

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">14 pgs</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Laura L. <hr/> NICKNAME LAST SUFFIX (Lori) Betancourt	OFFICE USE ONLY Date Received: DECEMBER COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION @4:50pm JAN 15 2015 Date Hand-delivered or Postmarked RECEIVED Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 100 Stillinger Dr. Brownsville, TX 78526		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 203-6608		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Dahlia E. <hr/> NICKNAME LAST SUFFIX (Lali) Betancourt		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2057 Ravenwood Harlingen, TX 78550		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 793-4247		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 14 12 / 31 / 14		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 14	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Cameron County Court At Law # 2	13 OFFICE SOUGHT (if known) Cameron County Court At Law # 2	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

Laura Betancourt

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<i>Committee to Re-Elect Judge Laura Betancourt</i>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<i>100 Stillinger Drive Brownsville, Texas 78526</i>
	COMMITTEE CAMPAIGN TREASURER NAME
	<i>Dahlia (Lali) Betancourt</i>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<i>2057 Ravenwood Harlingen, TX 78550</i>

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

0.

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

175.00

4. TOTAL POLITICAL EXPENDITURES

\$

5,628.46

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

5,022.11

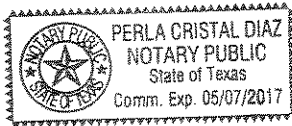
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Laura Betancourt
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Laura L Betancourt*, this the *15th* day of *January*, 20 *15*, to certify which, witness my hand and seal of office.

Perla Diaz
Signature of officer administering oath

Perla Diaz
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 18		2 FILER NAME Laura Betancourt		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7-2		5 Payee name Sprint			
6 Amount (\$) 720.		7 Payee address; City; State; Zip Code 2915 Boca Chica, Ste. 10 Brownsville, TX 78521			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Other		(b) Description (If travel outside of Texas, complete Schedule T) Cell phone usage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-14		Payee name Dirty Al's Restaurant			
Amount (\$) 35.12		Payee address; City; State; Zip Code 4495 N. Expwy 77 Brownsville, TX 78520			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-17		Payee name Dominos			
Amount (\$) 71.41		Payee address; City; State; Zip Code 943 N. Expwy, Ste 16 Brownsville, TX 78520			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7-28		Payee name Johnny Rocket's			
Amount (\$) 62.57		Payee address; City; State; Zip Code 3340 Pablo Kisel Blvd, #100 Brownsville, TX 78526			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 10 2 FILER NAME Laura Betancourt 3 ACCOUNT # (Ethics Commission Filers)

4 Date 7-31 5 Payee name IBC Bank

6 Amount (\$) 42. 7 Payee address; City; State; Zip Code
1600 FM 802
Brownsville, TX 78526

8 PURPOSE OF EXPENDITURE
 (a) Category (See categories listed at the top of this schedule) Acctg/Banking (b) Description (If travel outside of Texas, complete Schedule T) fees
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH
 Candidate / Officeholder name _____ Office sought _____ Office held _____

Date 8-11 Payee name Italia Express Restaurant

Amount (\$) 15.09 Payee address; City; State; Zip Code
2350 N. Expwy
Brownsville, TX 78526

PURPOSE OF EXPENDITURE
 Category (See categories listed at the top of this schedule) Food/Beverage Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
 Candidate / Officeholder name _____ Office sought _____ Office held _____

Date 8-11 Payee name Cinemark Theaters

Amount (\$) 120.00 Payee address; City; State; Zip Code
2370 N. Expwy
Brownsville, TX 78526

PURPOSE OF EXPENDITURE
 Category (See categories listed at the top of this schedule) Gift Expense Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
 Candidate / Officeholder name _____ Office sought _____ Office held _____

Date 8-18 Payee name Johnny Rockets

Amount (\$) 54.74 Payee address; City; State; Zip Code
3340 Pablo Kiesel #100
Brownsville, TX 78521

PURPOSE OF EXPENDITURE
 Category (See categories listed at the top of this schedule) Food/Beverage Description (If travel outside of Texas, complete Schedule T)
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
 Candidate / Officeholder name _____ Office sought _____ Office held _____

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 12	2 FILER NAME Laura Betancourt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8-25	5 Payee name Staples
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6 Amount (\$) 176.31	7 Payee address; City; State; Zip Code 2436 Pablo Kisel Blvd. Brownsville, TX 78526
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office overhead	(b) Description (If travel outside of Texas, complete Schedule T) Supplies <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-26	Payee name H.E.B.
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Amount (\$) 38.92	Payee address; City; State; Zip Code 2155 Paredes Line Rd. Brownsville, TX 78526
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Memorial Exp	Description (If travel outside of Texas, complete Schedule T) Flowers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-31	Payee name IBC Bank
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Amount (\$) 22.38	Payee address; City; State; Zip Code 1600 FM 802 Brownsville, TX 78526
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Acctg/Banking	Description (If travel outside of Texas, complete Schedule T) Fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-8	Payee name Rosario Cafe
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Amount (\$) 50.12	Payee address; City; State; Zip Code San Antonio, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) Probate Conf. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 12	2 FILER NAME Laura Betancourt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-8	5 Payee name Shell Service Station
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6 Amount (\$) 60.90	7 Payee address; City; State; Zip Code moore, Texas
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other - gas	(b) Description (If travel outside of Texas, complete Schedule T) Probate Conf. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-8	Payee name St. Anthony Hotel
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Amount (\$) 290.02	Payee address; City; State; Zip Code San Antonio, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel - hotel	Description (If travel outside of Texas, complete Schedule T) Probate Conf. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-18	Payee name Carino Italian
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Amount (\$) 77.05	Payee address; City; State; Zip Code Brownsville, Texas 78526
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Ber.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-26	Payee name Red Lobster
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Amount (\$) 14.45	Payee address; City; State; Zip Code Brownsville, TX 78526
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Ber.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 11	2 FILER NAME Laura Betancourt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-15	5 Payee name Cameron County Bar Assn.
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6 Amount (\$) 60.	7 Payee address; City; State; Zip Code P.O. Box 3866 Brownsville, TX 78523
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-16	Payee name Cameron County Bar Assn.
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Amount (\$) 250.	Payee address; City; State; Zip Code P.O. Box 3866 Brownsville, TX 78523
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Womens law <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-17	Payee name Red Mass Committee
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Amount (\$) 500.	Payee address; City; State; Zip Code 974 E. Hanson St. Brownsville, TX 78526
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-25	Payee name Red Mass Committee
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Amount (\$) 20.	Payee address; City; State; Zip Code 974 E. Hanson St. Brownsville, TX 78526
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Aurora Dela Garza <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 of 12	2 FILER NAME Laura Betancourt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-30	5 Payee name IBC Bank
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6 Amount (\$) 22.63	7 Payee address; City; State; Zip Code 1600 Fm 802 Brownsville, TX 78526
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Acctg./Banking	(b) Description (If travel outside of Texas, complete Schedule T) fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held

Date 10-10	Payee name La Pampa
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Amount (\$) 22.71	Payee address; City; State; Zip Code 1655 Ruben Torres Blvd. Brownsville, Texas 78526
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held

Date 10-16	Payee name Chick Fil-A
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Amount (\$) 22.89	Payee address; City; State; Zip Code 4325 N. Expwy Brownsville, Texas 78526
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held

Date 10-30	Payee name The Graphic Spot
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Amount (\$) 54.13	Payee address; City; State; Zip Code 114 S. Price Rd #4 Brownsville, Texas 78526
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Exp.	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 of 12	2 FILER NAME Laura Betancourt	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-2	5 Payee name Gladys Porter Zoo	
6 Amount (\$) 100	7 Payee address; City; State; Zip Code 500 Ringgold St. Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T) Zooafari <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought Office held
Date 10-3	Payee name Sounds of Downtown	
Amount (\$) 100	Payee address; City; State; Zip Code Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) Fundraiser <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought Office held
Date 10-3	Payee name Brownsville Border Lions Club	
Amount (\$) 150	Payee address; City; State; Zip Code Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought Office held
Date 11-5	Payee name Sam's Club	
Amount (\$) 59.62	Payee address; City; State; Zip Code 3520 W. Alton 6100 R Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - gas	Description (If travel outside of Texas, complete Schedule T) Reaction Day <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking Consulting Expense | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Event Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Fees | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **8 of 12** 2 FILER NAME: **Laura Betancourt** 3 ACCOUNT # (Ethics Commission Filers)

4 Date: **10-31** 5 Payee name: **TBC Bank**

6 Amount (\$): **13.47** 7 Payee address; City; State; Zip Code: **1600 Fm 802 Brownsville, TX 78526**

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): **Acctg / Banking** (b) Description (If travel outside of Texas, complete Schedule T): **Fees**
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **10-24** Payee name: **IDEA Brownsville**

Amount (\$): **300.** Payee address; City; State; Zip Code: **4395 Paredes Line Rd. Brownsville, TX 78526**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Donation** Description (If travel outside of Texas, complete Schedule T): _____
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **10-8** Payee name: **Hanna Tennis Team**

Amount (\$): **200.** Payee address; City; State; Zip Code: **2615 E Price Rd. Brownsville, TX 78526**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Donation** Description (If travel outside of Texas, complete Schedule T): **Debbie Powers team.**
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **10-6** Payee name: **Perla Diaz**

Amount (\$): **30.** Payee address; City; State; Zip Code: **974 E. Hamson St. Brownsville, TX 78526**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Food / Beverage** Description (If travel outside of Texas, complete Schedule T): **Jury**
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The instruction Guide explains how to complete this form.

1 Total pages Schedule F: **9 of 12** 2 FILER NAME: **Laura Betancourt** 3 ACCOUNT # (Ethics Commission Filers):

4 Date: **11-10** 5 Payee name: **H.E.B. #446**

6 Amount (\$): **110.29** 7 Payee address: **2155 Paredes Wine Rd. Brownsville, TX 78526**

8 PURPOSE OF EXPENDITURE: (a) Category: **Gift Expense** (b) Description: **Gift Baskets**
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **11-30** Payee name: **IBC Bank**

Amount (\$): **12.42** Payee address: **1600 Km 802 Brownsville, TX 78526**

PURPOSE OF EXPENDITURE: Category: **Bank Exp.** Description: **Fees**
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **11-8** Payee name: **Adolfo Garcia**

Amount (\$): **150.** Payee address: **Brownsville, TX 78526**

PURPOSE OF EXPENDITURE: Category: **Donation** Description: **Medical Exp.**
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **10-24** Payee name: **Cameron Co. Bar Assn.**

Amount (\$): **100.** Payee address: **P.O. Box 3866 Brownsville, TX 78526**

PURPOSE OF EXPENDITURE: Category: **Advertisement** Description: **Golf Tournament**
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10 of 12	2 FILER NAME Laura Betancourt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-1	5 Payee name Chili's
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6 Amount (\$) 32.62	7 Payee address; City; State; Zip Code 2750 N. Expwy Brownsville, TX 78526
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought Office held

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-8	Payee name Cheddar's
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Amount (\$) 21.40	Payee address; City; State; Zip Code 470 N. Exp. Brownsville, TX 78526
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-9	Payee name La Pampa
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Amount (\$) 22.21	Payee address; City; State; Zip Code 1655 Ruben Torres Brownsville, Texas 78526
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought Office held

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Equip.	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10 of 12 2 FILER NAME: Laura Betancourt 3 ACCOUNT # (Ethics Commission Filers):

4 Date: 12-17 5 Payee name: Wingstop

6 Amount (\$): 157.27 7 Payee address; City: Brownsville, Texas State: TX Zip Code: 78526

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): Donation (b) Description (If travel outside of Texas, complete Schedule T): Shillman
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: 12-31 Payee name: IBC Bank

Amount (\$): 13.05 Payee address; City: Brownsville, TX State: TX Zip Code: 78526

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Bank Exp. Description (If travel outside of Texas, complete Schedule T): fees
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: 8-29 Payee name: Cameron Co. Democratic Party

Amount (\$): 25 Payee address; City: Brownsville, TX State: TX Zip Code: 78520

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Donation Description (If travel outside of Texas, complete Schedule T): Fundraiser
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: 11-22 Payee name: The Brownsville Herald

Amount (\$): 114 Payee address; City: Brownsville, TX State: TX Zip Code: 78520

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): Other Description (If travel outside of Texas, complete Schedule T): Newspaper-Events
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 12	2 FILER NAME Laura Betancourt	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-3	5 Payee name Anna Alvarez
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6 Amount (\$) 60.	7 Payee address; City; State; Zip Code 837 E. Tyler St. Brownsville, TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift	(b) Description (If travel outside of Texas, complete Schedule T) Medical Exp. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-11	Payee name San Benito Boys/Girls Club
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Amount (\$) 30.	Payee address; City; State; Zip Code 410 N. Strokers Rd. San Benito, TX 78586
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-19	Payee name Celebrity Magazine
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Amount (\$) 150.	Payee address; City; State; Zip Code Brownsville, TX 78526
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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