

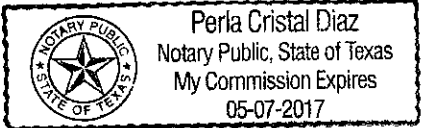
FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed: <u>16</u>		OFFICE USE ONLY CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION Date Received JAN 29 2015 RECEIVED Date Hand-delivered or Postmarked BY: <u>[Signature]</u> 11:05 am Receipt # Amount Date Processed Date Imaged	
3 CANDIDATE / OFFICEHOLDER NAME <u>Mrs. Laura L. Betancourt</u> NICKNAME: <u>(Kori)</u>		MR / MRS / MR FIRST MI <u>Mrs. Laura L.</u> LAST SUFFIX <u>Betancourt</u>			
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED		Month Day Year <u>07/01/14</u> THROUGH <u>12/31/14</u>			

6 EXPLANATION OF CORRECTION
 To include or revise Schedule F, Political Expenditures. Filer sincerely apologizes for having to make these additions and revisions. Filer did not have sufficient information on January 15 to accurately complete

7 AFFIDAVIT
 I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. This form.
 Check ONLY if applicable:
 Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
 Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Laura Betancourt
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE
 Sworn to and subscribed before me, by the said Laura Betancourt, this the 28th day of January, 2015, to certify which, witness my hand and seal of office.
[Signature] Perla Diaz Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. FIRST Laura MI L. NICKNAME (Lori) LAST Betancourt SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: 100 Stillinger Dr. APT / SUITE #: CITY: Brownsville, TX STATE: TX ZIP CODE: 78526	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956) PHONE NUMBER 203-6608 EXTENSION	Date Hand-delivered or Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms. FIRST Dahlia MI E. NICKNAME (Lali) LAST Betancourt SUFFIX	Receipt #	Amount
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) 2057 Ravenwood APT / SUITE #: CITY: Harlingen, TX STATE: TX ZIP CODE: 78550	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE (956) PHONE NUMBER 793-4247 EXTENSION	Date Imaged	
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 7 / Day 1 / Year 14 THROUGH Month 12 / Day 31 / Year 14		
11 ELECTION	ELECTION DATE Month 11 / Day 4 / Year 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)
 additional pages

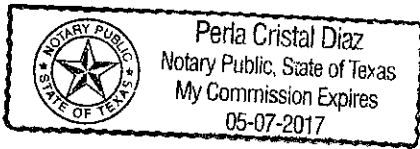
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>75</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,905.⁸¹</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3,794.⁷⁶</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 Betancourt this the 28th 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	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: 1 of 13 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 2115 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
 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 78521

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Food/Ber. Description (If travel outside of Texas, complete Schedule T) lunch w/ constituents
 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 Domino's

Amount (\$) 71.41 Payee address; City; State; Zip Code 943 N. Expwy. #16
Brownsville, TX 78520

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Food/Ber. Description (If travel outside of Texas, complete Schedule T) Event
 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/Ber. Description (If travel outside of Texas, complete Schedule T) lunch w/ constituents
 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 13		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 1800 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 <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 8-11		Payee name Italia Express			
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 / Bev.		Description (If travel outside of Texas, complete Schedule T) Met w/ constituents <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 8-11		Payee name Cinemark Theaters			
Amount (\$) 120		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 Exp.		Description (If travel outside of Texas, complete Schedule T) Gift cards <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 8-18		Payee name Johnny Rockets			
Amount (\$) 54.74		Payee address; City; State; Zip Code 3340 Pablo Kisel # 100 Brownsville, TX 78521			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Bev.		Description (If travel outside of Texas, complete Schedule T) Meeting <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: 3 of 13 2 FILER NAME Laura Betancourt 3 ACCOUNT # (Ethics Commission Filers)

4 Date 8-25 5 Payee name H.E.B.

6 Amount (\$) 72.04 7 Payee address: City: State: Zip Code
2155 Paredes Line Rd.
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) Gas
 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 8-25 Payee name Staples

Amount (\$) 176.31 Payee address: City: State: Zip Code
2436 Pablo Kisel Blvd.
Brownsville, TX 78526

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

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

Date 8-26 Payee name H.E.B.

Amount (\$) 38.92 Payee address: City: State: Zip Code
2155 Paredes Line Rd.
Brownsville, TX 78526

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
 Check if Austin, TX, officeholder living expense

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

Date 8-31 Payee name IBC Bank

Amount (\$) 22.38 Payee address: City: State: Zip Code
1607 FM 802
Brownsville, TX 78526

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Acctg / Bkg. 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
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 Total pages Schedule F: 4 of 13	2 FILER NAME Laura Betancourt	3 ACCOUNT # (Ethics Commission Filers)
---	---	--

4 Date 9-8	5 Payee name Rosario Cafe
----------------------	-------------------------------------

6 Amount (\$) 50.12	7 Payee address; City; State; Zip Code 910 S. Alamo St. San Antonio, TX
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Bev.	(b) Description (If travel outside of Texas, complete Schedule T) Lunch w/ Probate attendees <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 9-8	Payee name Shell Service Station
--------------------	--

Amount (\$) 60.90	Payee address; City; State; Zip Code 9977 I 35 N Moore, TX 78057
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - gas	Description (If travel outside of Texas, complete Schedule T) (to be reimbursed) <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 9-8	Payee name St. Anthony Hotel
--------------------	--

Amount (\$) 290.02	Payee address; City; State; Zip Code 300 E. Travis St. San Antonio, TX 78201
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel - Hotel	Description (If travel outside of Texas, complete Schedule T) (to be reimbursed) <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 9-18	Payee name Johnny Carino's
---------------------	--------------------------------------

Amount (\$) 77.05	Payee address; City; State; Zip Code 2600 Hwy 77/83 Brownsville, TX 78526
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bev.	Description (If travel outside of Texas, complete Schedule T) Staff Lunch <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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
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 Total pages Schedule F: **5 of 13** 2 FILER NAME: **Laura Betancourt** 3 ACCOUNT # (Ethics Commission Filers)

4 Date: **9-15** 5 Payee name: **Cameron Co. Bar Assn.**

6 Amount (\$): **60.** 7 Payee address; City; State; Zip Code: **P.O. Box 3866
Brownsville, TX 78523**

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): **fundraiser**
 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: **9-16** Payee name: **Cameron Co. Bar Assn.**

Amount (\$): **250.** Payee address; City; State; Zip Code: **P.O. Box 3866
Brownsville, TX 78523**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Other** 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: **9-17** Payee name: **Red Mass Committee**

Amount (\$): **500** Payee address; City; State; Zip Code: **974 E. Madison St.
Brownsville, TX 78520**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Event** 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: **9-25** Payee name: **Red Mass Committee**

Amount (\$): **20.** Payee address; City; State; Zip Code: **974 E. Madison St.
Brownsville, TX 78520**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Gift/Award** Description (If travel outside of Texas, complete Schedule T): **Aurora de la Garza**
 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: 6 of 13	2 FILER NAME Laura Betancourt	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------------	----------------------------------	--

4 Date 9-25	5 Payee name Dillard's
----------------	---------------------------

6 Amount (\$) 180	7 Payee address; City; State; Zip Code Jurnise Matt, 2340 N. Expwy Brownsville, TX 78526
----------------------	--

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) Gift cards - Birthdays! <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 9-25	Payee name Red Lobster
--------------	---------------------------

Amount (\$) 14.45	Payee address; City; State; Zip Code 1015 FM 802 Brownsville, TX 78526
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Bev.	Description (If travel outside of Texas, complete Schedule T) lunch w/ Constituent <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 9-26	Payee name Little Caesars
--------------	------------------------------

Amount (\$) 20.55	Payee address; City; State; Zip Code 1601 East Atton 6100r Brownsville, TX 78521
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Food/Bev. <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 9-26	Payee name Cinemark Theater
--------------	--------------------------------

Amount (\$) 150.	Payee address; City; State; Zip Code 2370 N. Expwy 77183 Brownsville, TX 78526
---------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift (cards)	Description (If travel outside of Texas, complete Schedule T) Birthday lunches <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 13 2 FILER NAME: Laura Betancourt 3 ACCOUNT # (Ethics Commission Filers)

4 Date: 9-30 5 Payee name: IBC Bank

6 Amount (\$): 22.63 7 Payee address: 1600 FM 802 City: Brownsville, TX State: TX Zip Code: 78526

8 PURPOSE OF EXPENDITURE: Acctg/Banking (a) Category (See categories listed at the top of this schedule) (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: 10-10 Payee name: La Pampa

Amount (\$): 22.71 Payee address: 1655 Ruben Torres City: Brownsville, TX State: TX Zip Code: 78526

PURPOSE OF EXPENDITURE: Food/Bev. Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Meeting
 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

Amount (\$): 22.89 Payee address: 4325 N. Expwy. City: Brownsville, TX State: TX Zip Code: 78526

PURPOSE OF EXPENDITURE: Food/Bev. Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Lunch w/Constituents
 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 Gratik Spot

Amount (\$): 54.13 Payee address: 74 S. Price Rd #4 City: Brownsville, TX State: TX Zip Code: 78526

PURPOSE OF EXPENDITURE: Printing Exp. Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Cards
 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: **8 of 13** 2 FILER NAME **Laura Betancourt** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **10-2** 5 Payee name **Glady's 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) **Event** (b) Description (If travel outside of Texas, complete Schedule T) **Fundraiser**
 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
700 E. Levee St. #211 Brownsville, TX 78520

PURPOSE OF EXPENDITURE
 Category (See categories listed at the top of this schedule) **Event** 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 **10-3** Payee name **Brownsville Border Lions Club**

Amount (\$) **150** Payee address; City; State; Zip Code
P.O. Box 6217 Brownsville, TX 78523

PURPOSE OF EXPENDITURE
 Category (See categories listed at the top of this schedule) **Advertisement** 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 **10-6** Payee name **Perla Diaz**

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

PURPOSE OF EXPENDITURE
 Category (See categories listed at the top of this schedule) **Food / Bev.** 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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
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 Total Pages Schedule F 7 of 13	2 FILER NAME Laura Betancourt	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10-6	5 Payee name Laura Betancourt	
6 Amount (\$) 100	7 Payee address; City; State; Zip Code 100 Stillinger Dr. Brownsville, TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food / Bev.	(b) Description (If travel outside of Texas, complete Schedule T) Jury water, coke's food <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 10-8	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) Advertising	Description (If travel outside of Texas, complete Schedule T) Debbie Powers <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 10-24	Payee name IDEN Brownsville	
Amount (\$) 300	Payee address; City; State; Zip Code 4395 Paredet Line Rd. Brownsville, TX 78526	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Donation <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 10-31	Payee name BC Bank	
Amount (\$) 13.47	Payee address; City; State; Zip Code 1600 FM 802 Brownsville, TX 78526	
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
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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
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 Total pages Schedule F: **10 of 13** 2 FILER NAME: **Laura Betancourt** 3 ACCOUNT # (Ethics Commission Filers)

4 Date: **11-8** 5 Payee name: **Adolfo Garcia**

6 Amount (\$): **150** 7 Payee address: **1908 Tanglewood**
City: **Brownsville, TX** State: **TX** Zip Code: **78521**

8 PURPOSE OF EXPENDITURE: **Event** (a) Category (See categories listed at the top of this schedule): **Event** (b) Description (If travel outside of Texas, complete Schedule T): **Medical fundraiser**
 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: **11-24** Payee name: **Cameron County**

Amount (\$): **100** Payee address: **974 E. Harrison St.**
City: **Brownsville, TX** State: **TX** Zip Code: **78520**

PURPOSE OF EXPENDITURE: **Advertisement** Category (See categories listed at the top of this schedule): **Advertisement** Description (If travel outside of Texas, complete Schedule T): **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

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

Amount (\$): **110.29** Payee address: **2155 Paredes Line Rd.**
City: **Brownsville, TX** State: **TX** Zip Code: **78526**

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

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

Date: **11-28** Payee name: **Walmart**

Amount (\$): **764.11** Payee address: **3500 N. Atton Glor**
City: **Brownsville, TX** State: **TX** Zip Code: **78526**

PURPOSE OF EXPENDITURE: **Other** Category (See categories listed at the top of this schedule): **Other** Description (If travel outside of Texas, complete Schedule T): **Camera + Access.**
 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
 Accounting/Banking
 Consulting Expense
 Event Expense
 Fees

Gift/Awards/Memorials
 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 Total pages Schedule F: 11 of 13 2 FILER NAME: Laura Betancourt 3 ACCOUNT # (Ethics Commission Filers)

4 Date: 11-30 5 Payee name: B C Bank

6 Amount (\$): 12.42 7 Payee address; City; State; Zip Code: 1600 FM 802
Brownsville, TX 78526

8 PURPOSE OF EXPENDITURE: Acctg/Banking (a) Category (See categories listed at the top of this schedule) (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: 12-1 Payee name: Chili's

Amount (\$): 32.62 Payee address; City; State; Zip Code: 2750 N. EXPWY
Brownsville, TX 78526

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

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

Date: 12-8 Payee name: Cheddar's

Amount (\$): 21.40 Payee address; City; State; Zip Code: 420 N. EXPWY
Brownsville, TX 78526

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

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

Date: 12-9 Payee name: La Pampa

Amount (\$): 22.21 Payee address; City; State; Zip Code: 1653 Ruben Torres Blvd.
Brownsville, TX 78526

PURPOSE OF EXPENDITURE: Food/Bev. Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Meeting w/constituents
 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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
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 Total pages Schedule F: 12 of 13		2 FILER NAME Laura Betancourt		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-15		5 Payee name Onstar Navigation System			
6 Amount (\$) 323.67		7 Payee address; City; State; Zip Code Luke Fruia Motors, 2645 Barnard Brownsville, TX 78521			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Travel		(b) Description (If travel outside of Texas, complete Schedule T) Navigation <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 12-17		Payee name Wingstop			
Amount (\$) 157.27		Payee address; City; State; Zip Code 480 E. Alton Glor, Ste C Brownsville, TX 78526			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Ber.		Description (If travel outside of Texas, complete Schedule T) Stillman School <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 12-15		Payee name Cameron Co. Democratic Party			
Amount (\$) 25		Payee address; City; State; Zip Code 1767 Boca Chica Blvd. Brownsville, TX 78520			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event		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 12-3		Payee name The Brownsville Herald			
Amount (\$) 114		Payee address; City; State; Zip Code 435 E. Van Buren St. Brownsville, TX 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 <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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials
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 Total pages Schedule F: 13 of 13	2 FILER NAME Laura Betancourt	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	----------------------------------	--

4 Date 12-3	5 Payee name Anna Alvarez
----------------	------------------------------

6 Amount (\$) 600	7 Payee address; City; State; Zip Code 837 E. Tyler St. Brownsville, TX 78520
----------------------	---

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) Medical Exp. <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 12-11	Payee name San Benito Boys + Girls Club
---------------	--

Amount (\$) 30	Payee address; City; State; Zip Code 410 N. Starkey Rd. San Benito, TX 78586
-------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	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 12-19	Payee name Celebrity Magazine
---------------	----------------------------------

Amount (\$) 750	Payee address; City; State; Zip Code 3353 Old Port Isabel Rd. Brownsville, TX 78526
--------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisement	Description (If travel outside of Texas, complete Schedule T) Magazine <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 12-31	Payee name TBC Bank
---------------	------------------------

Amount (\$) 13.05	Payee address; City; State; Zip Code 1600 FM 802 Brownsville, TX 78526
----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (If travel outside of Texas, complete Schedule T) Fees <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