LAURA BETANCOURT

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

FOR CAN	DIDATE/OFFICER	JLDER	FORIVI COR-C/OH	
1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY	
3 CANDIDATE /: OFFICEHOLDER NAME	MS/MRS/MR FIRST Mrs. Lau NICKNAME LAST Lori Betancou	SUFFIX	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION	
4 ORIGINAL REPORT TYPE	30th day before election 15th app	noff Other (specify) seeded \$500 limit n day after treasurer pointment (officeholder only) al report	2:500°FEB 0 6 2018 RECEIVED DAYHand delivered of Date Footmarks Receipt # Amount \$	
5 ORIGINAL PERIOD COVERED	Month Day Year 7 / 1 / 2017 TH	Month Day Year BROUGH 12 31 2017		
Cover sheet Pg. 2 was corrected. Cover sheet page 3, Schedule E(J) and G were added. Three pages of schedule F1 were added because expenses were overlooked. The first page of Schedule F1 was corrected due to a typing error. I apologize for the mistakes made on original report.				
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable:				
Semiannual reports: 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: I swear, or affirm, that I am filing this corrected				
Nota Comm. AFFIX NOTARY STA	report no that the ror affirm was mad Public, State of Texas ry ID# 12688988-4 Expires 07-17-2021	ot later than the 14th business report as originally filed is inacc, that any error or omission in de in good faith. Signature of Candidate	day after the date I learned urate or incomplete. I swear, the report as originally filed	
	ed before me, by the said Laura Beta which, witness my hand and seal of office		th _{day of} <u>February</u> ,	
Signature of officer and	ministering outh Printed	A Diaz name of officer administering oath	Notary Public Title of officer administering oath	
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

			*** *** *******************************	
14 JC/OH NAME Laura Betan	court		15 Filer ID (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		
·	SPECIFIC	COMMITTEE ADDRESS		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME		
·		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,600.00	
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 248.76	
	4. TOTAL POLITICAL EXPENDITURES \$ 21,659.12			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY of REPORTING PERIOD \$ 40.88			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT	· · · · · · · · · · · · · · · · · · ·	1900/Andread		
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 C DIAZ Notary Public, State of Texas Notary ID# 12688988-4 Comm. Expires 07-17-2021 AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said Laura Betancourt , this the 6th				
day of February 20 18, to certify which, witness my hand and seal of office.				
1	Perla Diaz Notary Public			
Signature of officer ac	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS-JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethlos Com	nmission Filers)
	Laura Betancourt		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$20,600.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$1,100.00
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 21,410.36
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 1,760.31
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12,	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$

LOANS (JUDICIAL)		SCHEDULE E(J)		
The In	1 Total pages Schedule E(J):				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Laura Betar	ncourt	÷	, viw		
4 TOTAL OF UNI	TEMIZED LOANS		\$		
5 Date of loan	7 Name of lender	(ID#:)	9 Loan Amount (\$)		
12-26-17	Laura Betancourt		\$1100.00		
6 Is lender a financial Institution?		State; Zip Code	10 Interest rate N/A		
Y (N)	100 Stillinger Dr. Brownsville T	TX 78521	11 Maturity date		
		1	N/A		
12 Lender's Principal Judge	Occupation	13 Lender's Job Title Judge			
14 Lender's Employer, Cameron Co		15 Law Firm of lender's spouse (if any) N/A			
	law firm of parent(s) (if any)		1. 100 (100 100 100 100 100 100 100 100 10		
		18 Check if personal funds w			
none					
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)		
	21 Guarantor address; City;	State; Zip Gode	-		
not applicable					
23 Guarantor's Princip	l al Occupation	24 Guarantor's Job Title			
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's s	spouse (If any)		
27 If guarantor is a child, law firm of parent(s) (if any)					
If le	ATTACH ADDITIONAL COPIES O				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Glill/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Content Labor Solicitetion/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (exists) a category not listed above.

Candidate/Officeholder/Politic GreditGard Payment	cal Committee Legal Services Salaries A The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1	2 FILER NAME Laura L. Betancourt	3 Filer ID (Ethics Commission Filers)	
4 Date 10/16/17	5 Payee name Sprint	I de la constantina della cons	
6 Amount (\$) \$600.00	7 Payee address; Gity; State; Zip Code 2715 Boca Chica Blvd Brownsv	ille TX, 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead (b) Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Cell phone 6 months		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
10/20/17	HEB		
Amount (\$)	Payee address; City; State; Zip Code		
90.86	1628 Central Blvd., Brownsville T	X, 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achedule) Food/Beverage Expense	Description Check II travel cutside of Texas. Complete Schedule T. Check II Austin, TX, officeholder living expense Jurors	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10/20/17	Izaguirre Grocery		
Amount (\$)	Payee address; City; State; Zip Code		
\$14.88	1302 E. 14th Street, Brownsville T.	X, 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check II travel outside of Texas. Complete Schedule T. Check II Austin, TX, officeholder living expense	
	Food/ Beverage Expense	Jurors	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consufting Expense
Contributions/Danations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gill/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expanse Polling Expense Printing Expense Salartes/Wages/Contract Labor

Solioitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category pull-listed should

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. FILER NAME Laura Betancourt 1 Total pages Schedule F1: 2 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 12/4/17 Breeden McCumber Group 6 Amount (\$) 7 Pavee address: City; State; Zip Code \$2500.00 1724 Boca Chica Blvd Brownsville TX 78520 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Consulting Expense Consultant Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name 12/7/17 Hord Photography Amount (\$) Payee address; City; State; Zlp Code \$216.50 1805 Ruben Torres Blvd Suite A9 Brownsville TX 78526 Category (See Categories listed at the top of this schedule) Description Gheck if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Li Chack if Austin, TX, officeholder living expense Advertising Expense Photography Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/18/17 Cameron County Amount (\$) Payee address; City; State; Zip Code \$200.00 964 E. Harrison Brownsville TX 78520 Category (See Categories listed at the top of this schedule) ___ Check II travel outside of Texas, Complete Schedule T, PURPOSE OF EXPENDITURE Check If Austin, TX, officeholder living expense Donations County Christmas Party Donation Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Gandidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Satarles/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not fisted above)

Creat Gard Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1	: 2 FILER NAME Laura Betancourt	3 Filer ID (Ethics Commission Filers)	
4 Date 12/15/17	5 Payee name S and S Complete Solutions		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$50.00	2258 Ana Laura Court Browns	ville TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if ravel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense San Benito Parade		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
12/15/17	Perla Diaz		
Amount (\$)	Payee address; City; State; Zip Code		
\$35.00	34 East Dr. Brownsville TX 78	520	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Event Expense	Description Check If travel outside of Texas. Complete Schedule T. Check If Audith, TX, officeholder living expense San Benito Parade	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
11/27/17	Jose Luis Salinas		
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00	155 Shepard Ct Brownsville TX	X 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wages	Description Check If travel outside of Texas. Complete Schedule T. Chack If Austin, TX, afficeholder living expense Labor	
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULF AS NEEDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Gredit Gard Payment.

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memortals Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Gontract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

-	The instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1	2 FILER NAME Laura Betancourt		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/08/17 6 Amount (\$)	Jose Luis Salinas 7 Payee address; City; State; Zip Code		
\$500.00	155 Shepard Ct. Brownsville	TX 78520	
8	(a) Calegory (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF		J []	visida of Texas. Complete Schedule T. n, TX, officaholder living expense
EXPENDITURE	Transportation Expenses		
		Transport	tation related expenses
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Gandidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Gheck if travel outs	side of Texas. Complete Schedule T.
OF EXPENDITURE		Check If Austin,	TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date .	Payee name		White the second
	·		
Amount (\$)	Payee address; City; State; Zip Code		Marie Control of the
,	, agos addisos, only, state, hip code		
	Category (See Calegories listed at the top of this schedule)	Description	
PURPOSE OF	•	i —	lde of Texas. Complete Schedule T.
EXPENDITURE		Li Gheck if Austin, 1	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 S	SCHEDULE AS NEED	DED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		Foot/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule G:	2 FILER NA Laura E	AME Betancourt		3 Filer 1D (Ethics Commission Filers)
4 Date	5 Payee na	me		J
10/30/17	The F	Iome Depot		
6 Amount (\$)	7 Payee ad	dress; City; State; Zi;	Code	
\$1260_31	605 W	. Morrison Brownsvill	e TX 78520	
Reimbursement from political contributions intended	<u> </u> 			
8 PURPOSE	(a) Category	(See Categories listed at the top of this sol	· —	Sign Post Expenses
OF EXPENDITURE	other			utside of Texas. Complete Schedule T.
				n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0		late / Officeholder name	Office sought	Office held
Date	Payee na	me		1,000
11/15/17	Laura I	3etancourt		
Amount (\$)	Payee ad	dress; City; State; Zip	Code	
\$500.00	100 8	Stillinger Dr.	Brownsville TX 7852	21
Reimbursement from political contributions intended		ū		
PURPOSE	Category	(See Categories listed at the top of this solu	ļ , ,	nvitations & Expenses
OF EXPENDITURE	Event	Expenses	l	utside of Texas. Complete Schedule T.
				n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		late / Officeholder name	Office sought	Office held
Date	Payee na	me		
Amount (\$)	Payee ad	dress; Clty; State; Zip	Code	
Reimbursement from political contributions intended				
PURPOSE	Category	(See Categories listed at the top of this sch	·	**************************************
OF				utside of Texas. Complete Schedule T.
EXPENDITURE				n, TX, officeholder living expense
Complete <u>ONLY</u> If direct expenditure to benefit C/C		ate / Officeholder name	Office sought	Office held
	ATTA	CH ADDITIONAL COPIES OF	FTHIS SCHEDULE AS NE	EDED