# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR  S  Laura  NICKNAME  LOST  BETAN	suffix Court	OFFICEUSE ONLY  Date Received/JERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  Q4:50pm
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address  5 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE#; CITY;  100 5+111 nger  BYOW ABUTE  AREA CODE PHONE NUMBER	STATE; ZIP CODE	Date in an additive red or Postmarked RECENED
OFFICEHOLDER PHONE	(956) 203-6608	8	Date Processed
6 CAMPAIGN TREASURER NAME	NIGKNAME LAST LAST	E. SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#;  2057 Lavenu Harlingen, T		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (950 793-424	EXTENSION	,
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	Court At law#2	13 OFFICE SOUGHT (If known)  CAME  OUT + A	on County + Law # 2
	GO TO PAG	SE 2	

#### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

#### FORM JC/OH COVER SHEET PG 2

14 C/OH NAME	Betar Court 15 Acc	COUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POL CANDIDATE OF FICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY REC	OR OFFICEHOLDER'S KNOWLEDGE OR
GOMMITTEE(O)	COMMITTEE TYPE COMMITTEE NAME LO MINITTEE TO BE TO BE TOU	ect Court
	GENERAL COMMITTEE ADDRESS  100 STILLINGER Drive  SPECIFIC BURNSVILLE TEXAS	18526
additional pages	Dablia (Lali) Beta	Mount
:	2059 Ravenwood Harlingen, TX 18550	)
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)	<b>\$</b> O.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 75,00
	4. TOTAL POLITICAL EXPENDITURES	\$5,628.4
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$5,022.4
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE RÉPORTING 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

\_Belan court, this the

, to certify which, witness my hand and seal of office.

Signature of officer administering eath

Print name of officer administering oath

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES F  Gift/Awards/Memorials Salaries/Wages/Co Expense Solicitation/Fundral Legal Services Travel In District Food/Beverage Expense Travel Out Of District Polling Expense Office Overhead/Re Printing Expense The Instruction Guide explains how to co	ntract Labor Loan Repayment/Reimbursement sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ontal Expense CoTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME a Betance	ourt
1 Date 7 - 2	5 Payeename 5 Drin+	
6 Amount (\$) 720	Brownsville, TX 785	STC. 10  (b) Description (If travel outside of Texas, complete Schedule T)
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	CEI Phone Usag  Check If Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Pate 14	Payee name    City; State; Zip Code	aurant
35,12	Brownsville, TX 785	77 20
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  OH	Office sought Office held
Date 7	Payee name 100mino 15	
Amount (\$) 71.41	Brownsville, TX	5te 16 78520
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidaté / Officeholder name OH	Office sought Office held
Pate 28	Payee name  Johnny Rocke	+15
Amount (\$) 62,57	Payee address; City: State; Zip Code 3340 Pablo Kis Brownsville, TX 1	el BIVd., #100
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought Office held
expenditure to benefit C	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

#### (512) 463-5800 Austin, Texas 78711-2070 P.O. Box 12070 Texas Ethics Commission SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Advertising Expense Solicitation/Fundralsing Expense Accounting/Banking Legal Services Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Food/Beverage Expense Travel Out Of District Event Expense Polling Expense Office Overhead/Rental Expense Printing Expense The Instruction Guide explains how to complete this form. OTHER (enter a category not listed above) Fees 3 ACCOUNT # (Ethics Commission Filers) Total pages Schedule F: FILER NAME

6 Amount (\$)	7 Payee address; City; State; Zip Code	
42.	Brownsville, TZ	78526
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Accts/Banking	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name  DH	Office sought Office held
8-11	Payer name La Expres	s Restaurant
Amount (\$)	Payee address; City; State Zin Code 2350 N. EXPWY	78526
, , , , , , .	Category (See categories listed at the top of this	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Food Beverage	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Pate	Payer name CINEMARK TA	eaters
120.00	Payer address; City; State; Zip Code BYDUNSVILLE, TX	78526
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sought Office held
		. (
Sate 18	Payee, name LOCK	et5
Amount (\$)	Payee address; Pablo Kiss	el #100
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Hood / Deverage	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit	C/OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

(TDD 1-800-735-2989)

POLITICAL	EXPENDITURES	SCHEDULE F
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1 Total pages Schedule F:	Laura Betancourt	NT # (Ethics Commission Filers)
4 95 - 25	5 Payes name COLES	
6 Amount (\$) 176.31	7 Payee, address; Pablo Risel Blvd. BIDUNSVIII, TX 78526	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  (b) Description (If travel outside Shopping Schedule)	and the
9 Complete ONLY if direct expenditure to benefit C/		Office held
8-26	Payee name) & B	
38,92	Payee address: Pity; State; Zip Code Line Rd. Brown Sville, IX 78526	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this selectifies)  Check if Austin, TX, officeho	. ,
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231 Amount (\$)	Payee name)  B C B ANK  Payee address; City; State; Zip Code  B C D S V 1 T T 78526	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Description (If travel outside shedule)	•
Complete ONLY if direct expenditure to benefit C	Candidate - Office sought	Office held
9-8	Payee name LOSario Cafe	
Amount (\$)	Payee address; City; State; Zip Code	**************************************
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this perhedule)  Category (See categories listed at the top of this perhedule)  Check if Austin, TX, officehold	
Complete ONLY if direct expenditure to benefit	С/ОН	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

P.O. Box 12070

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	EXPENDIT	URE CATEGORIES FOR	BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials	Salaries/Wages/Contrac	t Labor Loan Re	payment/Reimbursement
Accounting/Banking	Expense Legal Services	Solicitation/Fundraising Travel In District	Expense Transpor Expense	tation Equipment & Related
Consulting Expense	Food/Beverage Expense	Travel Out Of District	Contribů	ions/Donations Made By idate/Officeholder/Political Committee
Event Expense Fees	Polling Expense	Office Overhead/Rental		enter a category not listed above)
1 000	Printing Expense The Instruction	Guide explains how to comple	ete this form.	enter a category not nated above)
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8 PURPOSE OF	(a) Category (See categories lister schedule)	d at the top of this (b)	Description (If travel	outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder DH	name	Office sought	Office held
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pate Q	Payee name	Halian		
Amount (\$)	Payee address; Cit	y; State; Zip Code		
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EXPENDITURE	FWO /IX	<i>V</i> · · · · · · · · · · · · · · · · · · ·	Office sought	Office held
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PURPOSE	Category (See categories list schedule)	ted at the top of this	Description (If trav	el outside of Texas, complete Schedule T)
OF EXPENDITURE	Food IR	Dev.		, officeholder living expense
Complete ONLY if direct expenditure to benefit C	Candidate / Offideholde	er name	Office sought	Office held
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P.O. Box 12070

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	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense		s/Wages/Contract Labor tion/Fundraising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related
Accounting/Banking Consulting Expense	Legal Services Travei	In District	Expense Contributions/Donations Made By
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5 of 1	Laura Betar	COURT	
4 Dan - 15	5 Payee name	inty Be	ar ASSA.
6 Amount (\$)	7 Payee address Sity; State:	Code (	
60.	Brownsville,	TX 7853	23
8 PURPOSE	(a) Category (See categories listed at the top of the Aschedule)	(b) Description	া (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office held
expenditure to benefit C/	ЭН	•	
Pate 110	Payee name	punty	Bar Assn.
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400.	Brownsville	X (85 ds	O Sabadula T)
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Amount (\$)	Payee address; City: State; Z	ip Code	<del>_</del> ,
500	d rownsville	文艺	8526
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4 Date 0-30 6 Amount (\$) 22.03 8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/C	7 Payee flame  (a) Category (See categories listed at the top of this synhedule)  Candidate / Officeholder name  Office sought  Candidate / Officeholder name
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Amount (\$)  Suppose  OF  EXPENDITURE  Complete ONLY if direct expenditure to benefit Complete	уон
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Salarie Expense Solicita Legal Services Travel Food/Beverage Expense Travel Polling Expense Office Printing Expense The Instruction Guide explain	tion/Fundraising Expense Tra Exponential Co Out Of District Co Overhead/Rental Expense	an Repayment/Reimbursement insportation Equipment & Related pense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)  3 ACCOUNT # (Ethics Commission Filers)
tal pages Schedule F:	2 FILER NAME  AUGA BETO	ancourt	3 ACCOUNT # (Ellines commission 1 incl.)
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9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
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*-	EXPENDITU	RE CATEGORIES FO	OR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials	Salaries/Wages/Cor	ntract Labor	Loan Repayment/Rein	
Accounting/Banking	Expense Legal Services	Solicitation/Fundral	sing Expense	Transportatioπ Equipm Expense	ent & Related
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Event Expense	Polling Expense	Office Overhead/Re	ntal Evangana		Ider/Political Committee
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4 Date	5 Payee name				
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6 Amount (\$)	7 Payee address: City:	State: Zip Code			
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8 BURBOSE	(a) Category (See categories listed a	at the top of this	(b) Description	(If travel outside of Texa	s, complete Schedule T)
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EXPENDITURE	NUCTU / KX	MANY		ustin, TX, officeholder livin	<del></del>
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OF EXPENDITURE	I HODD I IS	weraw	Check if.	Austin, TX, officeholder liv	ing expense
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P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense	EXPENDIT Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	URE CATEGORIES FO Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of District	tract Labor Loan Repaymenting Expense Transportation Expense Contributions/De	nt/Reimbursement Equipment & Related onations Made By fficeholder/Political Committee
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6 Amount (\$)	7 Payee address. Gity	State Zin-Code	N. Kd.	
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8 PURPOSE	(a) Category (See categories lister schedule)	d at the top of this	COM WARL	of Texas, complete Schedule T)
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10,70	Drowns	VILLEX	18200	
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Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder	name	Office sought	Office held
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Amount (\$)	Payee address; Cit	y; State; Zip Code		
150	Bownsvi	He, TX	48526	
PURPOSE	Category (See categories liste	ed at the top of this		of Texas, complete Schedule T)
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EXPENDITURE	Candidate / Officeholde	r name	Office sought	Office held
Complete ONLY if direct expenditure to benefit Co		<u> </u>		
110-24	Payer name	n Co.	Bar Ass	50:
Amount (\$)	Payed address:	ty: State Zip Code	3866	
100.	Bowns	ille IX	78526	
PURPOSE	Category (See categories IIs	ted at the top of this	Description (if trave) outside	e of Texas, complete Schedule T)
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·		IAL COPIES OF THIS	SCHEDULE AS NEEDED	

P.O. Box 12070

POLITICAL EXPENDITORES
EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees  Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Food/Beverage Expense Frinting Expense Frinting Expense Frinting Expense Trial in District Food/Beverage Expense Frinting Expense Frinting Expense Trial in District Frinting Expense Frinting Expense Frinting Expense Frinting Expense Trial in District Frinting Expense Frinting Expense Frinting Expense Frinting Expense Trial in District Frinting Expense Frinting Expense Frinting Expense Frinting Expense Trial in District Frinting Expense
1 Peal pages Schedule F: 2 FILER NAME BETANCOUTT 3 ACCOUNT # (Ethics Commission Filers
4 Date 5 Payer name 5
6 Amount (\$) 7 Payee address: NCity State: Zip Code 32,62 BNDUNSVILLE TX 8526
8 PURPOSE (a) Category (See categories listed at the top of this shedule) OF EXPENDITURE  (a) Category (See categories listed at the top of this shedule)  Check if Austin, TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense  Legal Services Food/Beverage Expense Polling Expense	CATEGORIES FOR BOX Salaries/Wages/Contract Lak Solicitation/Fundraising Expe Travel In District Travel Out Of District Office Overhead/Rental Expe explains how to complete the	Loan Repayment/Reanse Transportation Equiperse Contributions/Donatical Candidate/Officel OTHER (enter a cate is form.	ment & Related	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

exas Ethics Commission	P.O. Box 12070 Austin, Texas 78711-	20/0 (312)403-0000 (1.65 1.00 1.7
POLITICAL	EXPENDITURES	SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES F  Gift/Awards/Memorials Salaries/Wages/Co Expense Solicitation/Fundrai  Legal Services Travel in District  Food/Beverage Expense Travel Out of District  Polling Expense Office Overhead/Re  Printing Expense The Instruction Guide explains how to co	tract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense ct Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense
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12-3	5 Payee name Anna Alvare	7
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sofiedule)	Oneck if Austin, TX, officeholder living expense
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	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED