CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT &	IUIALS		Cove	R SHEET PG 2
14 C/OH NAME Price	e, Betsy		15 ACCOUNT # 00000002	(Ethics Commission filers
16 NOTICE FROM	I have been made with	otice of political expenditures by political committees to support the control the candidate's or officeholder's knowledge or consent. Candidate receive notice of such expenditures	candidate / officeholder	. These expenditures may are required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
4-00				
17 CONTRIBUTION TOTALS	PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
******	(OTHER	OLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	139,684.26
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZEI	\$	261.77
	4. TOTAL P	OLITICAL EXPENDITURES	\$	109,842.94
CONTRIBUTION BALANCE	5. TOTAL P LAST DA	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE Y OF THE REPORTING PERIOD	\$	142,782.10
OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	\$	4,732.94
18 AFFIDAVIT	SUSIE HORI NOTARY PU STATE OF TE My Comm. Exp. 02-20	AS S-2014	all information requir	red to be reported by
Sworn to and subscribe		said	, this the	6day
Signature of officer administration	or by stering bath	Schrie Hornsby Print name of officer administering oath	Title of officer agrifu	7 pistering oath

The Instru	CTION GUIDE explains how to complete this form.		1 PAGE#	1/49 Report: 3/75
2 FILER NAM	IE Price, Betsy		3 ACCOUNT # 00000002	
4 Date	5 Full name of contributor	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/18/201	6 Contributor address; City; State; Zip Code 2501 Parkview Drive, Suite 405 Fort Worth, TX 76102-5816		\$200.00)
9 Principal occ	cupation / Job title (See Instructions)			of Texas, complete Schedule T)
	sopation 7 300 title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2011	Contributor address; City; State; Zip Code 2332 Medford Court East Fort Worth, TX 76109	••••••••	\$1,000.00	
			(If Americal production of	·-
Principal occi	upation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
			Total doubling)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2011	Contributor address; City; State; Zip Code 2909 Benbrook Boulevard Fort Worth, TX 76109-2344		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor ut-of-state PAC (ID#	1	Amount of	In-kind contribution
	Appleman, Louise	,	contribution (\$)	description (if applicable)
05/04/2011	Contributor address; City; State; Zip Code 3855 Bellaire Cir Fort Worth, TX 76109		\$100.00	
			(If travel outside of 1	「exas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:		
Date	Full name of contributor ut-of-state PAC (ID#			
	Augur, Marilyn H.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2011	Contributor address; City; State; Zip Code 4209 McKinney Avenue. Suite 202-B Dallas. TX 75205		\$500.00 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		

The Instruct	ION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/	49 Report: 4/75
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Bailey, Nikki L.	#)	7 Amount of contribution (\$)	8
04/05/2011	6 Contributor address; City; State; Zip Code 4700 Hearthstone Ln Fort Worth, TX 76135		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2011	Contributor address; City; State; Zip Code 2716 Heritage Hills Drive Ft.Worth, TX 76109		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	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)
04/05/2011	Contributor address; City; State; Zip Code 201 Main Street, Suite 2700 Fort Worth, TX 76102		\$2,500.00	
				l Texas, complete Schedule T)
Principal occu	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)
04/05/2011	Contributor address; City; State; Zip Code 6217 Genoa Road Fort Worth, TX 76116		\$1,000.00	 -
			(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)
04/29/2011	Contributor address; City; State; Zip Code 1717 Ashland Avenue Fort Worth, TX 76107		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE#	/49 Report: 5/75
2 FILER NAMI	E Price, Betsy		3 ACCOUNT # 00000002	
4 Date	5 Full name of contributor ☐ out-of-state PAC (I Berry, William G. Jr. (Lt. Col.)	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/02/2011	6 Contributor address; City; State; Zip Code 416 Oak Hollow Fort Worth, TX 76112	;	\$300.00	
			(If travel outside o	f Texas, complete Schedule T)
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2011	Contributor address; City; State; Zip Code 1520 Shady Oaks Lane Ft Worth, TX 76107		\$50.00	
				·
Principal occu	pation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
			non donoris,	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/26/2011	Contributor address; City; State; Zip Code 1701 River Run, Suite 304 Fort Worth, TX 76107-6547		\$2,000.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	L	Texas, complete Schedule ()
Date	Full name of contributor uut-of-state PAC (ID: Bolt, Tracy A.	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/29/2011	Contributor address; City; State; Zip Code 6812 Laurel Valley Drive Fort Worth, TX 76132	• • • • • • • • • • • • • • • • • • • •	\$100.00 	
			(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)
04/26/2011	Contributor address; City; State; Zip Code 1120 Hidden Road Fort Worth, TX 76107		\$200.00 <mark> </mark> 	
		ŀ	(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins		·
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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE#	/49 Report: 6/75
2 FILER NAME	E Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor)#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
04/27/2011	6 Contributor address; City; State; Zip Code 4001 Sarita Dr Fort Worth, TX 76109		\$100.00	
				Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 4151 Church Park Court Fort Worth, TX 76133-6864		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		rexas, complete Schedule 1)
	<u> </u>		ou doublis)	
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2011	Contributor address; City; State; Zip Code 6614 Sabrosa Court East Fort Worth, TX 76133		\$1,000.00	
Principal occur	pation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
		Limployer (dee ins	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/18/2011	Contributor address; City; State; Zip Code 3901 W. 4th Street Fort Worth, TX 76107-2015		\$250.00 <mark> </mark> 	
			(If travel outside of T	exas, 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)
04/20/2011	Contributor address; City; State; Zip Code 5125 Swiss Ave Dallas, TX 75214		\$500.00 	
			(If travel outside of To	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Inst		

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	The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/	/49 Report: 7/75
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (II Bryan, Kathey	D#)	7 Amount of contribution (\$)	8
	04/05/2011	6 Contributor address; City; State; Zip Code 3184 Westcliff Road West Fort Worth, TX 76109-2128		\$25.00	 -
9	Principal occur	Loation / Job title (See Instructions)	140 Employer (Cook		Texas, complete Schedule T)
-			10 Employer (See In	istructions)	
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/05/2011	Contributor address; City; State; Zip Code 3184 Westcliff Road West Fort Worth, TX 76109-2128		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
_	Principal occup	ation / Job title (See Instructions)	Employer (See In	L	Texas, complete ochedule 1)
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/18/2011	Contributor address; City; State; Zip Code 1712 Carleton Fort Worth, TX 76107		\$500.00	
				(If traval outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	L	rexas, complete schedule 1)
		· · · · · · · · · · · · · · · · · · ·		Struction(3)	
	Date	Full name of contributor ut-of-state PAC (ID: Burdett, Steve R.	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/26/2011	Contributor address; City; State; Zip Code 2217 Highlake Drive Weatherford, TX 76087		\$100.00 	
				(If travel outside of 1	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# Byrd, William	;)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 6816 River Bend Road Fort Worth, TX 76132		\$250.00 <mark> </mark> 	
				(If travel outside of T	evas complete Schadula Ti
	Principal occupa	tion / Job title (See Instructions)	Employer (See Ins		exas, complete Schedule T)

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/	49 Report: 8/75
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Cain, Frank	#)	7 Amount of contribution (\$)	8
	04/29/2011	6 Contributor address; City; State; Zip Code 2417 Stanley Ave Fort Worth, TX 76110		\$100.00	
					Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	,	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/28/2011	Contributor address; City; State; Zip Code 4836 Melita Avenue Fort Worth, TX 76133-1310		\$100.00	1
				(If travel outside of	Texas, complete Schedule T)
	Dringing ages	ation / Job title (See Instructions)	Employer (See In:	<u> </u>	Texas, complete schedule 1)
	Principal occup	auon / Job line (See instructions)	Employer (See in	structions)	
	Date	Full name of contributor uut-of-state PAC (IDa Campbell, R. Stewart Jr.	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State; Zip Code 200 Crescent Court Ste 877 Dallas, TX 75201		\$200.00	
		ation (lab title (Con Instructions)	Franksian (Cook		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)
	04/26/2011	Contributor address; City; State; Zip Code 8343 Douglas Avenue, Suite 300 Dallas, TX 75225		\$1,000.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/12/2011	Contributor address; City; State; Zip Code 6704 Cool Meadow Drive Fort Worth, TX 76132		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	•	
		1		-	

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The Instruc	TION GUIDE explains how to complete this form.		1 PAGE #	7/49 Report: 9/75
2 FILER NAMI	E Price, Betsy		3 ACCOUNT # 00000002	
4 Date	5 Full name of contributor)#)	7 Amount of contribution (\$)	8
04/12/2011	6 Contributor address; City; State; Zip Code 3408 Rustwood Court Fort Worth, TX 76109	· • • • • • • • • • • • • • • • • • • •	\$500.00	
			(If travel outside o	f Texas, complete Schedule T)
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/26/2011	Contributor address; City; State; Zip Code P.O. Box 121671 Fort Worth, TX 76121-1671		\$25.00	
				!
Principal occu	pation / Job title (See Instructions)	Employer (Caste		Texas, complete Schedule T)
	patient cos tido (coc matuditoris)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Chesser, Robert	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 3217 Kimbo Road Fort Worth, TX 76111	• • • • • • • • • • • • • • • • • • • •	\$500.00	
			(If housed and the of	· · · · · · · · · · · · · · · · · · ·
Principal occu	pation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
Date	Full name of contributor uut-of-state PAC (ID# Christie, George F.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/26/2011	Contributor address; City; State; Zip Code 424 Eastwood Avenue Fort Worth, TX 76107		\$500.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor ut-of-state PAC (ID# Christie, Lee F.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/26/2011	Contributor address; City; State; Zip Code 306 W. 7th Street, Suite 901 Fort Worth, TX 76102		\$500.00 <mark> </mark> 	
			(If travel outside of T	exas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Inst		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/4	49 Report: 10/75	
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (II Clay, John R.	D#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	04/13/2011	6 Contributor address; City; State; Zip Code 2617 Mockingbird Court Fort Worth, TX 76109		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	estructions)		
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/13/2011	Contributor address; City; State; Zip Code 3809 Shelby Drive Fort Worth, TX 76109-2736	;	\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
<u> </u>	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	l :		
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/09/2011	Contributor address; City; State; Zip Code 19200 Nordhoff St #702 Northridge, CA 91324		\$25.00	 	
		-		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	Leation / Job title (See Instructions)	Employer (See In	1. `		
-	Date	Full name of contributor		Amount of	In-kind contribution	
		Cobb, Benjamin R.		contribution (\$)	description (if applicable)	
	04/17/2011	Contributor address; City; State; Zip Code 2037 Hawthorne Ave Fort Worth, TX 76110	••••••••••••••••••••••••••••••••••••••	\$50.00	! 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	L pation / Job title (See Instructions)	Employer (See Ir	nstructions)		
_				Amount of	In-kind contribution	
	Date	Full name of contributor	D#)	Amount of contribution (\$)	description (if applicable)	
	04/29/2011	Contributor address; City; State; Zip Code 2611 Torrey Pines Drive Fort Worth, TX 76109-5513	;	\$100.00	 	
				(If traval autoido of	Texas, complete Schedule T)	
_	Principal accur	pation / Job title (See Instructions)	Employer (See Ir		Texas, complete schedule 1)	
	Ethicipal occup	varion / 300 title (Oee instructions)	Employor (GGC II			

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 9/49 Report: 11/75 FILER NAME Price, Betsy 3 ACCOUNT # (Ethics Commission filers) 00000002 Date 5 Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Coers, Sally E. contribution (\$) description (if applicable) 04/18/2011 6 Contributor address; City; State; Zip Code \$250.00 9005 Crosswind Drive Fort Worth, TX 76179-2716 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Colca, Danna contribution (\$) description (if applicable) 04/12/2011 Contributor address; City; State; Zip Code \$100.00 2030 Glade Road, Suite 268 Grapevine, TX 76051 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) Cole, Jack description (if applicable) 04/20/2011 Contributor address; City; State; Zip Code \$50.00 1205 Virginia Place Fort Worth, TX 76107-2433 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Date Amount of In-kind contribution Conley, Patrick D. contribution (\$) description (if applicable) 04/25/2011 Contributor address; City; State; Zip Code \$100.00 P.O. Box 17083 Fort Worth, TX 76102-0083 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Conner, Paul contribution (\$) description (if applicable) 04/08/2011 Contributor address; City; State; Zip Code \$100.00 127 Allie Court Weatherford, TX 76087 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instruc	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10	0/49 Report: 12/75
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (IE Cook, Douglas L.)#)	7 Amount of contribution (\$)	In-kind contribution description (if applicable)
04/18/2011	6 Contributor address; City; State; Zip Code 4803 Collinwood Fort Worth, TX 76107		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/26/2011	Contributor address; City; State; Zip Code 7354 Lane Park Drive Dallas, TX 75225-2462		\$50.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In	A	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/08/2011	Contributor address; City; State; Zip Code 7724 Landmark Ridge Street Fort Worth, TX 76133		\$25.00	
			/if traval autoido of	Towas complete Schodule T\
Principal occu	pation / Job title (See Instructions)	Employer (See In:		Texas, complete Schedule T)
· .				
Date	Full name of contributor ut-of-state PAC (ID: Cotten, Cody	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/2011	Contributor address; City; State; Zip Code 201 W. Lancaster Ave Unit 311 Fort Worth, TX 76102		\$10.00	
******				Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Cowden, James K.	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21/2011	Contributor address; City; State; Zip Code 2008 Carleton Avenue Fort Worth, TX 76107	,	 \$125.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	tructions)	

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The Instruction Guide explains how to complete this form. Schedule: 11/49 Report: 13/75 2 FILER NAME Price, Betsy (Ethics Commission filers) ACCOUNT # 00000002 Date 5 Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Cox, Billy S. contribution (\$) description (if applicable) 04/20/2011 6 Contributor address: City; State; Zip Code \$100.00 6313 Riviera Drive North Richland Hills, TX 76180 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# In-kind contribution Amount of Craddock, Margareth contribution (\$) description (if applicable) 04/05/2011 Contributor address: City; State; Zip Code \$50.00 4904 Dexter Avenue Fort Worth, TX 76107 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution contribution (\$) Craine, Pat description (if applicable) 04/20/2011 Contributor address; City; State; Zip Code \$500.00 P.O. Box 3062 Fort Worth, TX 76113-3062 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Cramer, Karen B. contribution (\$) description (if applicable) 04/26/2011 Contributor address; City; State; Zip Code \$100.00 701 N. Avalon Court Granbury, TX 76048-1438 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Crawford, Bill Jr. contribution (\$) description (if applicable) 04/21/2011 Contributor address; City; State; Zip Code \$100.00 4117 Shannon Fort Worth, TX 76116 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instruction	אס Guide explains how to complete this form.	***************************************	1 PAGE# Schedule: 12	2/49 Report: 14/75	
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Cutler, Haydn H. Jr.	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	04/12/2011	6 Contributor address; City; State; Zip Code 3825 Camp Bowie Boulevard Fort Worth, TX 76107		\$500.00	! - 	
				(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)	
	04/22/2011	Contributor address; City; State; Zip Code P.O. Box 140039 Dallas, TX 75214-0039		\$2,500.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor uut-of-state PAC (ID# Deitchman, L.H.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/02/2011	Contributor address; City; State; Zip Code 501 Oak Hollow Lane Fort Worth, TX 76112-1023		\$25.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor ut-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/21/2011	Contributor address; City; State; Zip Code 2932 Owenwood Drive Fort Worth, TX 76109		\$50.00		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor uut-of-state PAC (ID# Dickerson, Raymond G.)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/08/2011	Contributor address; City; State; Zip Code 3721 Monticello Drive Fort Worth, TX 76107		\$200.00 		
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins			
		·				

Texas Ethics Commission

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	8/49 Report: 15/75
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Dike, Jerry L.	#)	7 Amount of contribution (\$)	8
	04/12/2011	6 Contributor address; City; State; Zip Code 3810 Tamarack Trail Austin, TX 78727		\$250.00	
				<u> </u>	rexas, complete schedule 1/
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	· -	Concorda,
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; City; State; Zip Code 3650 Monticello Drive Fort Worth, TX 76107		\$250.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	L pation / Job title (See Instructions)	Employer (See In	<u></u>	, band
	T Tittolpai occup			3tructions,	***************************************
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/13/2011	Contributor address; City; State; Zip Code 3724 Wilkie Way Fort Worth, TX 76133-2928		\$100.00	
				L.'	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)
	05/03/2011	Contributor address; City; State; Zip Code 4209 Ridgehaven Court Fort Worth, TX 76116		\$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)
	04/18/2011	Contributor address; City; State; Zip Code 777 Taylor Street, Suite 1040 Fort Worth, TX 76102-4910		\$250.00	
				115 American C. 1.1	Tanana aanumista Aasta (
	l			·	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

-	The Instruction	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 14	/49 Report: 16/75
2	FILER NAME	Price, Betsy			3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor Dunham, Zachary	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/30/2011	6 Contributor address; 4627 Lafayette Ave Fort Worth, TX 76107	City; State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
┡	Principal occur	eation / Job title (See Instruction	16)	10 Employer (See In	structions)	
9	Fillicipal occup	alion) soo ilile (eee manaeue)			<u>, </u>	
	Date	Full name of contributor Dupay, Robert W.	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/21/2011	5303 Swiss Avenue	City; State; Zip Code		\$300.00	
		Dallas, TX 75214			are a substitute of	Texas, complete Schedule T)
					(Texas, complete schedule 1)
	Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	structions)	
—	D-4-	Full name of contributor	☐ out-of-state PAC (ID#	4	Amount of	In-kind contribution
	Date	Epps, Mary Ann	Out-on-state 1740 (167)		contribution (\$)	description (if applicable)
	05/02/2011	Contributor address; 828 Firewheel Trail	City; State; Zip Code		\$100.00	
		Fort Worth, TX 76112			(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Data	Full name of contributor	☐ out-of-state PAC (ID#	1	Amount of	In-kind contribution
	Date	Eppstein, Bryan	United state (1710 (187)		contribution (\$)	description (if applicable)
	04/08/2011	Contributor address; 2908 Alton Road Fort Worth, TX 76109	City; State; Zip Code		\$1,000.00	!
					(If travel outside of	Texas, complete Schedule T)
-	Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Fant, Darrell	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; 11418 Glen Cross Dr	City; State; Zip Code		\$100.00	
		Dallas, TX 75228			(If travel outside of	Texas, complete Schedule T)
L				Employee (Car la	<u> </u>	
	Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	isu ucuons)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instructi	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 15	i/49 Report: 17/75
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Friedman, Kathy S.	#)	7 Amount of contribution (\$)	8
04/12/2011	6 Contributor address; City; State; Zip Code 2436 Medford Court East Fort Worth, TX 76109		\$300.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor uut-of-state PAC (ID: Garrett, D.E.	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2011	Contributor address; City; State; Zip Code 207 Mountain View Drive Bedford, TX 76021-4173		\$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	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 3712 Black Canyon Road Fort Worth, TX 76109		\$250.00	
			(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)
04/18/2011	Contributor address; City; State; Zip Code 4200 S. Hulen Street, Suite 619 Fort Worth, TX 76109		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Gibson, Pam	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/12/2011	Contributor address; City; State; Zip Code 6321 Twinhill Dr Arlington, TX 76016		\$25.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In		
	<u> </u>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 16	/49 Report: 18/75
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Gideon, Randall C.	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/13/2011	6 Contributor address; City; State; Zip Code 3812 Monticello Drive Fort Worth, TX 76107		\$250.00	
				<u> </u>	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; City; State; Zip Code 4051 Hildring Drive West Fort Worth, TX 76109		\$50.00	
		Tott Worth, 1270103			
			Employer (See In	<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)
	04/05/2011	Contributor address; City; State; Zip Code 3900 Inwood Road Fort Worth, TX 76109		\$50.00	
				(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)
	04/13/2011	Contributor address; City; State; Zip Code 201 Main Street, Suite 2500 Fort Worth, TX 76102		\$7,500.00	
				(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)
	05/03/2011	Contributor address; City; State; Zip Code 4447 Crestline Road Fort Worth, TX 76107		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		. ones, complete same are 1,

The Instruction	ION GUIDE explains how to complete this form.		1 PAGE# Schedule: 17	7/49 Report: 19/75
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID Grace, Sarah Olin	D#)	7 Amount of contribution (\$)	8
04/13/2011	6 Contributor address; City; State; Zip Code 3416 Autumn Court		\$25.00	
	Fort Worth, TX 76109-2606	,		
			1 '	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/04/2011	Contributor address; City; State; Zip Code 3244 Hemphill Fort Worth, TX 76110		\$100.00	
	Tottworth, 12 70110		// / / / / / / / / / / / / / / / / / /	·
Principal occur	pation / Job title (See Instructions)	Employer (Con In	<u> </u>	Texas, complete Schedule T)
Principal occup	valion / Job title (See Instructions)	Employer (See Ir	istructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2011	Contributor address; City; State; Zip Code 2650 Parkview Drive		\$5,000.00	
	Fort Worth, TX 76102		(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)
04/14/2011	Contributor address; City; State; Zip Code 4520 Cougar Ridge Road Fort Worth, TX 76126		\$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)
04/18/2011	Contributor address; City; State; Zip Code 3708 Black Canyon Road		\$1,000.00	
	Fort Worth, TX 76109		(If trought autobalance	Towns complete Sahadula 70
Principal occurs	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)
oipai occup	======	Employer (Gee III:	3.1 dollo113 /	

The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 18	8/49 Report: 20/75
2 FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID Hagan, Daniel B.	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/18/2011	6 Contributor address; City; State; Zip Code 3016 Owenwood Drive Fort Worth, TX 76109-1643		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/06/2011	Contributor address; City; State; Zip Code 5221 Byers Ave Fort Worth, TX 76107		\$250.00	!
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2011	Contributor address; City; State; Zip Code 4925 Greenville Avenue, Suite 1150 Dallas, TX 75206		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2011	Contributor address; City; State; Zip Code 4925 Greenville Avenue, Suite 1150 Dallas, TX 75206	• • • • • • • • • • • • • • • • • • • •	\$500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	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)
04/29/2011	Contributor address; City; State; Zip Code 2222 Winton Terrace East Fort Worth, TX 76109-1153		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

	The Instruction	ON GUIDE explains how to complete this form.	···	1 PAGE # Schedule: 19	9/49 Report: 21/75
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Harnish, Jennifer	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/18/2011	6 Contributor address; City; State; Zip Code 7316 Old Mill Run Fort Worth, TX 76133		\$100.00	
				<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)
	04/12/2011	Contributor address; City; State; Zip Code 2321 Medford Court East Fort Worth, TX 76109		\$500.00	
				(If traval autoido of	Texas, complete Schedule T)
L			5 - 1 - · · · (0 1-	<u> </u>	r rexas, complete schedule 1)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Harrington, Nissa	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; City; State; Zip Code 3772 Arroyo Road Fort Worth, TX 76109-3409		\$250.00	
					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)
	04/18/2011	Contributor address; City; State; Zip Code 1608 Rogers Road Fort Worth, TX 76107		\$1,000.00	
				(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)
	04/14/2011	Contributor address; City; State; Zip Code 3904 Monticello Drive Fort Worth, TX 76107		\$100.00	
				(If traval outside of	Texas, complete Schedule T)
<u> </u>	Delegain et e e e	etion / Job title /Coe Instructions)	Employer (See In	<u> </u>	
	Principal occup	eation / Job title (See Instructions)	Employer (See in	ga donorio _j	

Texas Ethics Commission P.O.Box 12070

POLITICAL	CONTRIB	UTIONS
OTHER THA	AN PLEDG	ES OR LOANS

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	The Instruction	on Guide explains how to compl	lete this form.		1 PAGE # Schedule: 20	/49 Report: 22/75
2	FILER NAME	Price, Betsy			3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor D Haskin, Becky	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8
	04/29/2011	6 Contributor address; C 304 N Havenwood Ln Fort Worth, TX 76112	city; State; Zip Code		\$804.00	event food/beverages
					(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 DE Hayden, Melinda W.	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/08/2011	Contributor address; C 4054 Lashburn Court Fort Worth, TX 76109-5430	City; State; Zip Code		\$100.00	
		Fort Worth, 1X 70109-5450			(If travel outside of	Texas, complete Schedule T)
				Frankrian (Con In	`	,
	Principal occup	pation / Job title (See Instructions))	Employer (See In	structions)	
	Date	Full name of contributor [Hayhurst, Debbie	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; C 2819 S. Hughes Amarillo, TX 79109	City; State; Zip Code		\$250.00	
		Amanilo, 1279109			(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions))	Employer (See In	structions)	
	Date	Full name of contributor [Helzer, Marilyn K.	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
•		, , , , , , , , , , , , , , , , , , , ,				i
	05/04/2011	Contributor address; C 8110 Russell Curry Road Arlington, TX 76001	City; State; Zip Code		\$250.00	!
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions))	Employer (See In	structions)	
-			T aut of state BAC (ID#		Amount of	In-kind contribution
	Date	Full name of contributor 【 Henderson, Stewart	☐ out-of-state PAC (ID#)	contribution (\$)	description (if applicable)
	05/04/2011	3501 Sagecrest Terrace	City; State; Zip Code		\$100.00	
		Fort Worth, TX 76109			(If traval outside of	Texas, complete Schedule T)
_				Employer (Cont.)	<u> </u>	. January Complete Considered by
	Principal occup	pation / Job title (See Instructions))	Employer (See In	suucuons)	

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 21	/49 Report: 23/75
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID: Herrscher, Anne	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/03/2011	6 Contributor address; City; State; Zip Code 7714 Marquette Dallas, TX 75225		\$100.00	
				(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	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/24/2011	Contributor address; City; State; Zip Code 3505 Turtle Creek Blvd.		\$1,000.00	
		Dallas, TN 75219		,	'
					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)
	04/05/2011	Contributor address; City; State; Zip Code 3713 Arborlawn Drive Fort Worth, TX 76109-3304		\$25.00	
				(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)
	04/18/2011	Contributor address; City; State; Zip Code 115 W. 7th Street, Suite 1310 Fort Worth, TX 76102		\$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	<i>t</i>)	Amount of	In-kind contribution
	Date	Holt, Mary Ann	,,	contribution (\$)	description (if applicable)
	04/20/2011	Contributor address; City; State; Zip Code P.O. Box 12584 Dallas. TX 75225		\$35.00	
				(If traval autoida of	Texas, complete Schedule T)
_	Deingingless	ation / Joh title (Coe Instructions)	Employer (See In		reads, complete schedule 1/
	Principal occup	ation / Job title (See Instructions)	Employer (See III	ga douoris)	

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 22	2/49 Report: 24/75
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Horn, Ernest E.	‡)	7 Amount of contribution (\$)	8
	04/26/2011	6 Contributor address; City; State; Zip Code 819 Penn Fort Worth, TX 76102		\$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	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State; Zip Code 7822 Cornerstone Parkway Dallas, TX 75225-8105		\$25.00	
				<u> </u>	Texas, complete Schedule T)
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; City; State; Zip Code 10300 W. Rocky Creek Ranch Crowley, TX 76036		\$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)
	04/20/2011	Contributor address; City; State; Zip Code 1441 El Campo Dr Dallas, TX 75218		\$100.00 	
					Texas, complete Schedule T)
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State; Zip Code 1601 Elm Street, Suite 3400 Dallas. TX 75201		\$1,000.00 	
					Texas, complete Schedule T)
	Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 23	3/49 Report: 25/75
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hunt, D.H.)	7 Amount of contribution (\$)	8
	04/20/2011	6 Contributor address; City; State; Zip Code 1601 Elm Street, Suite 3400 Dallas, TX 75201		\$500.00	
				(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)
	04/20/2011	Contributor address; City; State; Zip Code 1601 Elm Street, Suite 3400 Dallas, TX 75201		\$1,000.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		
		,	, , ,	,	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; City; State; Zip Code P.O. Box 100309 Fort Worth, TX 76185-0309		\$100.00	
					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)
	04/26/2011	Contributor address; City; State; Zip Code 7025 Brookvale Road Fort Worth, TX 76132		\$10.00	
				(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)
	05/02/2011	Contributor address; City; State; Zip Code 3533 Overton View Court Fort Worth, TX 76109		\$500.00	1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

P.O.Box 12070

	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 24	/49 Report: 26/75
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Johnson, Lynne)	7 Amount of contribution (\$)	8
	05/04/2011	6 Contributor address; City; State; Zip Code 6733 Savannah Ln Fort Worth, TX 76132		\$300.00	
				(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	In-kind contribution
	Date	Kay Granger Campaign Fund		contribution (\$)	description (if applicable)
	05/04/2011	Contributor address; City; State; Zip Code 715 Jones Street, Suite 101 Fort Worth, TX 76102		\$1,000.00	
		Toll Worth, 1X 70102			'
					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)
	04/12/2011	Contributor address; City; State; Zip Code 1300 S University Drive, Suite 409 Fort Worth, TX 76107		\$500.00	 -
		Fort 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 ut-of-state PAC (ID#)	Amount of	In-kind contribution
	Jaio	Keenum, Ken L.		contribution (\$)	description (if applicable)
	05/04/2011	Contributor address; City; State; Zip Code 3516 Bellaire Park Court Fort Worth, TX 76109		\$250.00	i !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	estructions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State; Zip Code 2121 Skyline Drive Fort Worth, TX 76114-1924		\$100.00	!
				(If travel systems of	Texas, complete Schedule T)
<u> </u>	Demoinal accus	eation / Job title (See Instructions)	Employer (See In	<u> </u>	rozas, complete consume 1/
	Principal occup	Mation / Job title (See instructions)	Employer (Gee III		
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	3/40 Papart: 27/75
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	6/49 Report: 27/75 (Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Kelfer, Howard (Dr.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/26/2011	6 Contributor address; City; State; Zip Code 4941 Riverbend Drive Fort Worth, TX 76109		\$125.00	
				(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	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/26/2011	Contributor address; City; State; Zip Code 4941 Riverbend Drive Fort Worth, TX 76109		\$125.00	
				(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)
	04/05/2011	Contributor address; City; State; Zip Code 5678 Worrell Dr		\$500.00	
		Fort Worth, TX 76133			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)
	04/18/2011	Contributor address; City; State; Zip Code 1609 Western Avenue Fort Worth, TX 76107		\$100.00	
					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)
	04/29/2011	Contributor address; City; State; Zip Code 104 Hazelwood Drive Fort Worth, TX 76107		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	`	- Sanda Sanda II

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 26	/49 Report: 28/75
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID# Kleinheinz, John B.)	7 Amount of contribution (\$)	8
	05/04/2011	6 Contributor address; City; State; Zip Code 1101 Broad Avenue Fort Worth, TX 76107		\$3,000.00	
				(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)
	04/20/2011	Contributor address; City; State; Zip Code 5900 El Campo Fort Worth, TX 76107		\$1,000.00	
				(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)
	05/02/2011	Contributor address; City; State; Zip Code 725 Putter Drive		\$250.00	 -
		Fort Worth, TX 76112		(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)
	05/04/2011	Contributor address; City; State; Zip Code 3815 Lisbon Street, Suite 203 Fort Worth, TX 76107		\$1,000.00	!
				(If travel outside of	Texas, complete Schedule T)
-	Principal occup	pation / Job title (See Instructions)	Employer (See In	estructions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable) In-Kind contribution: copies & supplies
	04/07/2011	Contributor address; City; State; Zip Code P.O. Box 3212 Burleson, TX 76097		\$72.82	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
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The Instruc	TION GUIDE explains how to complete this form.	·	1 PAGE # Schedule: 27	7/49 Report: 29/75
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC (ID: Leggett Rentals LLC	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/18/2011	6 Contributor address; City; State; Zip Code 6816-D Camp Bowie Fort Worth, TX 76116		\$500.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See In	estructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/27/2011	Contributor address; City; State; Zip Code 4001 Sarita Dr Fort Worth, TX 76109		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID: Lemons, James	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 5850 Woodrill Court Fort Worth, TX 76112		\$500.00	
	Fort Worth, 12 70112		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Linebarger Goggan Blair & Sampson, LLP	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/26/2011	Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 76760		\$5,000.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Lopez, Angelica	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/03/2011	Contributor address; City; State; Zip Code 3607 Decatur Ave Fort Worth, TX 76106-4541		\$100.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:		

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 28	/49 Report: 30/75
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Louden, G. Malcom)#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/20/2011	6 Contributor address; City; State; Zip Code 500 W. 7th Street, Unite #27, Suite 1007 Fort Worth, TX 76102-4773		\$5,000.00	
				<u> </u>	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State; Zip Code 1107 Elizabeth Boulevard Fort Worth, TX 76110		\$1,000.00	
				(If travel outside of	Texas, complete Schedule T)
<u> </u>	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	<u> </u>
	r mioipai occup				
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/25/2011	Contributor address; City; State; Zip Code 505 Alta Drive		\$100.00	
		Fort Worth, TX 76107-1511			Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/18/2011	Contributor address; City; State; Zip Code 4051 Modlin Avenue Fort Worth, TX 76107-1601		\$1,000.00	
					Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor	D#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State; Zip Code 5104 Golden Lane	, , , , , , , , , , , , , , , ,	\$100.00	
		Fort Worth. TX 76123			Tauras acompleto Sahadula Ti
L			Empleyes /Pea l		f Texas, complete Schedule T)
	Principal occu	oation / Job title (See Instructions)	Employer (See I	nstructions)	

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOAN	S

	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 29	/49 Report: 31/75
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID Madden, Gail	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/04/2011	6 Contributor address; City; State; Zip Code 4500 Roland Avenue, #601 Dallas, TX 75219	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$50.00	
				(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)
	04/17/2011	Contributor address; City; State; Zip Code 3313 W. 6th St. Fort Worth, TX 76107		\$50.00	!
		Politivoidi, 1X 70107		are Linearine and	Tawas complete Schodule T\
			Employer (See In	<u> </u>	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See II	istructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State; Zip Code 3701 Lovell Avenue Fort Worth, TX 76107		\$100.00	!
		Torrword, 1X 70107		(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/25/2011	Contributor address; City; State; Zip Code 15 Windemere W Leander, TX 78641		\$100.00	
				(If travel outside of	f Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/26/2011	Contributor address; City; State; Zip Code 3317 Princeton		\$50.00	
		Dallas. TX 75205		(If traval autoids a	f Texas, complete Schedule T)
L			Employer (See In		i rexas, complete scriedule 1/
	Principal occup	pation / Job title (See In st ruction s)	Employer (See II	isa ocaons)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

McCullough, Wayne C. 04/20/2011 6 Contributor address: City: State: Zip Code 3150.00 (if travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) Date Full name of contributor oddress: City: State: Zip Code 2108 Hidden Creek Road Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution (s) description (if applicab 550.00 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor oddress: City: State: Zip Code (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Date Full name of contributor oddress: City: State: Zip Code (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor oddress: City: State: Zip Code (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor oddress: City: State: Zip Code (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)		Official file of the second se							
Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contributor Od/26/2011 Contributor address: 2109 Hidden Creek Road For Worth, TX 76107 Contributor address: City: State; Zip Code S5,000.0 S5,000.0 S6,000.0		The Instruction	אס Guide explains how to complete this form.						
Date Seription (if applicable McCullough, Wayne C. O4/20/2011 6 Contribution address; City: State: Zip Code \$150.00	2	FILER NAME	Price, Betsy		00000002	`			
Solution Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)	4	Date		±)		8 In-kind contribution description (if applicable)			
Principal occupation / Job title (See Instructions) Date		04/20/2011	4329 Stanhope St			 			
Date Full name of contributor out-of-state PAC (ID# S50.00 In-kind contribution (S) description (if applicable Contribution (S) description (If applic					(If travel outside of	Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; 2109 Hidden Creek Road Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Date Full name of contributor	9	Principal occup	oation / Job title (See Instructions)	10 Employer (See In	structions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date		<u> </u>		In-kind contribution description (if applicable)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		04/25/2011	2109 Hidden Creek Road		\$50.00	i 			
Date Full name of contributor description (if applicable socious) Date Full name of contributor Out-of-state PAC (ID# S,000.00 In-kind contribution (if applicable socious) In-kind contribution (if app					<u> </u>	Texas, complete Schedule T)			
Date Full name of contributor Contributor address; City; State; Zip Code S5,000.00		Principal occup	oation / Job title (See Instructions)	Employer (See In	nstructions)				
1125 Hidden Oaks Drive 1125 Hidden Oaks Drive 1 1 1125 Hidden Oaks Drive 1 1 1 1 1 1 1 1 1		Date		¥)		In-kind contribution description (if applicable)			
Principal occupation / Job title (See Instructions) Date		04/26/2011	1125 Hidden Oaks Drive		\$5,000.00	 			
Date Full name of contributor Out-of-state PAC (ID# Out-of-state PAC (I					(If travel outside of	Texas, complete Schedule T)			
O4/21/2011 Contributor address; City; State; Zip Code \$250.00 Contribution (\$) description (if applicable of Texas, complete Schedule T)		Principal occup	Dation / Job title (See Instructions)	Employer (See Ir	nstructions)				
110 Hazelwood Drive Fort Worth, TX 76107-1141 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Miller, Vance C. O4/20/2011 Contributor address; City; State; Zip Code 5001 Spring Valley Road, Suite 1100W Dallas. TX 75244 (If travel outside of Texas, complete Schedule T) (If travel outside of Texas, complete Schedule T)		Date		#)		In-kind contribution description (if applicable)			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Miller, Vance C. O4/20/2011 Contributor address; City; State; Zip Code 5001 Spring Valley Road, Suite 1100W Dallas, TX 75244 City State; Zip Code (If travel outside of Texas, complete Schedule T)		04/21/2011	110 Hazelwood Drive		\$250.00	1 			
Date Full name of contributor Miller, Vance C. Contributor address; City; State; Zip Code 5001 Spring Valley Road, Suite 1100W Dallas. TX 75244 Class and contribution out-of-state PAC (ID#) Amount of contribution (\$) Amount of contribution (\$) Contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T)					(If travel outside of	f Texas, complete Schedule T)			
O4/20/2011 Contributor address; City; State; Zip Code 5001 Spring Valley Road, Suite 1100W Dallas. TX 75244 Contribution (\$) description (if applicable contribution (\$) description (\$)		Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)				
5001 Spring Valley Road, Suite 1100W Dallas. TX 75244 (If travel outside of Texas, complete Schedule T)	-	Date	1	#)		In-kind contribution description (if applicable)			
		04/20/2011	5001 Spring Valley Road, Suite 1100W			1 			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	1					f Texas, complete Schedule T)			
į		Principal occuj	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	· -			

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

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 31	/49 Report: 33/75		
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Milrany, Cynthia	<u> </u>	7 Amount of contribution (\$)	8		
	05/02/2011	6 Contributor address; City; State; Zip Code 4428 Dunwick Lane Fort Worth, TX 76109-2507		\$250.00	 - -		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	nstructions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/29/2011	Contributor address; City; State; Zip Code 4258 Altura Road Fort Worth, TX 76109		\$100.00	 		
		Tott worth, 12270103		<u> </u>	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# Mitchell, Robert J.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/18/2011	Contributor address; City; State; Zip Code 3775 W. 4th Street Fort Worth, TX 76107-2055		\$200.00	 		
				//6 house to extend a pet	Texas, complete Schedule T)		
<u> </u>	Dringing cour	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1)		
	Principal occup	ation 7 sob title (See instructions)	Employer (ode in	istractions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/08/2011	Contributor address; City; State; Zip Code 1600 Carleton Avenue Fort Worth, TX 76107		\$500.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)			
	Date	Full name of contributor	<u>'</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/04/2011	Contributor address; City; State; Zip Code 2035 Ward Parkway Fort Worth, TX 76110-1709		\$100.00	! ! !		
				(If travel outside of	Texas, complete Schedule T)		
-	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 32	/49 Report: 34/75
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Morse, Greg)	7 Amount of contribution (\$)	8
	04/14/2011	6 Contributor address; City; State; Zip Code 2600 Colonial Parkway Fort Worth, TX 76109		\$4,452.44	food/beverages, printing
				(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	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; City; State; Zip Code 309 Eastwood Avenue Fort Worth, TX 76107		\$50.00	
		Tott wordt, 1270107		(If traval outside of	Texas, complete Schedule T)
	5:	Alice / Leb Aidle (Con Instructions)	Employer (See In		Texas, complete concuder 17
	Principal occup	eation / Job title (See Instructions)	Employer (dec iii	istractions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/15/2011	Contributor address; City; State; Zip Code 1319 Austin Thomas Drive Keller, TX 76248		\$25.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	estructions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/26/2011	Contributor address; City; State; Zip Code 309 W. 7th Street, Suite 920 Fort Worth, TX 76102		\$100.00	
İ				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2011	Contributor address; City; State; Zip Code 5909 End O Trail Fort Worth, TX 76112		\$250.00	1
				(If travel outside of	Texas, complete Schedule T)
<u> </u>	Principal accur	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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	The Instruction	on Guide explains how to complete this fo	orm.		1 PAGE # Schedule: 33	/49 Report: 35/75
2	FILER NAME	Price, Betsy			3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-s Nowlin, Wade	state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/04/2011	6 Contributor address; City; State 510 Hazelwood Dr. Fort Worth, TX 76107	e; Zip Code		\$250.00	
					(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	state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State 2220 Windsor Place Ft. Worth, TX 76110	e; Zip Code		\$50.00	
					(If traval outside of	Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)		Employer (See In:		Texas, complete schedule 1/
	о.ра. осоар				,	
	Date	Full name of contributor ut-of-s	tate PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; City; State 4416 Ranch View Road Fort Worth, TX 76109	; Zip Code		\$300.00	
		Tottworth, 1X 70103			(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In:	structions)	
	Date	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/08/2011	Contributor address; City; State 8712 Overland Drive Fort Worth, TX 76179	; Zip Code		\$150.00 	
					`	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See Ins	structions)	
	Date	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State 13330 Noel Road, Apt. #924 Dallas, TX 75240-5093	; Zip Code		\$50.00	
					(If travel outside of	Texas, complete Schedule T)
<u> </u>	Principal occup	ation / Job title (See Instructions)		Employer (See Ins		
<u> </u>				<u></u>		Electronic Filing Version 3.4.1

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruction	on Guide explains how to com	plete this form.		1 PAGE# Schedule: 34	/49 Report: 36/75
2	FILER NAME	Price, Betsy			3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor Patterson, James N. Jr.	out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/04/2011	6 Contributor address; 809 Scarlet Sage Court Fort Worth, TX 76112-1710	City; State; Zip Code		\$50.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In	structions)	
	Date	Full name of contributor Peck, P. Michael	out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/08/2011	Contributor address; P.O. Box 471748 Fort Worth, TX 76147	City; State; Zip Code		\$40.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal accur	ation / Job title (See Instruction	16)	Employer (See In:		Texas, complete concado 17
	r incipal occup	ation 7 300 title (See Instruction			· · · · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor Pettit, David	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; 1201 Clover Lane	City; State; Zip Code		\$500.00	
		Fort Worth, TX 76107				Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Pointer, Gary N. DDS	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/15/2011	Contributor address; 5124 Turtle Creek Court Fort Worth, TX 76116	City; State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
_	Date	Full name of contributor	ut-of-state PAC (ID#	!)	Amount of	In-kind contribution
		PSEL PAC	_ ,		contribution (\$)	description (if applicable)
	04/13/2011	Contributor address; 201 Main Street, Suite 2500	City; State; Zip Code		\$7,500.00	
		Fort Worth. TX 76102				l
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
			!			

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 35	5/49 Report: 37/75	
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)	
4	Date	5 Full name of contributor ut-of-state PAC (ID: Puente, Alice	<u> </u>	7 Amount of contribution (\$)	8	
	04/30/2011	6 Contributor address; City; State; Zip Code 3824 Bellaire Fort Worth, TX 76109		\$2,500.00	event expenses	
				(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	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/30/2011	Contributor address; City; State; Zip Code 3404 Clary Ave Fort Worth, TX 76111		\$50.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Disconstant	ation / Joh title (Con Instructions)	Employer (See In			
	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)	
	04/18/2011	Contributor address; City; State; Zip Code 801 Cherry Street, Suite 3700, Unit 19 Fort Worth, TX 76102		\$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	In-kind contribution	
		Radler, Geoffrey C.		contribution (\$)	description (if applicable)	
	04/21/2011	Contributor address; City; State; Zip Code 3701 Monticello Drive Fort Worth, TX 76107		\$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)	
	04/21/2011	Contributor address; City; State; Zip Code 3131 W. 7th Street, Suite 400 Fort Worth, TX 76107		\$20,000.00	 	
				(If travel outside of	Texas, complete Schedule T)	
<u> </u>	Principal accur	ation / Job title (See Instructions)	Employer (See In:			
	-нно ра госсир	audit / 300 title (366 ittali ucilotta)	Employer (Geo III			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 36	/49 Report: 38/75	
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Ragland, L.C.L.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	04/13/2011	6 Contributor address; City; State; Zip Code 2501 Parkview Drive, Suite 215 Fort Worth, TX 76102		\$250.00	 	
				<u> </u>	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/16/2011	Contributor address; City; State; Zip Code 500 Throckmorton St #2001 Fort Worth, TX 76102-3807		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
-	Principal occur	ation / Job title (See Instructions)	Employer (See In	structions)		
	- Intopar occup	audit 7 000 tido (000 metavatorio)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/25/2011	Contributor address; City; State; Zip Code 3192 Westcliff Road West Fort Worth, TX 76109		\$100.00	1 	
				(If travel outside of	Texas, complete Schedule T)	
H	Principal occur	ation / Job title (See Instructions)	Employer (See In	<u> </u>		
	T Tillopal cocap					
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/20/2011	Contributor address; City; State; Zip Code 5007 Victor Street Dallas, TX 75214-5440		\$50.00	i 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	nation / Job title (See Instructions)	Employer (See In	structions)		
-	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/18/2011	Contributor address; City; State; Zip Code 306 W. 7th Street, Suite 1000 Fort Worth, TX 76102		\$1,000.00	1 	
				(If travel outside of	Texas, complete Schedule T)	
-	Dringing! coour	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>		
	Elinoipai occuț	Salesti, dob title (See Household)	- F-7-1 (2-3 ii	,		

Texas Ethics Commission

POLITICAL	CONTRIBUT	IONS
OTHER THA	N PLEDGES	OR LOANS

	The Instruction	N Guide explains how to complete	e this form.		1 PAGE # Schedule: 37	/49 Report: 39/75
2	FILER NAME	Price, Betsy			3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/26/2011	6 Contributor address; City; 2805 Alton Road Fort Worth, TX 76109	; State; Zip Code		\$1,000.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)		10 Employer (See Ins	structions)	
	Date	Full name of contributor Roach, John W.	out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/02/2011	1451 Warrington Court	; State; Zip Code		\$100.00	
		Fort Worth, TX 76112				
				Franksian (Cas In		Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See In	structions)	
	Date	Full name of contributor Robb Catalano For Judge Can)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/12/2011	3841 Arroyo Road	; State; Zip Code		\$50.00	
		Fort Worth, TX 76109				Texas, complete Schedule T)
	Principal occup	vation / Job title (See Instructions)		Employer (See In:	structions)	
	Date	Full name of contributor Rodriguez, Jeffrey J	out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/24/2011	Contributor address; City; 5612 Odom Fort Worth, TX 76114	r; State; Zip Code		\$25.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)		Employer (See In	structions)	
⊨			and of state DAC (ID#	\	Amount of	In-kind contribution
	Date	Full name of contributor Rogers, Dale C.	out-or-state PAC (ID#		contribution (\$)	description (if applicable)
	04/27/2011	Contributor address; City: 1330 Summit Ave. Fort Worth, TX 76102	r; State; Zip Code		\$2,500.00	!
					(If travel outside of	Texas, complete Schedule T)
\vdash	Principal occur	pation / Job title (See Instructions)		Employer (See In		· · · · · · · · · · · · · · · · · · ·
	еппыраг оссир	auon / Job tile (Gee mandendins)			,	

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	The Instruction	N GUIDE explains how to complete this	form.		1 PAGE# Schedule: 38	/49 Report: 40/75
2	FILER NAME	Price, Betsy			3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of Rogers, Pollard	-state PAC (ID#)	7 Amount of contribution (\$)	8
	05/04/2011	6 Contributor address; City; Sta 600 West 6th Street Fort Worth, TX 76102	te; Zip Code		\$500.00	
		Tole World II, The Tole			(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10	Employer (See Ins	structions)	
9		,				
	Date	Full name of contributor	-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/21/2011	Contributor address; City; Sta 11816 River View Way Fort Worth, TX 76008	te; Zip Code		\$400.00	
		7 311 4731 41			(If travel outside of	Texas, complete Schedule T)
	Principal occur	eation / Job title (See Instructions)		Employer (See Ins	<u> </u>	
	1 Titloipai ocoaș	ottom vood state (eest and an army)				
	Date	Full name of contributor	f-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	3952 Thistle Lane	ite; Zip Code	,	\$100.00	1
		Fort Worth, TX 76109				I
L				Employer (See Ins		Texas, complete Schedule T)
	Principal occup	oation / Job title (See Instructions)		Employer (occ m	ou double)	
_	Date	Full name of contributor ut-o	f-state PAC (ID#)	Amount of	In-kind contribution
	Date	Ross, Beverly Y.			contribution (\$)	description (if applicable)
	04/29/2011	4605 Harley Avenue	ate; Zip Code		\$25.00	1
		Fort Worth, TX 76107-3711				
L					<u> </u>	f Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)		Employer (See In:	structions)	
	Date	Full name of contributor	f-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/02/2011	Contributor address; City; Sta 6811 Castlegate Ct Arlington, TX 76001	ate; Zip Code		\$250.00	1
		-			(If travel outside o	of Texas, complete Schedule T)
\vdash	Principal accu	pation / Job title (See Instructions)		Employer (See In	L	
	Filloparoccu	patient, our title (ede monastiene)				

The	Instruction	ON GUIDE explains how to complete this form.	- 1170-1	1 PAGE# Schedule: 39	9/49 Report: 41/75
2 FILEI	R NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Da	ate	5 Full name of contributor ☐ out-of-state PAC (ID≉ Runnion, V.G. Jr.	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/03	3/2011	6 Contributor address; City; State; Zip Code 2713 Colonial Parkway Fort Worth, TX 76109-1212		\$50.00	
				(If travel outside of	Texas, complete Schedule T)
9 Princ	ipal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Da	ite	Full name of contributor ☐ out-of-state PAC (ID# Sandlin, Deanna Davis	<u>‡)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20	0/2011	Contributor address; City; State; Zip Code 8310 Boedeker Dallas, TX 75225		\$100.00	!
				(If travel outside of	Texas, complete Schedule T)
Princi	inal accur	pation / Job title (See Instructions)	Employer (See In	,	Toxas, complete concease 17
Fillici	ipai occup	valion / Job title (See instructions)	Employer (dee in	Sil dolloris)	
Da	ite	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20	0/2011	Contributor address; City; State; Zip Code 6387 Hilldale Court Fort Worth, TX 76116		\$150.00	
					Texas, complete Schedule T)
Princi	ipal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Da	te	Full name of contributor	1)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/21	1/2011	Contributor address; City; State; Zip Code 3816 Trailwood Lane Fort Worth, TX 76109		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
Princi	pal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Da	te	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02	2/2011	Contributor address; City; State; Zip Code 805 Oakmont Lane Fort Worth, TX 76112		\$100.00	I
				المنافقين المنافقين	Toyas complete Schoolule Ti
		-ti/ lab title /One lands et :	Employer/Carla	,	Texas, complete Schedule T)
Princi	pai occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

Texas Ethics Commission

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

	The Instruction	on Guide explains how to com	plete this form.		1 PAGE# Schedule: 40	/49 Report: 42/75
2	FILER NAME	Price, Betsy			3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor Searcy, J. Kirk	out-of-state PAC (ID#	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/20/2011	6 Contributor address; 6300 Klamath Road Fort Worth, TX 76116	City; State; Zip Code		\$50.00	
		(0 1 (0 1		10 Employer (See In	<u> </u>	Texas, complete conceder 17
9	Principal occup	eation / Job title (See Instruction	ns)	10 Employer (See in	istructions)	
	Date	Full name of contributor Semple, Anne D	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; 3962 Sarita Park Fort Worth, TX 76109	City; State; Zip Code		\$200.00	1
		Total and the second			(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructio	ns)	Employer (See In	structions)	
	Date	Full name of contributor Semple, Robert W.	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/08/2011	Contributor address; 3962 Sarita Park Fort Worth, TX 76109	City; State; Zip Code		\$200.00	
						Turne complete Schodule T)
				Englaver (Coole	<u> </u>	Texas, complete Schedule T)
	Principal occup	oation / Job title (See Instructio	ns)	Employer (See Ir	nstructions)	
	Date	Full name of contributor Sexton, Nancy	out-of-state PAC (IDa	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/04/2011	Contributor address; 5902 Over Downs Dr	City; State; Zip Code		\$50.00	
		Dallas, TX 75230				· · · · · · · · · · · · · · · · · · ·
					<u></u>	Texas, complete Schedule T)
	Principal occup	oation / Job title (See Instruction	ns)	Employer (See Ir	nstructions)	
	Date	Full name of contributor Shackelford, L.D.	out-of-state PAC (IDa	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/03/2011	Contributor address; 4404 Ranch View Road Fort Worth, TX 76109-3441	City; State; Zip Code		\$100.00	
1		<u> </u>			(If travel outside of	Texas, complete Schedule T)
\vdash	Principal occur	 pation / Job title (See Instructio	ns)	Employer (See In		
	i intolpal occup		•			

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 41	/49 Report: 43/75
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Shannon, Greg D.	<u> </u>	7 Amount of contribution (\$)	8
	04/05/2011	6 Contributor address; City; State; Zip Code 3205 Tanglewood Trail Fort Worth, TX 76109-2015		\$250.00	
		Total World, TX Forest 2010		(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In		
•		,			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/02/2011	Contributor address; City; State; Zip Code 513 Highwoods Trail Fort Worth, TX 76112		\$25.00	
		TORTWORK, TX 70112		L	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)
	04/23/2011	Contributor address; City; State; Zip Code 5013 Buttonwillow Fort Worth, TX 76123		\$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)
	04/21/2011	Contributor address; City; State; Zip Code 7611 Marquete		\$100.00	
		Dallas, TX 75225		MS Amount a code ide as	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1)
	г ппырагоссир	ionori, son uno (oco mondonorio)		··· · · ,	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/18/2011	Contributor address; City; State; Zip Code 300 Brookview Drive Decatur, TX 76234		\$250.00	
		Docada, 17 / 0204		(If travel outside of	Texas, complete Schedule T)
_	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	,
	•				
L					Electronic Filing Version 3.4

(512)463-5800 TDD 1-800-735-2989

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: 42	/49 Report: 44/75
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Smith, Van K.	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/22/2011	6 Contributor address; City; State; Zip Code 777 Jenkins Road Aledo, TX 76008		\$250.00	
					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)
	04/05/2011	Contributor address; City; State; Zip Code 4012 Hartwood Drive Fort Worth, TX 76109-1067		\$25.00	:
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	Deation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor ut-of-state PAC (ID Sprinkle, Susan P.	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/05/2011	Contributor address; City; State; Zip Code 4012 Hartwood Drive Fort Worth, TX 76109-1067	,	\$25.00	
			T = 1 (01)	<u> </u>	f Texas, complete Schedule T)
	Principal occup	oation / Job title (See Instructions)	Employer (See In	nstructions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State; Zip Code 3413 Bellaire Park Court Fort Worth, TX 76109		\$1,000.00	
				(If travel outside o	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I		
	Date	Full name of contributor ut-of-state PAC (ID Stewart, Marc H.	0#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/20/2011	Contributor address; City; State; Zip Code 4025 Windsor Avenue Dallas, TX 75205		\$250.00	
				(If travel outside o	of Texas, complete Schedule T)
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	i intoipai occu				

	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 43	/49 Report: 45/75		
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)		
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	04/29/2011	6 Contributor address; City; State; Zip Code 1223 S. Main Street Fort Worth, TX 76104		\$100.00	 - -		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In		Texas, complete Schedule T)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/20/2011	Contributor address; City; State; Zip Code 4285 Lomo Alto Drive Dallas, TX 75219-1540		\$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)		
	04/12/2011	Contributor address; City; State; Zip Code 5444 Northcrest Rd. Fort Worth, TX 76107		\$100.00	 		
		, and the second		(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)		
	04/08/2011	Contributor address; City; State; Zip Code 6709 Olympia Hills Road Fort Worth, TX 76132		\$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)		
	04/13/2011	Contributor address; City; State; Zip Code 7008 Shadow Creek Court 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)			

POLITICAL CONTRIBUTIONS

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 TDD 1-800-735-2989

OTHE	R THAN PLEDGES OR LOAI	NS		
The Instruc	TION GUIDE explains how to complete this form.		1 PAGE # Schedule: 44	/49 Report: 46/75
2 FILER NAME	: Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Sweeney, Lawrence P.	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/20/2011	6 Contributor address; City; State; Zip Code 510 Villa Crossing Southlake, TX 76092		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ☐ out-of-state PAC (ID# Texas Progress Fund	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2011	Contributor address; City; State; Zip Code 801 Cherry Street, Suite 1500, Unit #9 Fort Worth, TX 76102-6881		\$5,000.00	
			<u> </u>	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Thomas, Jerry L.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/13/2011	Contributor address; City; State; Zip Code 4200 S. Hulen Street, Suite 522 Fort Worth, TX 76109		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Tidwell, Gail K.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/02/2011	Contributor address; City; State; Zip Code 11712 Wind Creek Court Aledo, TX 76008		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor uut-of-state PAC (ID#	<u>; </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/18/2011	Contributor address; City; State; Zip Code 6421 Camp Bowie Boulevard Fort Worth, TX 76116		\$500.00	
			<u> </u>	Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	

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

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	OTHER THAN PLEDGES OR LOANS				
	The Instructio	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 45/	/49 Report: 47/75
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#_Toal, James R.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/04/2011	6 Contributor address; City; State; Zip Code 341 Nursery Lane Fort Worth, TX 76114-4336		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/29/2011	Contributor address; City; State; Zip Code 1300 S. University Drive, Suite 409 Fort Worth, TX 76107		\$250.00	
					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)
	04/05/2011	Contributor address; City; State; Zip Code 4617 Westridge Ave. Fort Worth, TX 76116		\$250.00	1 { {
					Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	istructions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/07/2011	Contributor address; City; State; Zip Code 5008 Sunwood Circle Fort Worth, TX 76123		\$50.00	1 1 1
				<u></u>	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	nstructions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/18/2011	Contributor address; City; State: Zip Code 10410 Finnell Street Dallas. TX 75220		\$500.00	!
				<u> </u>	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	istructions)	

05/01/2011 6 Contributor address; S108 Annandale Dr. Fort Worth, TX 76132 City: State; Zip Code \$50.00 9 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Out-of-					
### Price, Betsy ### Cethics Commission filers)	The Instruc	CTION GUIDE explains how to complete this form.		i i	6/49 Report: 48/75
Vaughan, Michael S. 05/01/2011 6 Contributor address; City; State: Zip Code s108 Annandale Dr. Fort Worth, TX 76132 9 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#	2 FILER NAME	E Price, Betsy		3 ACCOUNT#	
Stock of the contributor State S	4 Date		D#)		8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Date Full name of contributor	05/01/2011	6108 Annandale Dr.		\$50.00	
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) In-kind contribution (\$) description (if applicable \$250.00 S250.00 S250.00				(If travel outside of	Texas, complete Schedule T)
Waddell, Mark Daniel Contributor (f applicable \$250.00 Contributor address; City; State; Zip Code \$13131 W. 7th Street, Suite 400 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Date	9 Principal occu	upation / Job title (See Instructions)	10 Employer (See I	nstructions)	
State Stat	Date)#)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor	04/19/2011	3131 W. 7th Street, Suite 400		\$250.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor				(If travel outside of	Texas complete Schedule T)
Date Full name of contributor	Principal occu	upation / Job title (See Instructions)	Employer (See Ir		Toxas, complete ocheanie 1)
Walker, Carey F. Contributor address; City; State; Zip Code 2501 Parkview Drive, Suite 123 Fort Worth, TX 76102 Date Full name of contributor				•	
2501 Parkview Drive, Suite 123 Fort Worth, TX 76102 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Washington, Bernice J. Contributor address; City; State; Zip Code 4359 Highlander Dr (If travel outside of Texas, complete Schedule T) Amount of contribution description (if applicable)	Date	\	#)		In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	04/13/2011	2501 Parkview Drive, Suite 123		\$100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor				(If travel outside of	Texas, complete Schedule T)
Washington, Bernice J. O4/20/2011 Contributor address; City; State; Zip Code 4359 Highlander Dr	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	
4359 Highlander Dr	Date		‡)		In-kind contribution description (if applicable)
Dallas, 1X 75287	04/20/2011	, , , , , , , , , , , , , , , , , , , ,		\$50.00 	
(If travel outside of Texas, complete Schedule T)				(If travel outside of 1	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) In-kind contribution description (if applicable)	Date)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2011 Contributor address; City; State; Zip Code \$50.00 Solution address; TX 75287	04/20/2011	4359 Highland Drive		\$50.00 	
(If travel outside of Texas, complete Schedule T)				(If travel outside of T	exas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	

Texas Ethics Commission

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-	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 47	/49 Report: 49/75
2	FILER NAME	Price, Betsy		3 ACCOUNT # 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Watson, Elizabeth Ann)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/25/2011	6 Contributor address; City; State; Zip Code 4113 Bunting Avenue Fort Worth, TX 76107-2403		\$250.00	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	`	Texas, complete schedule 1)
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/06/2011	Contributor address; City; State; Zip Code 505 Rivercrest Drive Fort Worth, TX 76107-1640		\$100.00	
	ļ			(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)
	04/20/2011	Contributor address; City; State; Zip Code 8925 Briarwood Dallas, TX 75209		\$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)
	04/21/2011	Contributor address; City; State; Zip Code P.O. Box 821579 North Richland Hills, TX 76182		\$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 ut-of-state PAC (ID# West, Walter B.)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/05/2011	Contributor address; City; State; Zip Code 3820 Hilltop Road Fort Worth, TX 76109		\$25.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	estructions)	
1					

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 48	3/49 Report: 50/75
2	FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID Wideman, Ron (Mrs.)	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/20/2011	6 Contributor address; City; State; Zip Code 3509 Greenbrier Dallas, TX 75225		\$50.00	<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)
	04/20/2011	Contributor address; City; State; Zip Code 3509 Greenbrier Dallas, TX 75225		\$50.00	{
		25.135, 77.75225		/If the set outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1)
	FIII страг оссор	ation / Job title (Gee instructions)	Employer (Occur)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/08/2011	Contributor address; City; State; Zip Code P.O. Box 1382 Fort Worth, TX 76101		\$1,000.00	{
		Foll World, 12 70101		(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)
	04/13/2011	Contributor address; City; State; Zip Code 5 Crown Road Willow Park, TX 76087		\$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)
	04/18/2011	Contributor address; City; State; Zip Code 3500 Park Hill Drive Fort Worth, TX 76109		\$1,000.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
			I		

POLITICAL CONTRIBUTIONS

OTHER THAN PLEDGES OR LOANS				
The Instruction	The Instruction Guide explains how to complete this form.			0/49 Report: 51/75
2 FILER NAME	Price, Betsy		3 ACCOUNT# 00000002	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Womack, Dana (Hon.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/13/2011	6 Contributor address; City; State; Zip Code P.O. Box 470323 Fort Worth, TX 76147-0323		\$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)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/20/2011	Contributor address; City; State; Zip Code 3400 Bryn Mawr Dr Dallas, TX 75225		\$10.00	
			(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)
04/12/2011	Contributor address; City; State; Zip Code 4524 Elm River Court Fort Worth, TX 76116		\$100.00 	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See Ins	structions)	

LOANS				SCHEDULE E
The Instruction Guide	explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 52/75	
2 FILER NAME Price	e, Betsy		3 ACCOUNT# (0 00000002	Ethics Commission filers)
TOTAL OF UNITE	EMIZED LOANS:	****		\$
5 Date of loan 7 05/04/2011	Price, Tom	f-state PAC (ID#		9 Loan Amount (\$) \$2,460.08
financial Institution?	Lender address; City; State; 2 3908 Summercrest Fort Worth, TX 76164			10 Interest rate 11 Maturity date
No				
12 Principal occupation / J	lob title (See Instructions)	13 Employer (See Instructi	ions)	
14 Description of Collatera in none	le l		**	
INFORMATION	6 Name of guarantor			18 Amount Guaranteed (\$)
X not applicable	7 Guarantor address; City; State; 2	Zip Code		
19 Principal Occupation		20 Employer		

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH

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

EXPENDITURE CATEGORIES 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/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 1/23 Report: 53/75 00000002 4 Date 5 Payee name ADP Media Group 04/26/2011 6 Amount (\$) Payee address City; State: Zip Code 7700 B Camp Bowie West \$311.26 Fort Worth, TX 76116 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 Printing OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/28/2011 ADP Media Group Amount (\$) Payee address State: City: Zip Code 7700 B Camp Bowie West \$290.79 Fort Worth, TX 76116 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Printing OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/04/2011 ADP Media Group Amount (\$) Payee address City; State; Zip Code 7700 B Camp Bowie West \$190.95 Fort Worth, TX 76116 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Printing Expense Printing OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/27/2011 All-Star Party Service Amount (\$) Payee address City; State; Zip Code 117 S Sylvania Ave \$108.25 Fort Worth, TX 76111 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Event Expense Reimburse Olga Naranjo: event expense OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held:

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 Travel Out Of District

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

Event Expense Fees	Printing Expense Printing Expense Office Overhead/I The Instruction Guide explains hov	Rental Expense OTHER (enter a category not listed above)	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC fi	lers)
Schedule: 2/23 R	Price Potev	0000002	
4 Date	5 Payee name		
04/15/2011	Allyn Media		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$32,615.65	3232 McKinney Avenue, Suite 660 Dallas, TX 75204		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule 1 Campaign consulting & postage	ווח
OF	Contracting Expenses		
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:	
Date 04/17/2011	Payee name Allyn Media		
Amount (\$)	Payee address City; State; Zip Code		
\$12,743.53	3232 McKinney Avenue, Suite 660 Dallas, TX 75204		
PURPOSE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule Printing	T) 🔲
OF EXPENDITURE	, ,,,,,,,,		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:	
Date	Payee name		
04/26/2011	Allyn Media		
Amount (\$)	Payee address City; State; Zip Code		
\$7,260.00	3232 McKinney Avenue, Suite 660 Dallas, TX 75204		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule	T) 🔲
PURPOSE OF	Consulting Expense	Campaign consulting	
EXPENDITURE			
		Office sought: Office held:	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:	
Date	Payee name		
05/04/2011	AT&T		
Amount (\$)	Payee address City; State; Zip Code		
\$151.08	2834 S Hulen Fort Worth, TX 76109		
2112522	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule	r) 🔲
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Telephone	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense

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

P.O.Box 12070

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	Polling Expense Travel Out Of Di- Printing Expense Office Overhead	strict Candidate/Officeholder/Political Committee //Rental Expense OTHER (enter a category not listed above)
rees	The Instruction Guide explains ho	· · · · · · · · · · · · · · · · · · ·
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 3/23 F	Report: 55/75 Price, Betsy	00000002
4 Date	5 Payee name	
04/29/2011	Atchley & Associates, LLP	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$2,474.30	6850 Austin Center Blvd Ste 180	
	Austin, TX 78731	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Accounting/Banking	Accounting & compliance services
OF EXPENDITURE		
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
05/02/2011	Baptists Ministers' Union	
Amount (\$)	Payee address City; State; Zip Code	
\$160.00	5300 Oak Grove Rd West	
	Fort Worth, TX 76134	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Event Expense	Banquet
OF EXPENDITURE	·	
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
04/15/2011	Borders	1849-19
Amount (\$)	Payee address City; State; Zip Code	
\$32.50	3600 McKinney Ave Dallas, TX 75204	
	Sando, 177 1920 1	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Consulting Expense	Reimburse Allyn Media: maps
EXPENDITURE		
	0-111-106-1-11-	Office sought: Office held:
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
04/07/2011	Camp Fire USA	
Amount (\$)	Payee address City; State; Zip Code	
\$50.00	2700 Meachum Blvd Fort Worth, TX 76137	
	,	
	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 EXPENDITURE	Candidate/Officeholder/Political Committee	
0 1 0 0 0 0 0	Candidate / Officeholder no	Office sought: Office held:
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought. Office neid.
to benefit C/OH		Flactronic Filling Version 3.4.1

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees

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# FILER NAME 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 4/23 Report: 56/75 00000002 Date 5 Payee name 04/30/2011 Casa del Inmigrante Amount (\$) Payee address City; State: Zip Code 303 NW 20th St \$150.00 Fort Worth, TX 76106 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Reimburse Olga Naranjo: sponsor registration OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Cass, Wendel (Rev.) 04/08/2011 Amount (\$) Payee address City; State; Zip Code \$400.00 2129 Ridgeview St Fort Worth, TX 76119 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Salaries/Wages/Contract Labor signs (Expense for loan made by Tom Price) OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/17/2011 Cass, Wendel (Rev.) Amount (\$) Payee address City; State; Zip Code \$200.00 2129 Ridgeview St Fort Worth, TX 76119 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **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 Date Payee name Cass, Wendel (Rev.) 04/29/2011 Amount (\$) Payee address City: State: Zip Code \$260.00 2129 Ridgeview St Fort Worth, TX 76119 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 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#	2 FILER NAME Price, Betsy	3 ACCOUNT # (TEC filers 00000002
Schedule: 5/23 F	report. 3777 3	0000002
4 Date 04/22/2011	5 Payee name Classic Graphics	
6 Amount (\$)	7 Payee address City; State; Zip Code	
	1	
\$1,921.44	Fort Worth, TX 76116	
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	Signs
OF EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
05/03/2011	Classic Graphics	
Amount (\$)	Payee address City; State; Zip Code	
\$120.16		
φ 12U, 10	Fort Worth, TX 76116	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Printing Expense	printing (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	
04/15/2011	Cypress Communications	
Amount (\$)	Payee address City; State; Zip Code	
\$1.33	PO Box 536796	
*	Atlanta, GA 30353-6796	
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Consulting Expense	Reimburse Allyn Media: long distance
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
Complete ONLY if direct expenditure	Candidate / Officendider frame	Office Sought.
to benefit C/OH		
Date	Payee name	
04/29/2011	Dollar Tree Stores, Inc.	
Amount (\$)	Payee address City; State; Zip Code	
\$46.55	7015 Ridgmar Meadow Rd	
	Fort Worth, TX 76116	
_		The second secon
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) Reimburse Olga Naranjo: event expense
OF	Event Expense	Reimburse Olya Maranjo, event expense
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure	Candidate / Chiceholder harno	Omoc sought.
to benefit C/OH		

SCHEDULE F

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

ense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out of District Office Overhead/Pental Expense

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 Distri Printing Expense Office Overhead/Ro	ental Expense OTHER (enter	a category not listed above)
	The Instruction Guide explains how	to complete this form.	T
1 PAGE#	2 FILER NAME Price, Betsy		3 ACCOUNT # (TEC filers)
Schedule: 6/23 F	leport. 30/13		00000002
4 Date	5 Payee name		
04/17/2011	Easter Seals North Texas		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$100.00	1424 Hemphill Street Fort Worth, TX 76104		
8	(a) Category (See Categories listed at the top of this schedule)	1, , , ,	of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Event ticket	
EXPENDITURE			
O Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
9 Complete ONLY if direct expenditure to benefit C/OH	Callulate / Officerolder Hame	O mos coag. m	
Date	Payee name		
04/29/2011	Family Dollar #5508		
Amount (\$)	Payee address City; State; Zip Code		
\$10.55	2100 Ephriham Ave Fort Worth, TX 76106		
	For Word, TX Foros		
<u> </u>	Category (See Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Event Expense	Reimburse Olga Naranjo:	event expense
OF EXPENDITURE	·		
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
04/11/2011	Federal Express		
Amount (\$)	Payee address City; State; Zip Code		
\$15.20	109 N Chandler Dr		
	Fort Worth, TX 76111		
· · · · · · · · · · · · · · · · · · ·	Catagony (See Catagories listed at the tan of this schodule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Shipping	or reads, demplete democrate 1,
OF	Omoo Ovornoud/Normal Exposico		
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
04/11/2011	Federal Express		
Amount (\$)	Payee address City; State; Zip Code		
\$48.65	109 N Chandler Dr		
Ψ-10.00	Fort Worth, TX 76111		
DUDDOSE	Category (See Categories listed at the top of this schedule)	· ·	of Texas, complete Schedule T)
PURPOSE OF	Office Overhead/Rental Expense	Shipping	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Sandrado / Sinostistas Harris		
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

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 # FILER NAME 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 7/23 Report: 59/75 00000002 Date 5 Payee name 04/13/2011 Federal Express Amount (\$) Payee address City; State; Zip Code 109 N Chandler Dr \$54.47 Fort Worth, TX 76111 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Shipping OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/11/2011 Fred's Texas Café Amount (\$) Pavee address City; State; Zip Code 915 Currie St \$159.90 Fort Worth, TX 76107 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Staff lunch OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name **Fundraising Solutions** 04/06/2011 Amount (\$) Payee address City; State; Zip Code 1500 Jackson Street #817 \$1,750.00 Dallas, TX 75201 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Fundraising OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/15/2011 **Fundraising Solutions** Amount (\$) Payee address City; State: Zip Code 1500 Jackson Street #817 \$6,117.00 Dallas, TX 75201 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Solicitation/Fundraising Expense Fundraising **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

POLITICAL EXPENDITURES SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Fees	Printing Expense Office Overhead/ The Instruction Guide explains ho	
1 PAGE#	2 FILER NAME	3 ACCOUNT# (TEC filers
Schedule: 8/23 F	Report: 60/75 Price, Betsy	00000002
4 Date	5 Payee name	
04/17/2011	Fundraising Solutions	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$1,355.00	1500 Jackson Street #817 Dallas, TX 75201	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Solicitation/Fundraising Expense	Fundraising
OF EXPENDITURE		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
04/25/2011	Fundraising Solutions	
Amount (\$)	Payee address City; State; Zip Code	
\$1,763.50	1500 Jackson Street #817 Dallas, TX 75201	
<u> </u>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Solicitation/Fundraising Expense	Fundraising
OF EXPENDITURE	ů .	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
04/15/2011	GoDaddy.com	
Amount (\$)	Payee address City; State; Zip Code	
\$69.02	14455 N Hayden Rd Ste 219 Scottsdale, AZ 85260	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Consulting Expense	Reimburse Allyn Media: Domain names
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:
Date	Payee name	
04/17/2011	Greve, Christene	
Amount (\$)	Payee address City; State; Zip Code	
\$565.00 _	3708 Black Canyon Rd Fort Worth, TX 76109	
Buncocc	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Contract Labor
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

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)

OTHER (enter a category not listed above) Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# FILER NAME 2 Price, Betsy 00000002 Schedule: 9/23 Report: 61/75 5 Payee name Date 04/09/2011 Haney, Thomas 6 Amount (\$) 7 Payee address City; State; Zip Code \$300.00 8121 Doreen Fort Worth, TX 76116 (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 signs (Expense for loan made by Tom Price) **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/19/2011 Haney, Thomas Amount (\$) Pavee address City: State: Zip Code \$340.00 8121 Doreen Fort Worth, TX 76116 Category (See Categories listed at the top of this schedule) (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 Date Payee name Jim Austin Online 04/21/2011 Amount (\$) Payee address City; State; Zip Code 2401 Scott Ave \$1,250.00 Fort Worth, TX 76103 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Solicitation/Fundraising Expense Website OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name JP Solutions 04/17/2011 Amount (\$) Payee address City; State; Zip Code 6421 Fernshaw Pl \$2,263.90 Fort Worth, TX 76116 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Consulting Expense Consulting & reimburse mileage 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

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/Officholder/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)
Schedule: 10/23			00000002
4 Date	5 Payee name		
04/17/2011	Jungus Jordan Campaign		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$100.00	1000 Throckmorton St Fort Worth, TX 76102		
I	Tott Word, TX 70.102		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside	ide of Texas, complete Schedule T)
PURPOSE OF	Contributions/Donations Made By	Campaign contribution	de of Tondo, complete constant,
EXPENDITURE	Candidate/Officeholder/Political Committee		
OM V S			
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
04/07/2011	Mayfest, Inc.		
Amount (\$)	Payee address City; State; Zip Code		,
\$50.00	6115 Camp Bowie Blvd, Suite 160		
	Fort Worth, TX 76116		
I	Category (See Categories listed at the top of this schedule)	Description (16 t-page) outsi	
PURPOSE	Contributions/Donations Made By	Description (If travel outside Donation	de of Texas, complete Schedule T)
OF EXPENDITURE	Candidate/Officeholder/Political Committee	Dollation	
LAI LITOI. U.L.			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
04/21/2011	Mulholland Custom Imprints		
Amount (\$)	Payee address City; State; Zip Code		
\$208.45	P.O. Box 161220		
~- · · ·	Fort Worth, TX 76161		
PURPOSE	Category (See Categories listed at the top of this schedule)	l l	de of Texas, complete Schedule T)
OF	Advertising Expense	Campaign Materials	
EXPENDITURE	I		
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH	distribution of the state of th	Office Sought.	Office neid.
Date 04/11/2011	Payee name Mulholland's		·
04/11/2011 Amount (\$)	Mulholland's Payee address City; State; Zip Code		
	Payee address City; State; Zip Code 1332 N Main Street		
\$151.33	Fort Worth, TX 76106		
1	· · · · · · · · · · · · · · · · · · ·		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Printing Expense	Nametags	3 Of Texas, complete contection,
OF EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
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 Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

PAGE # Schedule: 11/23 Report: 63/75 Price, Belsty P	Event Expense Fees	Polling Expense Travel Out Of Dist Printing Expense Office Overhead/F	Rental Expense OTHER (ente	Officeholder/Political Committee r a category not listed above)
Schedule: 11/23 Report 63/75 Price, Betsy 00000002 4 Date 5 Payse name NextPay Merchant Services 6 Amount (\$) 7 Payse address City: State: Zip Code 2245 Keller Way Ste 360 2246 Keller Way Ste 360 Carrollton, TX 75006 8 PURPOSE Categories listed at the top of this schedule) Processing Fees 9 Complete ONLY of Candidate / Officeholder name Office sought: Office held: Date April of Candidate / Officeholder name Office sought: Office held: PURPOSE Categories kised at the top of this schedule) Candidate / Officeholder name Office sought: Office held: PURPOSE Categories kised at the top of this schedule) Candidate / Officeholder name Office sought: Office held: PURPOSE Categories Stated at the top of this schedule) Candidate / Officeholder name Office sought: Office held: Date Output Candidate / Officeholder name Office sought: Office held: Date Output Candidate / Officeholder name Office sought: Office held: Date Output Payse name Output Candidate / Officeholder name Office sought: Office held: Date Output Payse name Output Candidate / Officeholder name Office sought: Office held: Date Output Payse name Output Candidate / Officeholder name Office sought: Office held: Date Output Payse name Output Candidate / Officeholder name Office sought: Office held: Date Output Payse name Output Candidate / Officeholder name Office sought: Office held: Date Output Payse name Output Candidate / Officeholder name Office sought: Officeholder name Office sought: Officeholder name Output Candidate / Officeholder name			to complete this form.	To topoling # (TEO SI)
4 Date OSCO3/2015 NextPay Merchant Services Cardiolino, TX 75006 Cardiolino, TX 75007 Cardiolino, TX 75006 Cardiolino, TX 75007 Cardiolino, TX	l -	- Drice Betay		■ =
Amount (S) 7 Payes address City; State; Zip Code				
Section Sect		NextPay Merchant Services		
Sec. 17 2245 Keller Way \$16:360 Carrollton, TX 75006	6 Amount (\$)	7 Payee address City; State; Zip Code		
Carrollton, TX 75006	-	2245 Keller Way Ste 360		
PURPOSE OF EXPENDITURE Complete ONLY Condidate / Officeholder name	Ψσσ	Carrollton, TX 75006		555 m.
Complete ONLY if direct expenditure to benefit COH	8	(a) Category (See Categories listed at the top of this schedule)	1 ' '	e of Texas, complete Schedule T)
Scmplete ONLY if direct expenditure to brondit COH Payee name		Fees	Processing Fees	
Date Out/15/2011 Payee name Pagelines.com				
Date Out/15/2011 Payee name Pagelines.com				06 1.11
Date O4/15/2011 Pagelines.com Amount (\$) Payee address City; State; Zip Code 4919 Ocean Blvd San Dlego, CA 92109 PURPOSE OF EXPENDITURE Complete OMLY if direct expenditure to benefit C/OH Amount (\$) Payee address City; State (\$\text{state}\$) Description (if travel outside of Texas, complete Schedule T) □ Reimburse Allyn Media: template Complete OMLY if direct expenditure to benefit C/OH Date O4/21/2011 Patrizio Amount (\$) Payee address City; State; Zip Code 2932 Crockett Street Fort Worth, TX 76107 PURPOSE OF EXPENDITURE Complete OMLY if condidate / Officeholder name Cardipate OMLY if Candidate / Officeholder name Complete OMLY if Candidate / Officeholder name Complete OMLY if Candidate / Officeholder name Complete OMLY if Candidate / Officeholder name Office sought: Office held: Campaign dinner		Candidate / Officeholder name	Office sought:	Office neid:
Amount (\$)				
Amount (\$)	Date	Pavee name		
Amount (\$) \$149.00 \$149.00 \$149.00 \$2 Ag 19 Ocean Blvd San Diego, CA 92109 PURPOSE OF EXPENDITURE Cardegory (See Categories listed at the top of this schedule) Consulting Expense Category (See Categories listed at the top of this schedule) Consulting Expense Category (See Categories listed at the top of this schedule) Reimburse Allyn Media: template Candidate / Office held: Category (See Categories listed at the top of this schedule) Patrizio Purpose OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Office sought: Candidate / Officeholder name Office sought: Office held: Category (See Categories listed at the top of this schedule) Campaign dinner Campaign dinner Campaign dinner Campaign dinner Campaign dinner Candidate / Officeholder name Office sought: Office held: Cardidate / Officeholder name Office sought: Office held: Cardidate / Officeholder name Office sought: Office held:		•		
### Standard ### St				
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure of Serior Se				
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH to	\$149.00			
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH to		9		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 04/21/2011 Amount (\$) Payee address City; State; Zip Code 2932 Crockett Street Fort Worth, TX 76107 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 04/2011 Amount (\$) Payee address City; State; Zip Code 2932 Crockett Street Fort Worth, TX 76107 Category (See Categories listed at the top of this schedule) Food/Beverage Expense Campaign dinner Campaign dinner Office sought: Office held: Candidate / Officeholder name Office sought: Office held: Description (if travel outside of Texas, complete Schedule T) Campaign dinner Campaign dinner Office sought: Office held: Description (if travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Description (If travel outside of Texas, complete Schedule T) Transaction Fee PURPOSE OF EXPENDITURE Complete ONLY office held: Candidate / Officeholder name Office sought: Office held:		Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH Date O4/21/2011		• • •	Reimburse Allyn Media: t	emplate
Complete ONLY if direct expenditure to benefit C/OH Date O4/21/2011 Amount (\$) Payee address City; State; Zip Code 2932 Crockett Street Fort Worth, TX 76107 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date O4/06/2011 Payee address City; State; Zip Code 2932 Crockett Street Fort Worth, TX 76107 Category (See Categories listed at the top of this schedule) Campaign dinner Complete ONLY if direct expenditure to benefit C/OH Date O4/06/2011 Amount (\$) Payee name PIRYX INC. Payee address City; State; Zip Code 304 Campaign dinner Office sought: Office held: Description (if travel outside of Texas, complete Schedule T) Campaign dinner Office sought: Office held: Date O4/06/2011 Amount (\$) Payee name PIRYX INC. Payee address City; State; Zip Code 35 Natoma Street, Unit 9 San Francisco, CA 94105-2659 Category (See Categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) Transaction Fee Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held:		,		
Date ONLY if direct expenditure to benefit C/OH Date O4/06/2011 Payee address City; State; Zip Code 2932 Crockett Street Fort Worth, TX 76107 Camplete ONLY if direct expenditure to benefit C/OH Payee address City; State; Zip Code 2932 Crockett Street Fort Worth, TX 76107 Category (See Categories listed at the top of this schedule) Campaign dinner Campaign dinner Description (if travel outside of Texas, complete Schedule T) □ Campaign dinner Complete ONLY if direct expenditure to benefit C/OH Date O4/06/2011 Amount (\$\$) Payee name PIRYX INC. Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659 Category (See Categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) □ Transaction Fee Complete ONLY if direct expenditure Candidate / Office holder name Office sought: Office held:	LXI LIVETTORE			
Date O4/21/2011 Payee name Patrizio Amount (\$) Payee address City; State; Zip Code 2932 Crockett Street Fort Worth, TX 76107 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date O4/06/2011 Payee name PIRYX INC. Amount (\$) Payee address City; State; Zip Code 2932 Crockett Street Fort Worth, TX 76107 Date O4/06/2011 Payee name PIRYX INC. Amount (\$) Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure Complete ONLY if direct expenditure Complete ONLY if direct expenditure Complete ONLY if direct expenditure Complete ONLY if direct expenditure Complete ONLY if direct expenditure Complete ONLY if direct expenditure Complete ONLY if direct expenditure Complete ONLY if direct expenditure Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held:		Candidate / Officeholder name	Office sought:	Office held:
Date 04/21/2011 Amount (\$)				
O4/21/2011 Patrizio Amount (\$) Payee address City; State; Zip Code \$124.22 2932 Crockett Street Fort Worth, TX 76107 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Amount (\$) Payee address City; State at the top of this schedule) Date O4/06/2011 Payee address City; State; Zip Code \$166.50 \$S Natoma Street, Unit 9 San Francisco, CA 94105-2659 PURPOSE OF EXPENDITURE Candidate / Office holder name Category (See Categories listed at the top of this schedule) PlRYX INC. Date O4/06/2011 Payee address City; State; Zip Code \$5 Natoma Street, Unit 9 San Francisco, CA 94105-2659 Category (See Categories listed at the top of this schedule) Fees Category (See Categories listed at the top of this schedule) Fees Complete ONLY if direct expenditure Co				
Amount (\$) \$124.22 Purpose OF EXPENDITURE Candidate / Office holder name Office sought: Category (See Categories listed at the top of this schedule) Food/Beverage Expense Campaign dinner Description (If travel outside of Texas, complete Schedule T) Campaign dinner Campaign dinner Campaign dinner Office sought: Office held: Date O4/06/2011 Payee name PIRYX INC. Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659 Purpose OF EXPENDITURE Campaign dinner Office sought: Office held: Description (If travel outside of Texas, complete Schedule T) Transaction Fee Category (See Categories listed at the top of this schedule) Fees Category (See Categories listed at the top of this schedule) Fees Office sought: Office held:		•		
\$124.22				
Fort Worth, TX 76107 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date O4/06/2011 Amount (\$) Payee address City; State; Zip Code \$5 Natoma Street, Unit 9 San Francisco, CA 94105-2659 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Complete ONLY if direct expenditure Category (See Categories listed at the top of this schedule) Fees Office sought: Office held:				
PURPOSE OF EXPENDITURE Candidate / Office holder name Complete ONLY if direct expenditure to benefit C/OH Date O4/06/2011 Amount (\$) Payee address City; State; Zip Code \$5 Natoma Street, Unit 9 San Francisco, CA 94105-2659 PURPOSE OF EXPENDITURE Candidate / Office holder name Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Campaign dinner Office sought: Office held: Office held: Description (If travel outside of Texas, complete Schedule T) Campaign dinner Office held: Description (If travel outside of Texas, complete Schedule T) Transaction Fee Complete ONLY if direct expenditure Complete ONLY if direct expenditure Office held:	\$124.22			
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 04/06/2011 PlRYX INC. Amount (\$) Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure Complete ONLY if direct expenditure Candidate / Officeholder name Campaign dinner Office held:		Tott Worth, TX TOTOT		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 04/06/2011 PlRYX INC. Amount (\$) Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure Complete ONLY if direct expenditure Candidate / Officeholder name Campaign dinner Office held:		Catagony (See Catagories listed at the tax of this caled use)	Description (If travel outside	of Toyas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH Date 04/06/2011 PIRYX INC. Amount (\$) Payee address City; State; Zip Code \$5 Natoma Street, Unit 9 San Francisco, CA 94105-2659 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held: Office sought: Office held: Office sought: Office held:	PURPOSE		· · · · · · · · · · · · · · · · · · ·	e of Texas, complete Schedule 1)
Complete ONLY if direct expenditure to benefit C/OH Date	-	1 God/Beverage Expense	Campaign diffici	
direct expenditure to benefit C/OH Date	EXPENDITURE			
direct expenditure to benefit C/OH Date	Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
Date 04/06/2011 PlRYX INC. Amount (\$) Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure Candidate / Officeholder name Payee name PlRYX INC. Description (If travel outside of Texas, complete Schedule T) Transaction Fee Office sought: Office held:	direct expenditure			
O4/06/2011 PIRYX INC. Amount (\$) Payee address City; State; Zip Code \$166.50 Shatoma Street, Unit 9 San Francisco, CA 94105-2659 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held:	to benefit C/OH			
Amount (\$) \$166.50 Payee address City; State; Zip Code 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659 Category (See Categories listed at the top of this schedule) Fees Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held:	Date	•		
\$166.50 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659 Description (If travel outside of Texas, complete Schedule T) Transaction Fee Office sought: Office held:	04/06/2011			
San Francisco, CA 94105-2659 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Transaction Fee Office sought: Office held:	Amount (\$)	· · · · · · · · · · · · · · · · · · ·		j
PURPOSE OF EXPENDITURE Candidate / Office holder name Category (See Categories listed at the top of this schedule) Fees Category (See Categories listed at the top of this schedule) Transaction Fee Office sought: Office held:	\$166.50			
PURPOSE OF EXPENDITURE Fees Transaction Fee Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held:		San Francisco, CA 94105-2659		
PURPOSE OF EXPENDITURE Fees Transaction Fee Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held:				
OF EXPENDITURE Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held:	DIIDDOSE	3 7 1		of Texas, complete Schedule T)
Complete ONLY if direct expenditure Candidate / Officeholder name Office sought: Office held:	l ,	Fees	Transaction Fee	
direct expenditure				
direct expenditure		Condition (Official)		Office hold:
		Candidate / Officenoider name	Office sought:	Office field.

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 explains ho	w to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 12/23	Report: 64/75	Price, Betsy		00000002
4 Date	5 Payee name			
04/07/2011	PIRYX INC.			
6 Amount (\$)	7 Payee addres	s City; State; Zip Code		
\$36.01	85 Natoma S	Street, Unit 9		
	San Francis	co, CA 94105-2659		
			(th) Description (the second state)	e of Texas, complete Schedule T)
8 PURPOSE	(a) Category (See	e Categories listed at the top of this schedule)	(b) Description (If travel outside Transaction Fee	e of Texas, complete schedule T)
OF	rees		Transaction 1 cc	
EXPENDITURE				
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure			•	
to benefit C/OH				
Date	Payee name			
04/08/2011	PIRYX INC.			
Amount (\$)	Payee addres			
\$119.71	85 Natoma S	Street, Unit 9 co, CA 94105-2659		
	Sairriancis	00, 0A 04 100-2000		
	Catagony (Sa	e Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Fees	e Categories listed at the top of this schedule)	Transaction Fee	o ci rusauci, compiono comerciae vi
OF EXPENDITURE	1 000			
EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
04/11/2011	PIRYX INC.			
Amount (\$)	Payee addres	s City; State; Zip Code		
\$2.71	1 1	Street, Unit 9		
φ2. <i>I</i> 1	San Francis	co, CA 94105-2659		
			<u></u>	
	Category (See	e Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE OF	Fees		Transaction Fee	
EXPENDITURE				
		-	050000000000000000000000000000000000000	Office hold:
Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
04/12/2011	PIRYX INC.			
Amount (\$)	Payee addres	s City; State; Zip Code		
\$11.25	85 Natoma S	Street, Unit 9		
	San Francisc	co, CA 94105-2659		
			Description (If the color and	of Toyas, complete Schodule T\
PURPOSE	_ , ,	e Categories listed at the top of this schedule)	Description (If travel outside Transaction Fee	e of Texas, complete Schedule T)
OF	Fees		Transaction 7 66	
EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure			-	
to benefit C/OH	<u></u>			

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

EXPENDITURE CATEGORIES 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/Rental Expense 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: 13/23 Report: 65/75 00000002 Date 5 Payee name 04/13/2011 PIRYX INC Amount (\$) 7 Payee address City; State; Zip Code 85 Natoma Street, Unit 9 \$29.25 San Francisco, CA 94105-2659 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Transaction Fee OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/14/2011 PIRYX INC. Amount (\$) Payee address City; State; Zip Code 85 Natoma Street, Unit 9 \$4.50 San Francisco, CA 94105-2659 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Transaction Fee OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/15/2011 PIRYX INC. Amount (\$) Payee address City; State; Zip Code \$45.00 85 Natoma Street, Unit 9 San Francisco, CA 94105-2659 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Transaction Fee OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/18/2011 PIRYX INC. Amount (\$) Payee address City; State; Zip Code 85 Natoma Street, Unit 9 \$27.00 San Francisco, CA 94105-2659 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Transaction Fee 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

to benefit C/OH

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

P.O.Box 12070

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) Fees Printing Expense The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (TEC filers) PAGE# FILER NAME 2 Price, Betsy 00000002 Schedule: 14/23 Report: 66/75 5 Payee name Date PIRYX INC. 04/19/2011 7 Payee address Zip Code City; State; 6 Amount (\$) 85 Natoma Street, Unit 9 \$2.25 San Francisco, CA 94105-2659 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Transaction Fee Fees **EXPENDITURE** Office sought: Office held: 9 Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name PIRYX INC. 04/20/2011 Pavee address City; State; Zip Code Amount (\$) 85 Natoma Street, Unit 9 \$5.63 San Francisco, CA 94105-2659 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Transaction Fee Fees OF **EXPENDITURE** Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Date Payee name PIRYX INC. 04/22/2011 Pavee address City; State; Zip Code Amount (\$) 85 Natoma Street, Unit 9 \$39.38 San Francisco, CA 94105-2659 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Transaction Fee Fees **EXPENDITURE** Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Date Payee name **PIRYX INC** 04/26/2011 Amount (\$) Pavee address City; State; Zip Code 85 Natoma Street, Unit 9 \$27.00 San Francisco, CA 94105-2659 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Transaction Fee Fees OF **EXPENDITURE** Office held: Office sought: Candidate / Officeholder name Complete ONLY if direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

EXPENDITURE CATEGORIES

Inse
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

Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. PAGE# FILER NAME 3 ACCOUNT # (TEC filers) Price, Betsy Schedule: 15/23 Report: 67/75 00000002 Date Payee name PIRYX INC 04/27/2011 6 Amount (\$) Payee address City; State: Zip Code 85 Natoma Street, Unit 9 \$10.13 San Francisco, CA 94105-2659 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Transaction Fee OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/29/2011 PIRYX INC Amount (\$) Payee address City: State: Zip Code 85 Natoma Street, Unit 9 \$13.50 San Francisco, CA 94105-2659 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Fees Transaction Fee OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name PIRYX INC. 05/02/2011 Amount (\$) Payee address City; State; Zip Code 85 Natoma Street, Unit 9 \$121.50 San Francisco, CA 94105-2659 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Transaction Fee OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/03/2011 PIRYX INC Amount (\$) Payee address City; State; Zip Code 85 Natoma Street, Unit 9 \$13.50 San Francisco, CA 94105-2659 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Fees Transaction Fee **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 Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

ense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Outproof/Pontal Expense

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 Overhead/f The Instruction Guide explains how		er a category not listed above)
- DAGE #	2 FILER NAME	Tto complete this form.	3 ACCOUNT # (TEC filers)
1 PAGE #	Drice Potov		00000002
Schedule: 16/23 4 Date	5 Payee name		1 00000002
05/04/2011	PIRYX INC.		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$60.75			
Φ 00.73	San Francisco, CA 94105-2659		
8	(a) Category (See Categories listed at the top of this schedule)	13.7	de of Texas, complete Schedule T)
PURPOSE OF	Fees	Transaction Fee	
EXPENDITURE			
		Office accept:	Office held:
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office field.
to benefit C/OH			
Date	Payee name		
04/15/2011	Ring Central, Inc.		
Amount (\$)	Payee address City; State; Zip Code		
\$32.62	999 Baker Way, 5th Fl		
	San Mateo, CA 94404		
		Description (If traval outsi	de of Texas, complete Schedule T)
PURPOSE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outsing Reimburse Allyn Media:	
OF	Consulting Expense	Trombarde 7 thy in the dia.	1010011101111111
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
04/29/2011	Sam's Club		
Amount (\$)	Payee address City; State; Zip Code		
\$146.69			
Ψ140.03	Westworth Village, TX 76114		
	Category (See Categories listed at the top of this schedule)		de of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Reimburse Olga Naranj	o: event expense
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Canadato / Omoonologi namo		•
to benefit C/OH			
Date	Payee name		
04/08/2011	Stanford Campaigns		
Amount (\$)	Payee address City; State; Zip Code		
\$3,306.05	2520 Longview Street, Suite 310 Austin, TX 78705		
	7,40,611, 17,70700		
	Category (See Categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)
PURPOSE	Consulting Expense	Research	
OF EXPENDITURE			
LAI LINDITORE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			

EXPENDITURE CATEGORIES

POLITICAL EXPENDITURES

SCHEDULE F

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) Price, Betsy Schedule: 17/23 Report: 69/75 00000002 4 Date 5 Payee name Staples 04/17/2011 Amount (\$) Payee address City; State; Zip Code 5650 Overton Ridge Blvd \$68.53 Fort Worth, TX 76132 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Reimburse JP Solutions: office supplies **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Staples 04/17/2011 Amount (\$) Payee address City; State; Zip Code 5650 Overton Ridge Blvd \$48.44 Fort Worth, TX 76132 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description **PURPOSE** Consulting Expense Reimburse JP Solutions: office supplies OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Staples 04/21/2011 Amount (\$) Payee address City; State; Zip Code 5650 Overton Ridge Blvd \$109.58 Fort Worth, TX 76132 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Office supplies OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 04/26/2011 Staples Payee address Amount (\$) City; State; Zip Code 1660 South University Dr \$15.14 Fort Worth, TX 76107 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) **PURPOSE** Office Overhead/Rental Expense Reimburse Christene Greve: office supplies 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 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 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)

Fees	The Instruction Guide explains how		Ta dategory not noted above,
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 18/23	- Drice Betou		00000002
4 Date	5 Payee name		
04/06/2011	Tarrant County Challenge, Inc.		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$50.00	226 Bailey Avenue, Suite 105		
φου.σο	Fort Worth, TX 76107		
8	(a) Category (See Categories listed at the top of this schedule)	■ * * *	e of Texas, complete Schedule T)
PURPOSE OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Donation	
EXPENDITURE	Candidate/Officiality Citied Committee		
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure	Surface of State of Hame	3	
to benefit C/OH			
Date	Payee name		
04/17/2011	Texas Christian University Alumni Association		
Amount (\$)	Payee address City; State; Zip Code		
\$100.00	TCU Box 297430 Fort Worth, TX 76129		
	Fort Worth, 12 70129		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Event Expense	Event ticket	, 🚨
OF	Event Expense		
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name		
04/06/2011	The Home Depot		
Amount (\$)	Payee address City; State; Zip Code		
\$32.44	1		
Ψ02.44	Fort Worth, TX 76132		
			· · · · · · · · · · · · · · · · · · ·
	Category (See Categories listed at the top of this schedule)		e of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	supplies (Expense for loa	an made by Tom Price)
EXPENDITURE			
0	Candidate / Officeholder name	Office sought:	Office held:
Complete ONLY if direct expenditure	Candidate / Officeriolder frame	Office Sought.	
to benefit C/OH			
Date	Payee name		
04/07/2011	The Home Depot		
Amount (\$)	Payee address City; State; Zip Code		
\$147.87	4850 SW Loop 820 Fort Worth, TX 76132		
1	1 Oit 990(til, 1/2 / 0 l 3/2		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising Expense	supplies (Expense for loa	
OF	Advortising Expense	23,5,132,(23,53,33,33,33,33,33,33,33,33,33,33,33,33	, ,
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
to beliefit O/OH			

SCHEDULE F

Advertising Expense Accounting/Banking

Gifts/Awards/Memorial Expense Legal Services Food/Reverage 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	Polling Expense Travel out Of District Printing Expense Office Overhead/Re		ee
1 663	The Instruction Guide explains how t	•	
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC	filers)
Schedule: 19/23	Report: 71/75 Price, Betsy	00000002	
4 Date	5 Payee name		
04/17/2011	The Home Depot		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$48.67	4850 SW Loop 820 Fort Worth, TX 76132		
	Fort worth, 12 70132		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule	T) []
PURPOSE	Advertising Expense	supplies (Expense for loan made by Tom Price)	′′′ 🗀
OF EXPENDITURE	<u> </u>		
L			
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:	
to benefit C/OH			
Date	Payee name		
04/23/2011	The Home Depot		
Amount (\$)	Payee address City; State; Zip Code		
\$28.39	4850 SW Loop 820		
·	Fort Worth, TX 76132		
			-
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule	; T)
OF	Advertising Expense	supplies (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	Payee name		
04/07/2011	The WARM Place		
Amount (\$)	Payee address City; State; Zip Code		
\$110.00	809 Lipscomb Street		
Ψ110.00	Fort Worth, TX 76104		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule	; T) 🔲
OF	Event Expense	Tickets	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:	
direct expenditure	Candidate / Cinconsider Hame	Omoo sought.	
to benefit C/OH			
Date	Payee name		
04/07/2011	The Women's Center		
Amount (\$)	Payee address City; State; Zip Code		
\$50.00	1723 Hemphill Fort Worth, TX 76110		
	1 310 113.11, 171.13.13		
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule	T) 🗍
PURPOSE	Contributions/Donations Made By	Victory Over Violence Ad	
OF EXPENDITURE	Candidate/Officeholder/Political Committee		
Complete ONLY if direct expenditure	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 ho	w to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT# (TEC filers)
Schedule: 20/23	Report: 72/75	Price, Betsy		00000002
4 Date	5 Payee name		·	
04/10/2011	Thompson,	-		
6 Amount (\$)	7 Payee addres	s City; State; Zip Code		
\$300.00	2829 Sanda	σο Ανο		
	Fort Worth,	TX 76109		
8	ļ	e Categories listed at the top of this schedule)	(b) Description (If travel out	side of Texas, complete Schedule T)
PURPOSE	1,,	ges/Contract Labor	signs (Expense for loai	
OF EXPENDITURE	00.0	900,00	orgina (mr. pressure and a series	11110000, 10
LAFERDITORE				
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
04/16/2011	Thompson, S	Spencer		
Amount (\$)	Payee addres			
\$100.00	,	5		
φ ιου.ου	2829 Sanda	ge Ave		
	Fort Worth,	TX 76109		
21122005		e Categories listed at the top of this schedule)		side of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wa	ges/Contract Labor	signs (Expense for loar	n made by Tom Price)
EXPENDITURE				
Camplete ONLY if	Candidate / O	fficeholder name	Office cought:	Office held:
Complete ONLY if direct expenditure	Candidate / O	пicenoloer name	Office sought:	Office neid.
to benefit C/OH				
Date	Payee name			
04/07/2011	U. S. Postma			
Amount (\$)	Payee address	ž		
\$2,124.54	951 W Bethe Coppell, TX			
	Coppen, 17	73099		
	Category (See	e Categories listed at the top of this schedule)	Description (If travel outs	side of Texas, complete Schedule T)
PURPOSE		fundraising Expense	Postage	ide of Texas, complete Schedule 17
OF EXPENDITURE	30,10,10,10	andraioning Expenses	. 50.030	
EXPENDITORL				
Complete ONLY if	Candidate / Of	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
04/21/2011	U. S. Postma	aster		
Amount (\$)	Payee address	S City; State; Zip Code		
\$7,870.15	951 W Bethe			
Ψ1,010.10	Coppell, TX			
	Category (See	Categories listed at the top of this schedule)	Description (If travel outs	ide of Texas, complete Schedule T)
PURPOSE OF	Solicitation/F	undraising Expense	Postage	
EXPENDITURE				
	0 111-1-100			05 1.11
Complete ONLY if direct expenditure	Candidate / Off	ficeholder name	Office sought:	Office held:
to benefit C/OH				

POLITICAL EXPENDITURES 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#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 21/23	I ⁻ p · p ·	0000002
4 Date	5 Payee name	0000002
04/28/2011	U. S. Postmaster	
6 Amount (\$)	7 Payee address City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
\$7,867.87		
Ψ1,001.01	Coppell, TX 75099	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Solicitation/Fundraising Expense	Postage
EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		5 5 g
	Landa de la companya	
Date	Payee name	
04/27/2011	US Postal Service-Cityview Station	
Amount (\$)	Payee address City; State; Zip Code	
\$47.52	7101 Bryant Irvin Rd Fort Worth, TX 76132	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Office Overhead/Rental Expense	postage (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	
04/27/2011	US Postal Service-Cityview Station	
Amount (\$)	Payee address City; State; Zip Code	
\$47.52	7101 Bryant Irvin Rd	
	Fort Worth, TX 76132	
	Cotomony (Con Cotomony Paradictal Advantage (Abic orbital Inc.)	Description (Manual action of Taura complete Cabadula T)
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) postage (Expense for loan made by Tom Price)
OF EXPENDITURE	Cindo Overnoudintental Expense	postage (Expense for learn made by Your Thee)
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
04/15/2011	US Postal Service-Trinity River Station	
Amount (\$)	Payee address City; State; Zip Code	
\$39.60	4450 Oak Park Ln	
,	Fort Worth, TX 76109	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	Office Overhead/Rental Expense	postage (Expense for loan made by Tom Price)
EXPENDITURE		
Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·	<u> </u>

SCHEDULE F

EXPENDITURE CATEGORIES Gifts/Awards/Memorial Expense Legal Services Advertising Expense

Salaries/Wages/Contract Labor

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense

Consulting Expe Event Expense Fees	nse Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	District id/Rental Expense	Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above) .
1 PAGE # Schedule: 22/23	Report: 74/75 2 FILER NAME Price, Betsy		3 ACCOUNT # (TEC filers) 00000002
4 Date	5 Payee name		
04/17/2011	US Postal Service-Trinity River Station		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$44.00	4450 Oak Park Ln Fort Worth, TX 76109-9998		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)
PURPOSE OF	Consulting Expense	Reimburse JP	Solutions: stamps
EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sough	t: Office held:
direct expenditure to benefit C/OH		-	
	Davis name		
Date 04/21/2011	Payee name US Postal Service-Trinity River Station		
Amount (\$)	Payee address City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·
\$478.28	4450 Oak Park Ln		
¥ ••	Fort Worth, TX 76109-9998		
		Description (16	
PURPOSE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	· '	travel outside of Texas, complete Schedule T) g Morse: postage
OF EXPENDITURE	Omoc Overnoud/Nemai Expense	Tromiburse ore	g Moroc. poolago
EXPERIENCE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	:: Office held:
direct expenditure	Candidate / Officeholder name Payee name	Office sough	:: Office held:
direct expenditure to benefit C/OH Date 04/26/2011	Payee name US Postal Service-Trinity River Station	Office sough	:: Office held:
direct expenditure to benefit C/OH Date 04/26/2011 Amount (\$)	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code	Office sough	:: Office held:
direct expenditure to benefit C/OH Date 04/26/2011	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln	Office sough	:: Office held:
direct expenditure to benefit C/OH Date 04/26/2011 Amount (\$)	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code	Office sough	:: Office held:
Date 04/26/2011 Amount (\$) \$91.29	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln		ctravel outside of Texas, complete Schedule T)
Date 04/26/2011 Amount (\$) \$91.29	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109-9998	Description (If	
Date 04/26/2011 Amount (\$) \$91.29	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109-9998 Category (See Categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
direct expenditure to benefit C/OH Date 04/26/2011 Amount (\$) \$91.29 PURPOSE OF EXPENDITURE	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109-9998 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If Reimburse Chr	travel outside of Texas, complete Schedule T) istene Greve: postage
direct expenditure to benefit C/OH Date 04/26/2011 Amount (\$) \$91.29 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109-9998 Category (See Categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T) istene Greve: postage
Date 04/26/2011 Amount (\$) \$91.29 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109-9998 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name	Description (If Reimburse Chr	travel outside of Texas, complete Schedule T) istene Greve: postage
direct expenditure to benefit C/OH Date 04/26/2011 Amount (\$) \$91.29 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109-9998 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name	Description (If Reimburse Chr	travel outside of Texas, complete Schedule T) istene Greve: postage
Date 04/26/2011 Amount (\$) \$91.29 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/04/2011	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109-9998 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name Payee name US Postal Service-Trinity River Station	Description (If Reimburse Chr	travel outside of Texas, complete Schedule T) istene Greve: postage
Date 04/26/2011 Amount (\$) \$91.29 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/04/2011 Amount (\$)	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109-9998 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name	Description (If Reimburse Chr	travel outside of Texas, complete Schedule T) istene Greve: postage
Date 04/26/2011 Amount (\$) \$91.29 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/04/2011	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109-9998 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code	Description (If Reimburse Chr	travel outside of Texas, complete Schedule T) istene Greve: postage
Date 04/26/2011 Amount (\$) \$91.29 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/04/2011 Amount (\$)	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109-9998 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109	Description (If Reimburse Chr Office sought	travel outside of Texas, complete Schedule T) istene Greve: postage : Office held:
Date 04/26/2011 Amount (\$) \$91.29 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/04/2011 Amount (\$)	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109-9998 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule)	Description (If Reimburse Chr Office sought	travel outside of Texas, complete Schedule T) istene Greve: postage
Date 04/26/2011 Amount (\$) \$91.29 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/04/2011 Amount (\$) \$132.00	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109-9998 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109	Description (If Reimburse Chr Office sought	travel outside of Texas, complete Schedule T) istene Greve: postage : Office held:
direct expenditure to benefit C/OH Date 04/26/2011 Amount (\$) \$91.29 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/04/2011 Amount (\$) \$132.00	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109-9998 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule)	Description (If Reimburse Chr Office sought	travel outside of Texas, complete Schedule T) istene Greve: postage : Office held:
Date 04/26/2011 Amount (\$) \$91.29 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 05/04/2011 Amount (\$) \$132.00	Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109-9998 Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate / Officeholder name Payee name US Postal Service-Trinity River Station Payee address City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule)	Description (If Reimburse Chr Office sought	travel outside of Texas, complete Schedule T) istene Greve: postage : Office held:

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 explains how	w to complete this form.	
1 PAGE # Schedule: 23/23	Report: 75/75 2 FILER NAME Price, Betsy		3 ACCOUNT # (TEC filers) 00000002
4 Date 04/15/2011	5 Payee name Valentine Direct Marketing, LLC		
6 Amount (\$) \$7,742.63	7 Payee address City; State; Zip Code 5415 Maple Ave, Suite 230 Dallas, TX 75235		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outs Postage	ide of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 04/26/2011	Payee name Victory		
Amount (\$) \$1,166.63	Payee address City; State; Zip Code 8070 Mavis Ave Waxahachie, TX 75167		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outsi Printing	de of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held: