FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

F	FOR CANDIDATE/OFFICEHOLDER	₹
1 ACCOUNT#	2 Total pages filed:	OFFICE USE ONLY ONLY
3 CANDIDATE/ OFFICEHOLDER NAME NICKNAME	5. Laura L. LAST BETANOUV SUBER	DEPARTMENT OF ELECTIONS & Date Received VOTER REGISTRATION JAN 2.9 2015
	Runoff Other (specify) Exceeded \$500 limit Defore election 15th day after treasurer appointment (officeholder only) Final report	Date Mand-delivered at
5 ORIGINAL PERIOD COVERED ON	Day Year Month Day Year THROUGH	Date Processed Date Imaged
Expenditure for having revisions. 7 AFFIDAVIT	I swear, or affirm under penalty of perjury, report is true and correct. Check ONLY if applicable: Semiannual reports: This report is an a semiannual report due on or after Septement/correction is filed on or after the eigreport was filed, I swear, or affirm, that the in good faith and without an intent to misle information contained in the report.	that this corrected This that this corrected This mendment/correction to a member 1, 2011. If amend- ghth day after the original e original report was made ead or to misrepresent the
Perla Cristal Diaz Notary Public, State of To My Commission Expir 05-07-2017 AFFIX NOTARY STAMP / SEAL A Swom to and subscribed before me, to certify which, with Signature of officer administering path	or affirm, that any error or omission in the was made in good faith. Signature of Candida	at I am filing this corrected by after the date I learned be at e or incomplete. I swear, the report as originally filed by the ate or Officeholder B day of January, Molary Public
· · · · · · · · · · · · · · · · · · ·	To Attach Any Part Of The Campaign Finance	Title of officer administering oath

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

	CANDIDATE N FINANCE R		IOLDER	FORM COVER SH	I JC/OH HEET PG 1
The JC/OH Instruction	n Guide explains how to co	mplete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed)
3 CANDIDATE / OFFICEHOLDER NAME		Laura Setanc	eur +	OFFICE Date Received	USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SU 100 St 2000	illinger	STATE; ZIPCODE	Date Hand-delivered or	· Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE		NUMBER 3-6608	EXTENSION	Receipt #	Amount
6 CAMPAIGN TREASURER NAME	MS/MR8XMR NICKNAME (Lali)	Pahlia Betan	EM. Court	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO BO BOX PLE 2057) Harling	Ravenl Ravenl	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (956) 793	NUMBER -4247	EXTENSION		
9 REPORT TYPE		Oth day before election	Runoff Exceeded \$500 limit	15th day after of treasurer appoint (officeholder only) Final report (Attack	ntment
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day	Year	
11 ELECTION	Month ELECTION DATE Day Year	ELECTION TYPE Primary	Runoff $ u$	General	Special
12 OFFICE	GENEROL (ITANY) COURT AT	ounty Law#2	13 OFFICE SOUGHT (IF KNOWN CANCEL) COURT	n Con At La	nty w#2
		GO TO PAG	€2		

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

FORM JC/OH COVER SHEET PG 2

14 C/OHNAME		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 OFFICEHOLDER. 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				
COMMITTERS	COMMITTEE TYPE COMMITTEE NAME: HEE TO BE-E	lect				
	GENERAL COMMITTEE ADDRESS 5+1111 NOES DI SPECIFIC BIDUNSVIILE TEXAS	78526				
additional pages	COMMITTEE CAMPAIGN TREASURER NAME Dahla (Lali) Betancourt COMMITTEE CAMPAIGN TREASURER ADDRESS					
	Harlinger, TX 785	50				
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø				
. , , , , , , , , , , , , , , , , , , ,	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 75.				
	4. TOTAL POLITICAL EXPENDITURES \$6,905,8					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$3,794.76				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ Ø				
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. Perla Cristal Diaz Notary Public, State of Texas My Commission Expires 05-07-2017 Signature of Candidate or Officeholder						
AFFIX NOTARY STA	scribed before me, by the said LANTA Betai	this the				
Signature of officer admi	Perla Diaz No	tary Public				
Signature of Officer admi	nistering oath Print name of officer administering oath Title o	f officer administering oath				

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Mem Expense Expense Food/Beverage E Polling Expense	Solicitation/Fundraising Expense Travel In District Expense Travel Out Of Dietrict Office Overhead/Rental Expense Instruction Guide explains how to complete this form. Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Components OTHER (enter a category not listed above)	e)
1 Total pages Schedule F: 2 FILER NAME	a Betancourt 3 ACCOUNT # (Ethics Commission	- Hers)
4 Date 5 Payes name 5 Pr	int	
6 Amount (\$) 7 Payee activess;	5 city State: Zip Code Chica, Ste 10 WNSville, TX 18521	
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ATTACH A	ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

Texas Ethics Commission

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(512) 463-5800

POLITICAL EXPENDITURES

Texas Ethics Commission

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SCHEDULE F

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	CATEGORIES FOR BOX 8(Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this f	Loan Repayme Transportation I Expense Contributions/D-Candidate/C OTHER (enter a	nt/Reimbursement Equipment & Related onations Made By fficeholder/Political Committee a category not listed above)
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	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDUL	E AS NEEDED	

P.O. Box 12070

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Candidate / Officeholder name

Office sought

Office held

Complete ONLY if direct expenditure to benefit C/OH

Texas Ethics Commission SCHEDULE F POLITICAL EXPENDITURES EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Advertising Expense Transportation Equipment & Related Expense Solicitation/Fundraising Expense Accounting/Banking Legal Services Consulting Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Travel Out Of District **Event Expense** Polling Expense Office Overhead/Rental Expense Fees Printing Expense The Instruction Guide explains how to complete this form. OTHER (enter a category not listed above) 3 ACCOUNT # (Ethics Commission Filers) 1 Total agnes 4 Date 6 Amount_(\$) (a) Category 8 PURPOSE OF EXPENDITURE ficeholderliving expense Check if Austin, T. Office held Office sought 9 Complete ONLY if direct Candidate / OfficeNolder name expenditure to benefit C/OH Pavee name Zip Code City; State; Pavee address: Amount (\$) of Texas, complete Schedule T) Category PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Раусе паг Dat Amount (If travel outside of Texas, complete Schedule T) Category PURPOSE EXPENDITURE ider living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Amount (\$) (If travel outside of Texas, complete Schedule T) PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711	-2070 (512) 463-	5800 (TDD 1-800-735-2989)
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Revised 07/28/2014

SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Advertising Expense Transportation Equipment & Related Expense Solicitation/Fundraising Expense Accounting/Banking Legal Services Travel In District Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Travel Out Of District Event Expense Polling Expense Office Overhead/Rental Expense Fees Printing Expense The Instruction Quide explains how to complete this form. OTHER (enter a category not listed above) 3 ACCOUNT # (Ethics Commission Filers) pages/Schedule 4 7 Pay 6 Amount (\$) (a) Category (b) Descrip@n 8 PURPOSE scheduil OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Paye Category (If travel outside of Texas, complete Schedule PURPOSE EXPENDITURE ck if Austin, TX, officeholder living Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Amount Description travel outside of Texas, complete Schedele T) Catego **PURPOSE** dule) EXPENDITURE Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH (If travel outside of Texas) complete Schedule T) Category PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070 Texas Ethics Commission SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Advertising Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Legal Services Travel In District Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Travel Out Of District **Event Expense** Polling Expense Office Overhead/Rental Expense Fees Printing Expense 1 The Instruction Galde explains how to complete this form. OTHER (enter a category not listed above) -3 ACCOUNT # (Ethics Commission Filers) Total Pages Sefledule F: 2 FILER NAME 5 Pay State; 7 Paye 6 Amount (\$) (a) Category (See categories listed at the top of this 8 PURPOSE OF **EXPENDITURE** fficeholderliving expense Check if Austin Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Amount (\$) Category PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct expenditure to benefit C/OH State; Amount (\$) (If Mavel outside of Texas, complete Schedule T) PURPOSE selvedule) EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Ştate; Amount (\$) Payee address; outside of Texas, complete Schedule T) (See categories listed at the top of this **PURPOSE** EXPENDITURE Check if Austin, TX Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

(512) 463-5800

POLITICAL EXPENDITURES

Texas Ethics Commission

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