTRIBUTIONS

OTHER	R THAN PLEDGES OR LOA	N5		
The Instruct	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 60	0/77 Report: 62/103
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Rodman, Lance	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/21/2011	6 Contributor address; City; State; Zip Code 2206 Wood Cliff Road Arlington, TX 76012	• • • • • • • • • • • • • • • • • • • •	\$75.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See li	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#Rodriguez, Angela R.	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2011	Contributor address; City; State; Zip Code 3005 Bellaire Ranch Drive #1726 Fort Worth, TX 76109		\$25.00	 -
Deinsing coour				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID# Rowe, Susan	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2011	Contributor address; City; State; Zip Code 2201 Hillcrest Street Fort Worth, TX 76107		\$25.00	
			(If travel outside of 7	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	istructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2011	Contributor address; City; State; Zip Code 3113 Woodlark Drive Fort Worth, TX 76123		\$100.00 	
Principal occup:	ation / Job title (See Instructions)	Free leves (Capilla	L	exas, complete Schedule T)
1 Hroipai Goodpe	ation / 300 title (366 tribitactions)	Employer (See In:	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Royer, JoAnn H.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/17/2011	Contributor address; City; State; Zip Code 6412 Rosemont Avenue Fort Worth, TX 76116		\$250.00 	
			(If travel outside of Te	exas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

P.O.Box 12070

SCHEDULE A

(512)463-5800

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 6	1/77 Report: 63/103				
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)				
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#Rozier, Richard F.	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)				
03/14/2011	6 Contributor address; City; State; Zip Code 209 E. Main Street Waxahachie, TX 76165		\$150.00	<u> </u> 				
			<u> </u>	Texas, complete Schedule T)				
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)					
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)				
03/21/2011	Contributor address; City; State; Zip Code 7413 Windswept Trail Colleyville, TX 76034		\$50.00	! 				
	·		(If travel outside of	Texas, complete Schedule T)				
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)					
Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
03/21/2011	Contributor address; City; State; Zip Code 4300 Aledo Oaks Court Fort Worth, TX 76126		\$250.00	 				
			(If travel outside of	Texas, complete Schedule T)				
Principal occup	pation / Job title (See In s tructions)	Employer (See In:	structions)					
Date	Full name of contributor	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
03/30/2011	Contributor address; City; State; Zip Code 505 Ocean Drive Rockport, TX 78382		\$1,000.00	 				
			(If travel outside of	Texas, complete Schedule T)				
Principal occup	pation / Job title (See Instructions)	Employer (See Ins						
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
03/18/2011	Contributor address; City; State; Zip Code 3164 Westcliff Road W Fort Worth, TX 76109-2128		\$100.00	 				
				Texas, complete Schedule T)				
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)					

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	The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 62	2/77 Report: 64/103
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID Sandstrom, Jean T.)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/21/2011	6 Contributor address; City; State; Zip Code 3413 Autumn Court Fort Worth, TX 76109-2606		\$25.00	<u> </u>
L				(If travel outside of	Texas, complete Schedule T)
9	Principal occu	pation / Job title (See Instructions)	10 Employer (See II	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/21/2011	Contributor address; City; State; Zip Code 1313 Washington Terrace Fort Worth, TX 76107		\$500.00	1
					·
-	Principal occur	Dation / Job title (See Instructions)	Employer (See Ir		Texas, complete Schedule T)
	Date	Full name of contributor uut-of-state PAC (ID: Schell, James W.	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/28/2011	Contributor address; City; State; Zip Code 901 Fort Worth Club Building Fort Worth, TX 76102		\$500.00	
	Oringinal again	l		1	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	estructions)	
	Date	Full name of contributor ut-of-state PAC (ID: Schmid, Claire C.	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/24/2011	Contributor address; City; State; Zip Code 3609 Ledgeview Court Fort Worth, TX 76109		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/24/2011	Contributor address: City; State: Zip Code 3609 Watonga Street Fort Worth, TX 76107-3347		 \$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

<u> </u>					
	The Instruction	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 63	3/77 Report: 65/103
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor uut-of-state PAC (IDa Seiber, Sherri	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/28/2011	6 Contributor address; City; State; Zip Code 3405 Clear Fork Trail Fort Worth, TX 76109		\$500.00	<u> </u>
 -			!	(If travel outside of	f Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/14/2011	Contributor address; City; State; Zip Code 3450 Lantern Hollow Street Fort Worth, TX 76109-2411		\$500.00	
			1	(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
!	03/24/2011	Contributor address; City; State; Zip Code 1355 Mistletoe Drive Fort Worth, TX 76110		\$25.00	
		1		(If travel outside of	Texas, complete Schedule T)
	Principal occup	Dation / Job title (See Instructions)	Employer (See Ins	1	, <u> </u>
			1		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
(03/29/2011	Contributor address; City; State; Zip Code P.O. Box 126404 Benbrook, TX 76126		\$50.00 	
	<u> </u>	T			Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	itructions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
(03/24/2011	Contributor address; City; State; Zip Code 645 Shady Bridge Lane Keller, TX 76248		\$25.00 <mark> </mark> I	
				(If travel outside of 7	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Inst	tructions)	

P.O.Box 12070

SCHEDULE A

(512)463-5800

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 64	4/77 Report: 66/103			
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Sikes, Stephen	#)	7 Amount of contribution (\$)	8			
	03/24/2011	6 Contributor address; City; State; Zip Code 3908 Westcliff Road S Fort Worth, TX 76109		\$600.00	T-posts for signs			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup	nation / Job title (See Instructions)	10 Employer (See In	structions)				
	Date	Full name of contributor	<u>#</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	03/29/2011	Contributor address; City; State; Zip Code 3908 Westcliff Road S Fort Worth, TX 76109		\$500.00	! 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	02/17/2011	Contributor address; City; State; Zip Code 1909 Country Manor Road Fort Worth, TX 76134-3503		\$100.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	03/29/2011	Contributor address; City; State; Zip Code 1609 Cheek Sparger Road Colleyville, TX 76034		\$100.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	03/29/2011	Contributor address; City; State; Zip Code 8000 Lowery Road Fort Worth, TX 76120		\$100.00	 			
			i	(If travel outside of	Texas, complete Schedule T)			
_	Principal occupa	ation / Job title (See Instructions)	Employer (See In:					

Texas Ethics Commission

SCHEDULE A

_	The Instruction	N GUIDE explains how to complete this form.		1 PAGE # Schedule: 65	/77 Report: 67/103			
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Smith, Jake W.	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	03/24/2011	6 Contributor address; City; State; Zip Code 1111 Calais Drive Southlake, TX 76092-8852		\$100.00	Texas, complete Schedule T)			
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	03/29/2011	Contributor address; City; State; Zip Code 8000 Lowery Road Fort Worth, TX 76120		\$100.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	03/29/2011	Contributor address; City; State; Zip Code 7 Bankhead Cove Aledo, TX 76008		\$1,000.00	 - -			
					Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	03/25/2011	Contributor address; City; State; Zip Code 150 Boland Street, #603 Fort Worth, TX 76107		\$250.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	03/22/2011	Contributor address; City: State; Zip Code 6808 Trinity Landing Drive N Fort Worth, TX 76132		\$250.00	! ! !			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				

Austin, Texas 78711-2070

	The Instruction	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 66	6/77 Report: 68/103	
2	FILER NAME	Price, Betsy			3 ACCOUNT # 00000002	(Ethics Commission filers)	
4	Date	5 Full name of contributor Snyder, John C.	out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8	
	03/28/2011	6 Contributor address; 201 Main Street, Suite 1450 Fort Worth, TX 76102	City; State; Zip Code		\$1,000.00		
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In			
	Date	Full name of contributor Sparks, Steven	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/24/2011	Contributor address; 6933 Canyon Springs Road Fort Worth, TX 76132	City; State; Zip Code		\$100.00	 	
					(If travel outside of	f Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)		
	Date	Full name of contributor Spencer, Tom	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	02/17/2011	Contributor address; 3304 Bellaire Park Court Fort Worth, TX 76109	City; State; Zip Code		\$1,000.00	 	
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In			
	Date	Full name of contributor Starns, W.C. (Bill)	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/28/2011	Contributor address; 4516 Hillside Drive Arlington, TX 76013	City; State; Zip Code		\$300.00	 	
			****	· · · · · · · · · · · · · · · · · · ·	<u> </u>	f Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)		
	Date	Full name of contributor Starr, Dorothy	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/29/2011	Contributor address; 3709 Park Ridge Boulevard Fort Worth, TX 76109	City; State; Zip Code		\$100.00	 	
L					<u> </u>	f Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)		

POLITICAL CONTRIBUTIONS

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	OTHER	THAN PLEDGES OR LOA	N2		
	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 67	7/77 Report: 69/103
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID Stevenson, Ruth Carter	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
C) 3/17/2011	6 Contributor address; City; State; Zip Code 1200 Broad Avenue Fort Worth, TX 76107		\$100.00	<u> </u>
			Γ	<u> </u>	Texas, complete Schedule T)
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See Ir	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
0	3/14/2011	Contributor address; City; State; Zip Code 1817 Ridgmar Boulevard Fort Worth, TX 76116-2018		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
F	Principal occup	l ation / Job title (See Instructions)	Employer (See In	1	rexas, complete conedate 17
	Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of	In-kind contribution
		Stewart, Melissa	,	contribution (\$)	description (if applicable)
0	3/24/2011	Contributor address; City; State; Zip Code 6051 N Main Street Fort Worth, TX 76179-2406		\$250.00 	
				(If travel outside of	Texas, complete Schedule T)
F	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
0:	3/28/2011	Contributor address; City; State; Zip Code 5416 Northcrest Road Fort Worth, TX 76107		\$50.00 	
				•	Texas, complete Schedule T)
F	rincipal occupa	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03	3/24/2011	Contributor address; City: State; Zip Code 2805 Heritage Hills Court Fort Worth, TX 76109		\$500.00 <mark> </mark> 	
				(If travel outside of 1	exas, complete Schedule T)
Р	rincipal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 68	3/77 Report: 70/103		
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)		
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Strange, Cheryl B.	*)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/17/2011	6 Contributor address; City; State; Zip Code 4613 Westlake Drive Fort Worth, TX 76132		\$40.00			
			1. `	Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/25/2011	Contributor address; City; State; Zip Code 4619 Crestline Road Fort Worth, TX 76107		\$500.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor	<u>'</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/21/2011	Contributor address; City; State; Zip Code 510 Villa Crossing Southlake, TX 76092		\$150.00	 		
			<u>'</u>	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
04/01/2011	Contributor address; City; State; Zip Code 3736 Clarke Avenue Fort Worth, TX 76107		\$50.00	 		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
03/17/2011	Contributor address; City: State; Zip Code 3200 Westcliff Road W Fort Worth, TX 76109		\$100.00 			
			(If travel outside of	Texas, complete Schedule T)		
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)			

SCHEDULE A

(512)463-5800

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 69	9/77 Report: 71/103
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID≠ Taylor, Mary A.	<u> </u>	7 Amount of contribution (\$)	8
	03/24/2011	6 Contributor address; City; State; Zip Code 3628 Potomac Avenue Fort Worth, TX 76107		\$50.00	<u> </u>
				L.'	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/21/2011	Contributor address; City; State; Zip Code 4201 Galway Avenue Fort Worth, TX 76109		\$75.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/25/2011	Contributor address; City; State; Zip Code 801 Cherry Street, Suite 1500 Fort Worth, TX 76102-6881		\$3,875.00	 - -
			F		Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Thomas, Margaret L.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/17/2011	Contributor address; City; State; Zip Code 5005 Cockrell Avenue Fort Worth, TX 76133		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/17/2011	Contributor address; City: State: Zip Code 3716 Lynncrest Drive Fort Worth, TX 76109-1254		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	

P.O.Box 12070

	The Instruction	N GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 70	/77 Report: 72/103
2	FILER NAME	Price, Betsy			3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor Thomason, Terry	out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/21/2011	6 Contributor address; 1806 Mid Pines Court Arlington, TX 76012	City; State; Zip Code		\$100.00	 Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In		
_=	Date	Full name of contributor Tilley, Rice M. Jr.	out-of-state PAC (ID#	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/22/2011	Contributor address; 9975 Boat Club Road Fort Worth, TX 76179	City; State; Zip Code		\$250.00	1
					(If travel outside of	Texas, complete Schedule T)
<u> </u>	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Tinsley, John	out-of-state PAC (ID	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/27/2011	Contributor address; 6713 Brants Lane Fort Worth, TX 76116	City; State; Zip Code		\$100.00	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructio	ns)	Employer (See Ir	<u> 1 </u>	
	Date	Full name of contributor Tolles, Phyllis K.	out-of-state PAC (ID:	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/23/2011	Contributor address; 6908 Winchester Place Fort Worth, TX 76133-6125	City; State; Zip Code		\$50.00	!
				Employer (See It	<u> </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructio	ns)	Employer (See In	isu ucuona)	
	Date	Full name of contributor Traver, Kristina K.	out-of-state PAC (ID	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/25/2011	Contributor address; 4141 Shannon Drive Fort Worth, TX 76116	City; State; Zip Code		\$25.00	
					<u> </u>	Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructio	ns)	Employer (See In	nstructions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 71	1/77 Report: 73/103
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Trew, Joan T.	¥)	7 Amount of contribution (\$)	8
	03/14/2011	6 Contributor address; City; State; Zip Code 2821 S Hulen Street Fort Worth, TX 76109		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	<u> </u>	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/24/2011	Contributor address; City; State; Zip Code 2412 Colonial Parkway Fort Worth, TX 76109-1031		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Tucker, Barton H.	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/21/2011	Contributor address; City; State; Zip Code 3737 Arroyo Road Fort Worth, TX 76109		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/21/2011	Contributor address; City; State; Zip Code 2337 Colonial Parkway Fort Worth, TX 76109		\$200.00	
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/26/2011	Contributor address; City; State; Zip Code 2717 Colonial Parkway Fort Worth, TX 76109		\$1,000.00	
			ļ	(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 72	/77 Report: 74/103				
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)				
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Ulrickson Allen, Brooke	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)				
03/24/2011	6 Contributor address; Clty; State; Zip Code 4013 Ridglea Country Club Drive Fort Worth, TX 76126-2313		\$50.00					
	Fort Worth, 1X 76126-2313		(If travel outside of	Texas, complete Schedule T)				
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)					
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)				
03/24/2011	Contributor address; City; State; Zip Code 3101 Westridge Avenue Fort Worth, TX 76116-4615		\$500.00	 				
			(If travel outside of	Texas, complete Schedule T)				
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)					
Date	Full name of contributor ut-of-state PAC (ID# Vinson, Vicki	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
03/23/2011	Contributor address; City; State; Zip Code 2331 Colonial Parkway		\$500.00	 				
	Fort Worth, TX 76109		(If travel outside of	Texas, complete Schedule T)				
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)					
Date	Full name of contributor	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)				
03/24/2011	Contributor address; City; State; Zip Code P.O. Box 101541 Fort Worth, TX 76185-1541		\$25.00	 				
			(If travel outside of	Texas, complete Schedule T)				
Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)					
Date	Full name of contributor ☐ out-of-state PAC (ID# Vogel, Carlela K.	<u></u> ;)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
03/24/2011	Contributor address: City; State: Zip Code 901 Old Gate Road Fort Worth, TX 76108		\$25.00	 				
			(If travel outside of	Texas, complete Schedule T)				
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)					

The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 73	3/77 Report: 75/103	
2	FILER NAME	Price, Betsy			3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-Walker, Richard	state PAC (ID#	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	-03/28/2011	6 Contributor address; City; Stat 1339 Province Lane Southlake, TX 76092	e; Zip Code		\$200.00	
	,				<u> </u>	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)		10 Employer (See In	structions)	
	Date	Full name of contributor	state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/27/2011	Contributor address; City; Stat 6516 Shoal Creek Fort Worth, TX 76132	e; Zip Code		\$250.00	
		·			(If troval autoide of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In	<u> </u>	Texas, complete schedule 1)
		,		p, (++++		
	Date	Full name of contributor	state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/30/2011	Contributor address; City; State 4620 Barwick Drive Fort Worth, TX 76132	e; Zip Code		\$25.00	
					,	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)		Employer (See In:	structions)	
	Date	Full name of contributor	state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/21/2011	Contributor address; City; State 5916 Ed Goudy Road Fort Worth, TX 76134	e; Zip Code		\$400.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date	Full name of contributor	state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/29/2011	Contributor address; City; State 1716 Martinique Court Arlington, TX 76012	e; Zip Code		\$50.00 	
			· -		(If travel outside of	Texas, complete Schedule T)
	Principal occupa	tion / Job title (See Instructions)		Employer (See Ins	structions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE#	4/77 Report: 76/103	
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)	
4 Date	5 Full name of contributor ut-of-state PAC (ID White, Ronny B.	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
03/26/2011	6 Contributor address; City; State; Zip Code 3804 Hamilton Avenue Fort Worth, TX 76107-1708		\$100.00	Texas, complete Schedule T)	
9 Principal occu	Dation / Job title (See Instructions)	10 Employer (See Ir		Texas, complete schedule 1)	
	,		,		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/23/2011	Contributor address; City; State; Zip Code 4720 Westlake Drive Fort Worth, TX 76132		\$25.00	1 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
02/24/2011	Contributor address; City; State; Zip Code 3500 Lenox Drive Fort Worth, TX 76107		\$500.00	 	
	Tot Worth, 12 70107		(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/21/2011	Contributor address; City; State; Zip Code 3500 Lenox Drive Fort Worth, TX 76107		\$500.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/29/2011	Contributor address; City; State; Zip Code 6925 Mary Hill Road Fort Worth, TX 76140		\$25.00		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		

P.O.Box 12070

SCHEDULE A

(512)463-5800

The Insti	RUCTION GUIDE explains how to complete this form.		1 PAGE# Schedule: 75	5/77 Report: 77/103	
2 FILER NA	ME Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID: Williams, David A.	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
03/30/20	111 6 Contributor address; City; State; Zip Code 3616 Bellaire Drive N Fort Worth, TX 76109		\$25.00	Texas, complete Schedule T)	
9 Principal o	occupation / Job title (See Instructions)	10 Employer (See In			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/02/20	11 Contributor address; City; State; Zip Code P.O. Box 1382 Fort Worth, TX 76101		\$1,000.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal o	occupation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/21/20	11 Contributor address; City; State; Zip Code 2405 Warner Road Fort Worth, TX 76110-1756		\$25.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal o	occupation / Job title (See Instructions)	Employer (See In	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/17/20	Contributor address; City; State; Zip Code 2424 Colonial Pkwy Fort Worth, TX 76109-1031		\$250.00	 - 	
			(If travel outside of	Texas, complete Schedule T)	
Principal o	ccupation / Job title (See Instructions)	Employer (See In:	structions)		
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/30/20	Contributor address; City; State; Zip Code 3991 W Vickery Boulevard Fort Worth, TX 75107		\$200.00	 	
			<u> </u>	Texas, complete Schedule T)	
Principal o	ccupation / Job title (See Instructions)	Employer (See Ins	structions)		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

TDD 1-800-735-2989

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 76	6/77 Report: 78/103	
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Wolfe, Shane	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
03/2 <mark>9/20</mark> 11	6 Contributor address; City; State; Zip Gode- 3117 Alta Mere Drive Fort Worth, TX 76116		\$100.00	 	
			(If travel outside of	Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
Date	Full name of contributor ☐ out-of-state PAC (ID# Wolfe, Shawn	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/29/2011	Contributor address; City; State; Zip Code 3117 Alta Mere Drive Fort Worth, TX 76116		\$100.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	Dation / Job title (See Instructions)	Employer (See In:	·		
Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/30/2011	Contributor address; City; State; Zip Code 4800 Overton Hollow Street Fort Worth, TX 76109		\$100.00	† 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/17/2011	Contributor address; City; State; Zip Code 600 Shetland Drive Colleyville, TX 76034		\$100.00	 	
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/17/2011	Contributor address; City; State; Zip Code 6713 Telephone Road Fort Worth, TX 76135		\$100.00 		
			(If travel outside of	Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		

POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 77	7/77 Report: 79/103	
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Wright, Patricia)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	03/24/2011	6 Contributor address; City; State; Zip Code 2324 Rogers Avenue Fort Worth, TX 76109		\$500.00	<u> </u>	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/28/2011	Contributor address; City; State; Zip Code 4901 Ranch View Road Fort Worth, TX 76109		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/28/2011	Contributor address; City; State; Zip Code 1471 Creekview Court Fort Worth, TX 76112		\$25.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		

SCHEDULE F

EXPENDITURE CATEGORIES

Official Process

Solario Magazi Control Le

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

	The Instruction Guide explains how		a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 1/23 F			00000002
4 Date	5 Payee name		
03/28/2011	A Wish With Wings, Inc.		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$200.00	917 West Sanford Arlington, TX 76012		
	Annigion, 17 70012		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Contributions/Donations Made By	Donation	
EXPENDITURE	Candidate/Officeholder/Political Committee		
6 Committee 6 W W W	Condidate (Office balders	0#*********	000
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
03/10/2011	ADP Media Group		· - <u>-</u>
Amount (\$)	Payee address City; State; Zip Code		
\$607.97	7700 B Camp Bowie W Fort Worth, TX 76116		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	Stationery	_
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Candidate / Chicerolder Hame	Office sought.	Office field.
to benefit C/OH			
Date	Payee name		
03/12/2011	Allyn Media		
Amount (\$)	Payee address City; State; Zip Code		
\$1,602.10	3232 McKinney Avenue, Suite 660 Dallas, TX 75204		
BUBBOOS	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	Print Material	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Curio Gales / Cinocito Gales / Tarrio	Omec 30dgric.	Office field.
to benefit C/OH			
Date 03/12/2011	Payee name Allyn Media		
Amount (\$)	Payee address City; State; Zip Code		
\$11,800.00	3232 McKinney Avenue, Suite 660		
\$11,000.00	Dallas, TX 75204		
PURPOSE	Category (See Categories listed at the top of this schedule)	•	f Texas, complete Schedule T)
OF	Polling Expense	Survey	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH	· · · ·	- ··· ~g ·····	
.0 00um 0.011			

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

Office Overhead/Rental Expense

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

The Instruction Guide explains how to complete this form. PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 2/23 Report: 82/103 00000002 4 Date 5 Payee name 03/12/2011 Allyn Media 6 Amount (\$) Payee address City; State; Zip Code 3232 McKinney Avenue, Suite 660 \$8,833.20 Dallas, TX 75204 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Yard Signs OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/12/2011 Allyn Media Amount (\$) Payee address City; State: Zip Code 3232 McKinney Avenue, Suite 660 \$8,000.00 Dallas, TX 75204 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Consulting OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Allyn Media 03/28/2011 Amount (\$) Payee address City; State; Zip Code 3232 McKinney Avenue, Suite 660 \$19,209.01 Dallas, TX 75204 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense Website, Pushcards And Brochures OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/04/2011 AT&T Amount (\$) Payee address City; State; Zip Code 2834 S Hulen \$231.68 Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Telephone **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

EXPENDITURE CATEGORIES

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

Event Expense Fees	Polling Expense Travel Out Of Distr Printing Expense Office Overhead/R	tental Expense OTHER (ente	r a category not listed above)
	The Instruction Guide explains how	to complete this form.	
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 3/23 F			00000002
4 Date	5 Payee name		
03/15/2011	Big Brothers Big Sisters		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$200.00	450 E John Carpenter Fwy Irving, TX 75062		
	11 villig, 172 70002		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
8 PURPOSE	Contributions/Donations Made By	Donation	
OF EXPENDITURE	Candidate/Officeholder/Political Committee		
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
	Payee name		
Date 03/19/2011	Cass, Wendel (Rev.)		
Amount (\$)	Payee address City; State; Zip Code		
	1 0.00 0.1		
\$400.00	Fort Worth, TX 76119		
	Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	signs (Expense for loan r	nade by Tom Price)
EXPENDITURE			
	0 111 1 20% 111	Office sought:	Office held:
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought.	Office field.
to benefit C/OH			
Date	Payee name		
03/25/2011	Cass, Wendel (Rev.)		
Amount (\$)	Payee address City; State; Zip Code		
\$240.00	2129 Ridgeview St		
	Fort Worth, TX 76119		
		Description (Manage outside	e of Texas, complete Schedule T)
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside signs (Expense for loan r	
OF	Salaries/Wages/Contract Labor	Signs (Expense is isan	,
EXPENDITURE		i	
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name Cass, Wendel (Rev.)		
03/26/2011 Amount (\$)	Payee address City; State; Zip Code		
i .	2129 Ridgeview St		
\$200.00	Fort Worth, TX 76119		
	Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	signs (Expense for loan r	nade by Tom Price)
OF EXPENDITURE			
		1	O# hald
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			

SCHEDULE F

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

EXPENDITURE CATEGORIES

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

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category rot listed above)

1 003	The Instruction Guide explains ho	d/Rental Expense OTHER (er ow to complete this form.	nter a category not listed above)
1 PAGE#	2 FILER NAME	The complete the comment	3 ACCOUNT# (TEC filers
Schedule: 4/23	Report: 84/103 Price, Betsy		00000002
4 Date	5 Payee name		1 000000
04/02/2011	Cass, Wendel (Rev.)		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$250.00) 2129 Ridgeview St Fort Worth, TX 76119		
	1 010 10101		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outsi	ide of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wages/Contract Labor	Signs (Expense for loar	
EXPENDITURE			•
9 Complete ONLY if	Candidate / Officeholder name	Office	
direct expenditure	Candidate / Officendider frame	Office sought:	Office held:
to benefit C/OH			
Date 03/15/2011	Payee name		
03/15/2011 Amount (\$)	Classic Graphics Payee address City: State: Zip Code		
\$2,880.00	,, , <u></u>		
Φ∠ , 00 0.00	Fort Worth, TX 76116		
PURPOSE	Category (See Categories listed at the top of this schedule)		de of Texas, complete Schedule T)
OF	Advertising Expense	Signs	_
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		Ollioo Jougin.	Office nera.
Date	Payee name		
03/19/2011	Classic Graphics		
Amount (\$)	Payee address City; State; Zip Code		
\$5,824.72	3021 Ramona Drive		
	Fort Worth, TX 76116		
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense		e of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Signs	
LAT LINDI. U.L.			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
03/30/2011	Classic Graphics		
Amount (\$)	Payee address City; State; Zip Code		
\$7,934.74	3021 Ramona Drive Fort Worth, TX 76116		
]	FOIL VYOILII, IA 70110		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	
PURPOSE	Advertising Expense	Description (If travel outside Signs	e of Texas, complete Schedule T)
OF EXPENDITURE	.	J Orgins	
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			

SCHEDULE F

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

EXPENDITURE CATEGORIES

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

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

	The Instruction Guide explain	ns how to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 5/23		00000002
4 Date	5 Payee name	
01/31/2011	Corner Bakery	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$50.00	615 Main Street Fort Worth, TX 76102	
8	(a) Category (See Categories listed at the top of this schedule	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	Reimburse Anita El Sakhawy: Office Lunch
EXPENDITURE		
2 Camplete ONLY if	Condidate / Officeholder name	000
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
03/14/2011	Delta Delta	
Amount (\$)	Payee address City; State; Zip Code	
\$50.00	TCU Box 296826 Fort Worth, TX 76129	
	Fort vvortii, 1A /0129	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Contributions/Donations Made By	Donation (If travel outside of Texas, complete Schedule 1)
OF EXPENDITURE	Candidate/Officeholder/Political Committee	
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
03/25/2011	FedEx Office	
Amount (\$)	Payee address City; State; Zip Code	
\$129.88	3905 Oak Lawn Ave	
	Dallas, TX 75219	
	Catagoria (C. Catagoria Bata) at the tag of this paleodule)	1
PURPOSE	Category (See Categories listed at the top of this schedule) Printing Expense	/ L
OF EXPENDITURE	I mining Expense	Reimburse Fundraising Solutions: Printing
EXPERIOR		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	ı	
Date	Payee name	
02/28/2011	Fort Worth Chamber of Commerce	
Amount (\$)	Payee address City; State; Zip Code	
\$65.00	777 Taylor Street, Suite 900	
	Fort Worth, TX 76102	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Event Expense	Reimburse Julie Johncox: State Of The City Address
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		, and the second

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

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

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

	The Instruction Guide exp	ains how to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers
Schedule: 6/23	Report: 86/103 Price, Betsy	00000002
4 Date	5 Payee name	
02/28/2011	Fort Worth Convention Center Garage	· _
6 Amount (\$)	7 Payee address City; State; Zip Cod	9
\$10.00	1301 Commerce Street Fort Worth, TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Travel In District	(b) Description (If travel outside of Texas, complete Schedule T) Reimburse Julie Johncox: Parking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
03/12/2011	Fort Worth Police Officers' Award Foundation	
Amount (\$)	Payee address City; State; Zip Code	
\$250.00	P.O. Box 17659 Fort Worth, TX 76102	
BUBBOSE	Category (See Categories listed at the top of this schedu	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
03/12/2011	Fort Worth Republican Women	
Amount (\$)	Payee address City; State; Zip Code	
\$250.00	1213 Kelpie Fort Worth, TX 76111	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) Sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
03/12/2011	Fort Worth Republican Women	
Amount (\$)	Payee address City; State; Zip Code	
\$50.00	1213 Kelpie Fort Worth, TX 76111	
PURPOSE	Category (See Categories listed at the top of this schedule	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

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

Fees	Printing Expense Office Overhead The Instruction Guide explains ho		ategory not listed above)
1 PAGE#	2 FILER NAME		ACCOUNT # (TEC filers)
Schedule: 7/23	Report: 87/103 Frice, Belsy 5 Payee name		00000002
03/14/2011	Fort Worth Sister Cities International		
6 Amount (\$)			
\$500.00			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of T Donation	exas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
02/28/2011	Fort Worth South, Inc.		
Amount (\$)	Payee address City; State; Zip Code		
\$100.00	1606 Mistletoe Blvd Fort Worth, Tx 76104		
PURPOSE OF	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of To Reimburse Julie Johncox: An	exas, complete Schedule T) nual Meeting
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
02/28/2011	Fundraising Solutions		
Amount (\$)	Payee address City, State; Zip Code		
\$2,500.00	1500 Jackson Street #817 Dallas, TX 75201		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Te	exas, complete Schedule T)
PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	Fundraising	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/17/2011	Fundraising Solutions		
Amount (\$)	Payee address City; State; Zip Code		
\$1,250.00	1500 Jackson Street #817 Dallas, TX 75201		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Te Fundraising	xas. complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

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

EXPENDITURE CATEGORIES

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

Travel Out Of District

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

Fees	Polling Expense Travel Out Of Dis Printing Expense Office Overhead The Instruction Guide explains ho	Rental Expense OTHER (enter	/Officeholder/Political Committee er a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 8/23 F	Report: 88/103 Price, Betsy		00000002
4 Date	5 Payee name		
03/25/2011	Fundraising Solutions		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$2,500.00	1500 Jackson Street #817 Dallas, TX 75201		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
OF	Solicitation/Fundraising Expense	Fundraising	
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/23/2011	Garden Ridge		
Amount (\$)	Payee address City; State; Zip Code		
\$12.93	5608 Southwest Loop 820 Fort Worth, TX 76132		
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Reimburse Christene Gre	ve: Event Expense
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/14/2011	Gary Fickes Campaign		
Amount (\$)	Payee address City; State; Zip Code		
\$100.00	4021 Hilltop Drive Southlake, TX 76092		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside Political Donation	of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/05/2011	Gary Logan Photography		
Amount (\$)	Payee address City; State; Zip Code		
\$1,299.00	3211 White Settlement Road Fort Worth, TX 76107		
PURPOSE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside Photos	of Texas, complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Expe Event Expense Fees	Polling Expense Travel Out Of Dis	/Rental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 9/23 F	1 ⁻ p. p.	0000002
4 Date	5 Payee name	
03/30/2011	Greve, Christene	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$350.00		
Ψοσο.σο	Fort Worth, TX 76109	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Contract Labor
OF EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
03/25/2011	Haney, Thomas	
Amount (\$)	Payee address City; State; Zip Code	
	8121 Doreen	
\$265.00	Fort Worth, TX 76116	
	,	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	signs (Expense for loan made by Tom Price)
OF EXPENDITURE		
EXTENDITORE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
03/30/2011	Haney, Thomas	
Amount (\$)	Payee address City; State; Zip Code	
\$200.00	8121 Doreen	
φ200.00	Fort Worth, T X 76116	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	signs (Expense for loan made by Tom Price)
OF EXPENDITURE		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
04/02/2011	Haney, Thomas	
Amount (\$)	Payee address City; State; Zip Code	
\$250.00	8121 Doreen	
φ230.00	Fort Worth, TX 76116	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Salaries/Wages/Contract Labor	Signs (Expense for loan made by Tom Price)
OF EXPENDITURE	-	
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees	Polling Expense Travel Out Of Distr Printing Expense Office Overhead/R The Instruction Guide explains how	ental Expense OTHER (enter a category not listed above)
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 10/23	Report: 90/103 Price, Betsy	00000002
4 Date	5 Payee name	
03/23/2011	Illian, Ben	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$200.00	1700 Sunset Terrace, #4 Fort Worth, TX 76102-5949	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Event Expense	Sound System
EXPENDITURE		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date 03/12/2011	Payee name Inovar Packaging Group	
Amount (\$)	Payee address City; State; Zip Code	
\$324.00	602 Magic Mile Blvd Arlington, TX 76011	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Event Expense	Reimburse Julie Johncox: Name Badges
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
03/23/2011	Joe T. Garcia's Mexican Restaurant	. Surrowers
Amount (\$)	Payee address City; State; Zip Code	
\$4,000.00	2201 N Commerce Street Fort Worth, TX 76164-8586	
DUDDOOF	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	Fundraising Event
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
02/16/2011	Johncox, Julie	
Amount (\$)	Payee address City; State; Zip Code	
\$800.00	6421 Fershaw Place Fort Worth, TX 76116	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Salaries/Wages/Contract Labor	Campaign Management Services
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

SCHEDULE F

EXPENDITURE CATEGORIES

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

The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 3 ACCOUNT # (TEC filers) Schedule: 11/23 Report: 91/103 Price, Betsy 00000002 4 Date 5 Payee name Johncox, Julie 02/16/2011 6 Amount (\$) Payee address City; State; Zip Code 6421 Fershaw Place \$1,200.00 Fort Worth, TX 76116 (a) Category (See Categories listed at the top of this schedule) 8 (If travel outside of Texas, complete Schedule T) (b) Description **PURPOSE** Salaries/Wages/Contract Labor Campaign Management Services OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/18/2011 Johncox, Julie Amount (\$) Payee address City; State; Zip Code 6421 Fershaw Place \$2,000.00 Fort Worth, TX 76116 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Campaign Management Services **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/28/2011 Leadership Fort Worth Amount (\$) Payee address City; State; Zip Code P.O. Box 11371 \$150.00 Fort Worth, TX 76110 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Event Expense Reimburse Julie Johncox: Fellows Dinner OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Leadership Fort Worth 03/21/2011 Amount (\$) Payee address City; State; Zip Code P.O. Box 11371 \$150.00 Fort Worth, TX 76110 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Contributions/Donations Made By Donation OF Candidate/Officeholder/Political Committee **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

EXPENDITURE CATEGORIES

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

Event Expense Fees	Polling Expense Travel Out Of I Printing Expense Office Overhea The Instruction Guide explains h	ad/Rental Expense OTHER (ent	e/Officeholder/Political Committee ter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 12/23	Report: 92/103 Price, Betsy		00000002
4 Date 02/28/2011	5 Payee name League of Women Voters of Tarrant County		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$20.00			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outsion Reimburse Julie Johnco	de of Texas, complete Schedule T) ox: Luncheon
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 01/31/2011	Payee name Lucis Chicken & Rice		
Amount (\$)	Payee address City; State; Zip Code		***
\$64.92			
PURPOSE OF	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outsic Reimburse Rosie Enriqu	de of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
02/25/2011	Mulholland Custom Imprints		
Amount (\$)	Payee address City; State; Zip Code	-	
\$790.23	P.O. Box 161220 Fort Worth, TX 76161		
	Category (See Categories listed at the top of this schedule)	Description (If travel outsid	de of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Printing Expense	Caps & T-shirts	_
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		***
03/24/2011	Mulholland Custom Imprints		
Amount (\$)	Payee address City; State; Zip Code		
\$292.28	P.O. Box 161220 Fort Worth, TX 76161		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside Caps & T-shirts	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

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

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

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

Polling Expense Printing Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 13/23 Report: 93/103 00000002 4 Date 5 Payee name Mulholland Custom Imprints 03/30/2011 6 Amount (\$) Payee address City: State: Zip Code P.O. Box 161220 \$234.92 Fort Worth, TX 76161 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 (If travel outside of Texas, complete Schedule T) **PURPOSE Printing Expense** Caps & T-shirts OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/28/2011 Mulholland's Amount (\$) Payee address City; State; Zip Code 1332 N Main Street \$90.80 Fort Worth, TX 76106 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Reimburse Julie Johncox: Name Badges **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/28/2011 Mulholland's Amount (\$) Payee address City; State; Zip Code 1332 N Main Street \$227.00 Fort Worth, TX 76106 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Reimburse Julie Johncox: Name Badges **OF EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Mulholland's 03/25/2011 Amount (\$) Payee address City; State; Zip Code 1332 N Main Street \$90.80 Fort Worth, TX 76106 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Nametags OF **EXPENDITURE**

Office held:

Office sought:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense

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

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

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

Fees	Printing Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains hov	Rental Expense OTHER (ente	Officeholder/Political Committee er a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 14/23	I ⁻		00000002
4 Date	5 Payee name		
03/25/2011	Office Depot		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$69.44	5111 Greenville Ave		
	Dallas, TX 75206		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Reimburse Fundraising S	
OF EXPENDITURE			
0.00	Condidate / Office helder and	1	
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
03/07/2011	Office Depot #126		
Amount (\$)	Payee address City; State; Zip Code 4810 Southwest Blvd		
\$225.84	Fort Worth, TX 76109		
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Printing Expense	printing (Expense for loan	made by Tom Price)
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Davis and a second		
03/23/2011	Payee name Party City		
Amount (\$)	Payee address City; State; Zip Code		
\$9.70	435 Sherry Lane		
4 51.76	Fort Worth, Tx 76116		
PURPOSE	Category (See Categories listed at the top of this schedule) Event Expense		of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Reimburse Christene Gre	ve: Event Expense
EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
03/18/2011	Party Warehouse		
Amount (\$)	Payee address City; State; Zip Code		
\$51.02	6550 Camp Bowie #113		
	Fort Worth, TX 76116		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Food/Beverage Expense	Team food (Expense for lo	·
OF EXPENDITURE			
	0		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
			Electronic Filing Version 3.4.1

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

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

Fees	Printing Expense Office Overhead The Instruction Guide explains ho	d/Rental Expense OTHER (e	enter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers
Schedule: 15/23			00000002
4 Date	5 Payee name		0000002
03/25/2011	PIRYX INC.		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$123.75	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ΦΙΖ Ο.1 Ο	San Francisco, CA 94105-2659		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)		tside of Texas, complete Schedule T)
OF	Solicitation/Fundraising Expense	Transaction Fee	
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 03/29/2011	Payee name PIRYX INC.		
Amount (\$)	Payee address City; State; Zip Code		
\$11.25			
PURPOSE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outs	side of Texas, complete Schedule T)
OF EXPENDITURE	Constant and allowing Emported	Hansacion i ee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/30/2011	PIRYX INC.		
Amount (\$)	Payee address City; State; Zip Code		
\$4.50	1		
	Category (See Categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T)
PURPOSE OF	Solicitation/Fundraising Expense	Transaction Fee	side of reads, complete conceder 17
EXPENDITURE		İ	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/31/2011	PIRYX INC.		
Amount (\$)	Payee address City; State; Zip Code		
\$7.88	85 Natoma Street, Unit 9		
J 00. 1¢	San Francisco, CA 94105-2659		
	Category (See Categories listed at the top of this schedule)	Description (If travel outs)	ide of Texas, complete Schedule T)
PURPOSE	Solicitation/Fundraising Expense	Transaction Fee	Table of Fands, complete constant 1,
OF EXPENDITURE	- .		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

Austin, Texas 78711-2070

Texas Ethics Commission SCHEDULE F **POLITICAL EXPENDITURES EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Salaries/Wages/Contract Labor Gifts/Awards/Memorial Expense Advertising Expense Solicitation/Fundraising Expense Legal Services Food/Beverage Expense Accounting/Banking Travel In District Travel Out Of District Consulting Expense Event Expense Candidate/Officeholder/Political Committee Polling Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) FILER NAME 1 PAGE# 2 00000002 Price, Betsy Schedule: 16/23 Report: 96/103 5 Payee name 4 Date PIRYX INC 04/01/2011 City; State; Zip Code 6 Amount (\$) Payee address 85 Natoma Street, Unit 9 \$289.14 San Francisco, CA 94105-2659 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Transaction Fee Solicitation/Fundraising Expense OF **EXPENDITURE** Office sought: Office held: 9 Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Payee name Date PIRYX INC. 04/04/2011 City; State; Zip Code Pavee address Amount (\$) 85 Natoma Street, Unit 9 \$9.00 San Francisco, CA 94105-2659 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) Transaction Fee **PURPOSE** Solicitation/Fundraising Expense **EXPENDITURE** Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Payee name Date Republican Women of Arlington 02/28/2011 Payee address City; State; Zip Code Amount (\$) 5902 Highgate Drive \$15.00 Arlington, TX 76016 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Reimburse Julie Johncox: Luncheon **Event Expense** OF **EXPENDITURE** Office held: Office sought: Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Stanford Campaigns 03/12/2011 Zip Code Amount (\$) Payee address City; State; 2520 Longview Street, Suite 310 \$3,000.00 Austin. **T**X 78705

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

Consulting Expense

Candidate / Officeholder name

PURPOSE

OF EXPENDITURE

Complete ONLY if

direct expenditure to benefit C/OH

(If travel outside of Texas, complete Schedule T)

Office held:

Description

Research

Office sought:

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

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

Fees	Printing Expense Office Overnead/P The Instruction Guide explains how		a category not noted above,
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 17/23	17 Disc Bates		00000002
4 Date	5 Payee name		
03/12/2011	Staples		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$37.00	5650 Overton Ridge Blvd		
	Fort Worth, TX 76132		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)
8 PURPOSE	Office Overhead/Rental Expense	Reimburse Julie Johncox:	
OF EXPENDITURE			
EXTENSITORE			05.
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
03/18/2011	Staples		
Amount (\$)	Payee address City; State; Zip Code		
\$35.32	5650 Overton Ridge Blvd Fort Worth, TX 76132		
	Fort Worth, 1x 70132		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	Reimburse Julie Johncox:	Office Supplies
OF EXPENDITURE	•		
			Office health
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
03/18/2011	Tarrant County Elections		
Amount (\$)	Payee address City; State; Zip Code		
\$20.00	2700 Premier Street Fort Worth, TX 76111		
	Category (See Categories listed at the top of this schedule)		of Texas, complete Schedule T)
PURPOSE OF	Solicitation/Fundraising Expense	Reimburse Julie Johncox:	Precinct Map
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH	Sandidate / Sincericias/ Harris	3	
Date	Payee name Tarrant County Junior Livestock Association, Inc.		
02/01/2011 Amount (\$)	Payee address City; State; Zip Code		
}	_ 1		
\$100.00	Fort Worth, TX 76161		
DUDDOSE	Category (See Categories listed at the top of this schedule)	,	of Texas, complete Schedule T)
PURPOSE OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Donation	;
EXPENDITURE	Sandidato/Onlockloide// Onlockloide/		
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
to beliefit C/OTT	<u> </u>		Flectronic Filing Version 3.4.1

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

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

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

Event Expense Fees	Printing Expense Office Ov	ut Of District Candid rerhead/Rental Expense OTHER (i	date/Officeholder/Political Committee enter a category not listed above)
	The Instruction Guide explai	ins how to complete this form.	and a seriegory meanined above,
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 18/23	T		00000002
4 Date 02/28/2011	5 Payee name Texas Health Harris Methodist Foundation		
6 Amount (\$)			
\$66.00	7 Payee address City; State; Zip Code 6100 Western Place, Suite 1001		
Ψ00.00	Fort Worth, TX 76107		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	1	tside of Texas, complete Schedule T)
OF	Event Expense	Reimburse Julie Johno	cox: Luncheon
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		ū	
Date	Payee name		
02/28/2011	Texas Health Harris Methodist Foundation		
Amount (\$)	Payee address City; State; Zip Code		
\$134.00	6100 Western Place, Suite 1001		
,	Fort Worth, TX 76107		
PURPOSE	Category (See Categories listed at the top of this schedule Contributions/Donations Made By		side of Texas, complete Schedule T)
OF	Candidate/Officeholder/Political Committee	Reimburse Julie Johno	cox: Donation
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		<u> </u>	,
Date	Payee name		
03/19/2011	The Home Depot		
Amount (\$)	Payee address City; State; Zip Code		
\$32.44	4850 SW Loop 820		1
	Fort Worth, TX 76132		
PURPOSE	Category (See Categories listed at the top of this schedule; Advertising Expense		ide of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	sign supplies (Expense	for loan made by Tom Price)
EXPENDITORE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		-	1
Date	Payee name		
03/21/2011	The Home Depot		Í
Amount (\$)	Payee address City; State; Zip Code		
\$17.15	4850 SW Loop 820		ł
	Fort Worth, TX 76132		
	Catagony (See Cetter)		
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	· · ·	de of Texas. complete Schedule T)
OF EXPENDITURE	Actioning Expense	sign supplies (Expense	for loan made by Tom Price)
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		-	1

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Consulting Expe Event Expense Fees	Polling Expense Travel C Printing Expense Office O	n District Contributions/Donations Made By Out Of District Candidate/Officeholder/Political Committee Overhead/Rental Expense OTHER (enter a category not listed above) ains how to complete this form.
A DACE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
1 PAGE # Schedule: 19/23	IT Delea Dates.	00000002
4 Date	5 Payee name	
03/26/2011	The Home Depot	
6 Amount (\$)	7 Payee address City, State, Zip Code	
\$36.30	4850 SW Loop 820 Fort Worth, TX 76132	
8	(a) Category (See Categories listed at the top of this schedule	
PURPOSE	Advertising Expense	sign supplies (Expense for loan made by Tom Price)
OF EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	Canadae / Cinconsider Name	• · · · · · · · · · · · · · · · · · · ·
Date	Payee name	
03/26/2011	The Home Depot	
Amount (\$)	Payee address City; State; Zip Code	
\$64.89	4850 SW Loop 820	
	Fort Worth, TX 76132	
	Category (See Categories listed at the top of this schedu	ule) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	sign supplies (Expense for loan made by Tom Price)
OF EXPENDITURE	- '	,
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
03/30/2011	The Home Depot	
Amount (\$)	Payee address City; State; Zip Code	
\$14.25	4850 SW Loop 820 Fort Worth, TX 76132	
	Category (See Categories listed at the top of this schedu	ule) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Advertising Expense	sign supplies (Expense for loan made by Tom Price)
OF EXPENDITURE		
LAFERDITORE		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
03/18/2011	Tom Thumb #2577	
Amount (\$)	Payee address City; State; Zip Code	
\$16.15	3100 S Hulen Street	
	Fort Worth, TX 76109	
	Category (See Categories listed at the top of this schedu	ule) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	Team food (Expense for loan made by Tom Price)
EXPENDITURE		
Complete ONLY X	Candidate / Officeholder name	Office sought: Office held:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officerolder Harrie	Office Sought. Office hold.
L		

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

P.O.Box 12070

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

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

Fees	Printing Expense Office Overhead The Instruction Guide explains ho	•	ter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 20/23	Dates Dates		00000002
4 Date	5 Payee name		
03/18/2011	UPS Box & Ship		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$50.57	4455 Camp Bowie Blvd #114		
	Fort Worth, TX 76107		
	(4) (4)	I/I/A Danasa dia	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outsi Reimburse Julie Johnco	de of Texas, complete Schedule T)
OF	Office Overhead/Nortal Expense	remburse dune somice	. Clamps
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
03/12/2011	US Postal Service-Trinity River Station		
Amount (\$)	Payee address City; State; Zip Code		
\$44.00	4450 Oak Park Ln		
	Fort Worth, TX 76109-9998		
PURPOSE	Category (See Categories listed at the top of this schedule)	' '	de of Texas, complete Schedule T)
OF	Office Overhead/Rental Expense	Reimburse Julie Johnco	ox: Stamps
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
03/28/2011	Valentine Direct Marketing, LLC		
Amount (\$)	Payee address City; State; Zip Code		
\$4,363.74	5415 Maple Ave, Suite 230		
4 .,	Dallas, TX 75235		
PURPOSE	Category (See Categories listed at the top of this schedule)		de of Texas, complete Schedule T)
OF	Solicitation/Fundraising Expense	Postage	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
03/18/2011	Vogis Bagel Café		
Amount (\$)	Payee address City; State; Zip Code		
\$9.82	2710 S Hulen Street		
Ψ3.02	Fort Worth, TX 76109		
PURPOSE	Category (See Categories listed at the top of this schedule)	' '	de of Texas, complete Schedule T)
OF	Food/Beverage Expense	I eam tood (Expense for	loan made by Tom Price)
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH		Ŭ	

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 21/23 Report: 101/103 00000002 4 Date 5 Payee name Wallace, Marissa 03/14/2011 6 Amount (\$) Payee address City; State; Zip Code P.O. Box 192086 \$2,425.00 Dallas, TX 76219 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE Event Expense Photos** OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Walmart #271 01/31/2011 Amount (\$) Payee address City; State; Zip Code 1341 Highway 287 N \$25.00 Bowie, TX 76230 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Reimburse Vickie Doane: Office Lunch **EXPENDITURE** Office held: Candidate / Officeholder name Complete ONLY if Office sought: direct expenditure to benefit C/OH Date Payee name 01/31/2011 Walmart #2980 Amount (\$) Payee address City; State; Zip Code 8520 N Beach Street \$50.00 Fort Worth, TX 76244 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Food/Beverage Expense Reimburse Kim Carlisle: Office Lunch OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Walmart #3274 01/31/2011 Amount (\$) Pavee address City; State: Zip Code 9101 N Tarrant Pkwy \$19.00 N Richland Hills. TX 76182 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Reimburse Kelly Starks: Office Lunch OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

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

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

The instruction Guide explains how to complete this form. 1 PAGE# 2 FILER NAME 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 22/23 Report: 102/103 00000002 Date 5 Payee name Walmart #3274 01/31/2011 6 Amount (\$) Payee address City; State; Zip Code 9101 N Tarrant Pkwy \$50.00 N Richland Hills, TX 76182 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Reimburse Carol Smith: Office Lunch OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 01/31/2011 Walmart #3274 Amount (\$) Payee address City; State; Zip Code 9101 N Tarrant Pkwy \$35.00 N Richland Hills, TX 76182 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Reimburse Jackie Dixon: Office Lunch **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 01/31/2011 Walmart #590 Amount (\$) Payee address City; State; Zip Code 6399 Oakmont Blvd \$35.00 Fort Worth, TX 76132 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Reimburse Alana Raner: Office Lunch OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Walmart #972 01/31/2011 Amount (\$) Payee address City; State; Zip Code 6360 Lake Worth Blvd \$175.00 Lake Worth, TX 76135 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Food/Beverage Expense Reimburse Nikki Bailey: Office Lunch OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

PURPOSE

OF EXPENDITURE

Complete ONLY if

direct expenditure to benefit C/OH

Fees

Candidate / Officeholder name

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

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

EXPENDITURE CATEGORIES

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

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

(if travel outside of Texas, complete Schedule T)

Office held:

The Instruction Guide explains how to complete this form. 2 FILER NAME 1 PAGE# 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 23/23 Report: 103/103 00000002 Date 5 Payee name 02/28/2011 Will Rogers Memorial Center 6 Amount (\$) Payee address City; State; Zip Code 3401 W Lancaster Avenue Fort Worth, TX 76107 \$10.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (if travel outside of Texas, complete Schedule T) **PURPOSE** Travel In District Reimburse Julie Johncox: Parking OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/28/2011 Women's Policy Forum Amount (\$) Payee address City; State; Zip Code \$100.00 P.O. Box 11091 Fort Worth, TX 76110 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Reimburse Julie Johncox: Breakfast Meeting OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 02/28/2011 Worthington National Bank Amount (\$) Payee address City; State; Zip Code 500 Main Street \$5.27 Fort Worth, TX 76102

Description

Bank Service Fee

Office sought: