# LAURA BETANCOURT

# 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 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST  MS. Lawra  NICKNAME LAST  Betand	SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE  6 CAMPAIGN TREASURED	ADDRESS / PO BOX; APT / SUITE #;  ) 00 Stilinge Brownsville,  AREA CODE PHONE NUMBER  (956) 546-63  MS/MRS/MR FIRST	TX 785a1	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION  VILLS VILLE JAN 1 6 2018  Date Hand-delivered or Date Stimarker BY:  Receipt # Amount \$
TREASURER NAME	NICKNAME LAST Serva	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S  100 Stillinger  Brownsville,	SUITE #; CITY; STATE;  TR 7852	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (996) 203-66	EXTENSION O O O	
9 REPORT TYPE	January 15 30th day before	<u> </u>	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THRO	DUGH 12/31	Year
11 ELECTION	ELECTION DATE Month Day Year Primary D3/06/18 General	ELECTION TYPE  Runoff Other Description Special	
12 OFFICE	Court At law #	13 OFFICE SOUGHT (If known)  Comevor  Court	$\sim$ $\sim$ $\sim$
	GO ТО	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME	ra Be	tancourt	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TURES.	WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	GOMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI.	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$20,600
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$2,723.9		
	4. TOTAL POLITICAL EXPENDITURES \$ 17,916.98		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 40.88		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			
Notary Notary	RLA C DIAZ Public, State of Te y ID# 12688988- Expires 07-17-20	true and correct and includes all/info under Title 15, Election Code.	perjury, that the accompanying report is permation required to be reported by me didate or Officeholder
AFFIX NOTARY STAMP.		y the said Laura Betaicou	At, this the 16th
day of Qn.	10	o certify which, witness my hand and seal of office.	
LECONOMIC	and the same of th	Perla Diaz	Votary Public
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of officer administering cath

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Certif Card Payment Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Scheduck/Repus/Control Labor Solicitation/Fundraleing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made E Candidate/Officeholder/Politics Credit Card Payment		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>'</i>
6 Amount (\$) \$600.00	7 Payee address; Clty; 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/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
10/20/17	HEB	
Amount (\$)	Payee address; Clty; State; Zlp Code	
90.86	1628 Central Blvd., Brownsville T	X, 78520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense JUTORS
Complete <u>ONLY</u> 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	
\$23.00	1302 E. 14th Street, Brownsville T.	X, 78520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/ Beverage Expense	Description Check if traveloutside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense  Jurors
Gomplete ONLY If direct expenditure to benefit G/OH	Gandidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

## 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
Giff/Awards/Memorials Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura L Betancourt 4 Date 5 Payee name 10/20/17 Jason's Deli 6 Amount (\$) 7 Payee address; City; State; Zip Code \$48.71 4365 Rte 77 Brownsville TX 78521 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T, PURPOSE Food/ Beverage Expense OF Ghack If Austin, TX, officeholder living expense EXPENDITURE Jurors Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Payee name Date 10/23/17 **Izaguirre Grocery** Amount (\$) Payee address; City; State; Zip Code \$8.12 1302 E. 14th Street, Brownsville TX 78520 Category (See Categories listed at the top of this schedule) Check If travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Food/Beverage Expense Jurors Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Payee name Date 10/23/17 Sam's Club Amount (\$) Pavee address; Gity; State; Zip Code 3570 W. Alton Gloor Blvd, Brownsville TX 78520 \$29.00 Category (See Categories listed at the top of this schedule) Check if kavel outside of Texas. Complete Schedule T. PURPOSE Food/Beverages Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Jurors Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Fees Food/Beverage Expense Glit/Awards/Memortals Expense Printing Expense Salaries/Wages/ContractLabor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Laura L. Betancourt 4 Date 5 Payee name 10/31/17 Johnny Carinos 6 Amount (\$) 7 Payee address; City; State; Zip Code \$45.18 2600 N Expressway Brownsville TX 78526 (a) Category (See Categories listed at the top of this schedule) 8 Check it travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Food/Beverage Expense EXPENDITURE Lunch with constituents 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date 10/31/17 International Bank of Commerce Amount (\$) Payee address; City; State; Zlp Code \$25.65 1600 FM 802 Brownsville TX 78526 Calegory (See Categories listed at the top of this schedule) Description \_\_\_ Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Fees **Analysis Charge** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/1/17 Chick Fil A Amount (\$) Payee address; City; State; Zip Code \$21.51 2370 N Expressway Brownsville TX 78521 Category (See Categories listed at the top of this schedule) Check If travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE \_i Check II Austin, TX, officeholder living expense Food/Beverage Expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office held

Lunch with constituents

Office sought

## 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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Fleimbursement Offics Overhead/Rental Expense Polling Expense Printing Expense Salartes/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (etite) avalegory not listed address
1 Total pages Schedule F1:	2 FILER NAME Laura L. Betancourt		3 Filer ID (Ethics Commission Filers)
4 Date 11/7/17	5 Payee name Sunshine Haven Inc		
6 Amount (\$)	7 Payee address; City; State; Zip Gode		
\$250.00			
8 PURPOSE OF EXPENDITURE	(a) Category (Sea Categories listed at the top of this schedule)  Event Expense	Check If Austin,	iside of Texas. Compiele Schedule T. TX, officeholder living expense
		Sponsor	
9 Complete ONLY if direct expenditure to benefit G/Ol-	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		,
11/13/17	Captain Bob's		
Amount (\$)	Payee address; City; State; Zip Code		
\$27.96	2034 E. Price Rd. Brownsville T	X 78520	
1	Category (See Categories listed at the top of this schedule)	Description	ide of Texas, Complete Schedule T.
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Check if Austin,	rx, officebolder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
Date	Payee name		
11/14/17	HEB Gas		
Amount (\$)	Payee address; City; State; Zip Code		
\$50.00	1628 Central Blvd Brownsville	TX 78520	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description  Gheck if travel outside	le of Texas. Complete Schedule T.
OF EXPENDITURE	Other		X, officeholder living expense
		Celeste F	Ramirez - gas
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	ED

## SCHEDULE F1

Advertising Expense	· · · · · · · · · · · · · · · · · · ·		EXPENDITURE CATE	FGORIES	FOR ROX 8(a)	
Laura L. Betancourt  5 Payce name HEB  6 Amount (\$) 7 Payce actificase; City; State; Zip Code  \$252.02 1628 Central Blvd Brownsville TX 78520  8 PURPOSE EXPENDITURE  Complete ONLY if direct Confidence Only if the direct Complete ONLY if direct Confidence Only if the direct Co	Accounting/Banking Censulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memortals Expense Legal Services	Loan Repa Office Ove Polling Ex Printing Ex Salaries/M	ayment/Reimbursement arhead/Rental Expense xpense Xpense Vages/Contraot Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District
S   Payce name   HEB	1 Total pages Schedule F1:					3 Filer ID (Ethics Commission Filers)
\$252.02  1628 Central Blvd Brownsville TX 78520  (a) Gategory (See Categories tinted at the top of this schedule TX 78520  (b) Description   Check if Austin, TX, efficieholder living expenses   Complete ONLY if direct Complete Schedule TX 78520    Complete ONLY if direct Complete Schedule TX 78520   Candidate / Office Categories listed at the top of this achedule)   Payee acting Expenses		5 Payeena	ame			L
B PURPOSE OF EXPENDITURE  (a) Catagory (See Catagories listed at the top of this schedule)  Fundraising Expenses  Check if Austin, TX, officeholder Riving expenses  Desserts for Fundraiser  Office sought  Office sought  Office held  Office held  Office sought  Office held  Office held  Date  11/16/17  Luby's Cafe  Amount (\$)  Payee address; City; State; Zip Code  2350 N Expressway Brownsville TX 78520  Catagory (See Catagories listed at the top of this schedules)  PURPOSE OF EXPENDITURE  Complete QNLY if direct expenditure to benefit G/OH  Date  Payee name  Cobbleheads  Complete QNLY if direct expenditure to benefit G/OH  Catagory (See Catagories listed at the top of this schedules)  Description  Check if Austin, TX, officeholder Riving expenses  Lunch with constituents  Office sought  Office held  Office held  Office held  Catagory (See Catagories listed at the top of this schedules)  Date  Payee name  Cobbleheads  Amount (\$)  Payee address; City; State; Zip Code  \$1469.76  3154 Central Bivd Brownsville TX 78520  Catagory (See Catagories listed at the top of this schedule)  PURPOSE OF Catagory (See Catagories listed at the top of this schedule)  Catagory (See Catagories listed at the top of this schedule)  Catagory (See Catagories listed at the top of this schedule)  Catagory (See Catagories listed at the top of this schedule)  Catagory (See Catagories listed at the top of this schedule)  Catagory (See Catagories listed at the top of this schedule)  Catagory (See Catagories listed at the top of this schedule)  Catagory (See Catagories listed at the top of this schedule)  Catagory (See Catagories listed at the top of this schedule)  Catagory (See Catagories listed at the top of this schedule)  Catagory (See Catagories listed at the top of this schedule)  Catagory (See Catagories listed at the top of this schedule)  Catagory (See Catagories listed at the top of this schedule)  Catagory (See Catagories listed at the top of this schedule)  Catagory (See Catagories listed at the top of this schedule)  Catagory (See	6 Amount (\$)	7 Payee ac	idress; City; State;	Zlp Code	~	
PURPOSE OF EXPENDITURE  Fundraising Expenses  Fundraising Expenses    Check if Austin, TX, efficabilder Riving expenses   Campilete ONLY if direct expenditure to benefit C/OH   Date	\$252.02	1628	Central Blvd Brown	nsville T	X 78520	
Payee name  Luby's Cafe  Amount (\$) Payee address; City; State; Zip Code  2350 N Expressway Brownsville TX 78520  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Office sought  Office sought  Office sought  Office held  Office held  Office sought  Office held	OF	}	, .	schedule}	Check if Austin	n, TX, officeholder living expense
Amount (\$) Payee address; City; State; Zip Code  \$23.56			ate / Officeholder name		1	
Amount (\$) Payee address; City; State; Zip Code \$23.56	Date	Payee na	me			
\$23.56  2350 N Expressway Brownsville TX 78520  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit G/OH  Payee name  Cobbleheads  Amount (\$) Payee address; City; State; Zip Code  \$1469.76  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Payee name  Cotfice sought  Cotfice held	11/16/17	Luby's	s Cafe			
PURPOSE OF EXPENDITURE  Category (See Cetegories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Food/Beverage Expenses  Complete QNLY if direct expenditure to benefit G/OH  Date  11/17/17  Cobbleheads  Amount (\$)  Payee address; City; State; Zip Code \$1469.76  Category (See Categories listed at the top of this schedule)  Payer arms  Category (See Categories listed at the top of this schedule)  Payer address; City; State; Zip Code  \$1469.76  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Candidate / Office holder name  Office sought  Description  Check It ravel outside of Toxas, Complete Schedule T.  Check It travel outside of Toxas, Complete Schedule T.  Check It travel outside of Toxas, Complete Schedule T.  Check It faustlin, TX, officeholder living expense  Fundraiser  Complete QNLY if direct  Candidate / Officeholder name  Office sought  Office held	Amount (\$)	Payee ad	dress; City; State; Z	Zip Code	· · · · · · · · · · · · · · · · · · ·	
PURPOSE OF EXPENDITURE  Food/Beverage Expenses  Complete ONLY if direct expenditure to benefit G/OH  Date 11/17/17  Cobbleheads  Amount (\$) Payee address; City; State; Zip Code \$1469.76  Category (See Categories listed at the top of this achedule)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit G/OH  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Description Check if Austin, TX, officeholder itving expense  Check if Austin, TX, officeholder itving expense  Check if Austin, TX, officeholder itving expense  Fundraising Expense  Office held  Office held  Office held	\$23.56	2350 1	N Expressway Bro	wnsville	∍ TX 78520	
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name  11/17/17 Cobbleheads  Amount (\$) Payee address; City; State; Zip Code  \$1469.76 3154 Central Blvd Brownsville TX 78520  PURPOSE OF EXPENDITURE  Candidate / Office holder name  Candidate / Officeholder name  Office sought  Office sought  Office sought  Office held  Office held	OF				Check if travel out	TX, officeholder living expense
Date Payee name  11/17/17 Cobbleheads  Amount (\$) Payee address; City; State; Zip Code  \$1469.76 3154 Central Bivd Brownsville TX 78520  PURPOSE OF EXPENDITURE Fundraising Expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held		O :- dia.	NAME OF THE OWNER.			
Amount (\$) Payee address; City; State; Zip Code \$1469.76 3154 Central Bivd Brownsville TX 78520  PURPOSE OF EXPENDITURE  Complete ONLY if direct Candidate / Officeholder name  Cobbleheads  City; State; Zip Code  Brownsville TX 78520  Description Check It travel outside of Texas, Complete Schedule T. Check It travel outside of Texas, Complete Schedule T. Check It travel outside of Texas, Complete Schedule T. Check It travel outside of Texas, Complete Schedule T. Check It travel outside of Texas, Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought Office held			nte / Officeholder name		Office sougrit	U11100 neia
Amount (\$)  Payee address; City; State; Zip Code  \$1469.76  3154 Central Bivd Brownsville TX 78520  Category (See Categories listed at the top of this achiedule)  PURPOSE OF EXPENDITURE  Fundraising Expense  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	Date	Payee na	me			
\$1469.76  3154 Central Blvd Brownsville TX 78520  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Fundraising Expense  Fundraiser  Camplete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	11/17/17	Cobbl	eheads			
PURPOSE OF EXPENDITURE  Category (See Categories listed at line top of this schedule)  Fundraising Expense  Complete ONLY if direct  Candidate / Officeholder name  Category (See Categories listed at line top of this schedule)  Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austlin, TX, officeholder living expense  Fundraiser  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	Amount (\$)	•		ip Code	<del></del>	
PURPOSE OF EXPENDITURE Fundraising Expense  Complete ONLY if direct  Candidate / Officeholder name  Check It ravel outside of Texas, Complete Schedule T.  Check It ravel outside of Texas, Complete Schedule T.  Check It ravel outside of Texas, Complete Schedule T.  Check It ravel outside of Texas, Complete Schedule T.  Check It travel outside of Texas, Complete Schedule T.  Check It ravel outside outside of Texas, Complete Schedule T.  Check It ravel outside	\$1469.76	3154	Central Blvd Brown	nsville T	X 78520	
Continue Ottes in allow	OF			chedula)	Check If travel outs Check If Austin,	TX, officeholder living expense
		Candida	te / Officeholder name		Office sought	Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Bankling
Consulting Expense
Contributions/Danations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Foot//Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursament Office Overfread/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politic Gredit Gard Payment	<del>-</del>	Salaries/Wages/Contract Late explains how to complete this to	···· (·····- –
1 Total pages Schedule F1			3 Filer ID (Ethics Commission Filers)
4 Date 11/15/17	5 Payee name Laura Betancourt		
6 Amount (\$)	7 Payee address; City; Sta	ite; Zlp Code	
\$500.00	100 Stillinger Dr. E	Brownsville TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check	ON If travel outside of Texas, Complete Schedule T. If Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sou	ght Office held
Date	Payee name		
11/20/17	Sombrero Festival		
Amount (\$)	Payee address; Clty; Stat	te; Zip Code	
\$60.00	1908 E. 6th Street	Brownsville TX 7852	0
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top	Check (i	n Vavel cuiside of Texas. Complete Schedule T. I Auslin, TX, officeholder living expense Pro Fest membership
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	
Date	Payee name		
11/20/17	Texas Roadhouse		
Amount (\$)	Payee address; City; State	a; Zip Code	
\$115.29	3400 N Expressway	Brownsville TX 7852	26
PURPOSE	Category (See Categories listed at the top o	-	avel outside of Texas, Complete Schedule T.
OF EXPENDITURE	Food/Beverage Expen	Se Chack If	Austin, TX, alficaholdar living expense
		Lunch w	vith constituents
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	ht Office held
	ATTACH ADDITIONAL COP	TES OF THIS SCHEDULE AS	NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulfing Expense Contributions/Donattons Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Credit Gard Payment	The Instruction Guide explains how to	complete this form.	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 11/20/17	5 Payee name Wal-Mart		
6 Amount (\$) \$126.81	7 Payee address; City; State; Zip Code  2721 Boca Chica Blvd Brown	sville TX 7852	1
8 PURPOSE OF EXPENDITURE	(a) Category (Sea Categories listed at the top of this achedule)  Office overhead	1	itside of Texas. Complete Schedule T. , TX, afficeholder living expense
9 Complete ONLY if direct expenditure to benefit G/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/22/17	Chick Fil A		
Amount (\$)	Payee address; City; State; Zip Code		
\$22.27	2370 N Expressway Browns	ville TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achedule) Food/Beverage Expense		side of Texas. Complete Schedule T. TX, officeholder living expense CONStituents
Gomplete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/30/17	IBC		
Amount (\$)	Payee address; City; State; Zip Code		
\$5.00	1600 FM 802		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	r	lde of Texas. Complete Schedule T. 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	CHEDIU E AS NEED	)FN

## 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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Offica Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politic Gredit Card Payment	at Committee Legal Services Salari	•	a category not listed above)
	The Instruction Guide explains how	to complete this form,	
1 Total pages Schedule F1:	2 FILER NAME Laura L. Betancourt	3 Filer ID	(Ethics Commission Filers)
4 Date	5 Payee name	-	
11/27/17	El Valle Noticias		
6 Amount (\$)	7 Payee address; City; State; Zip Code	<b>}</b>	
\$500.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas, Con	mplete Schedule T.
OF EXPENDITURE	Advertising Fee	Check if Austin, TX, officeholder	r living expense
	•	online	
9 Complete ONLY if direct expenditure to benefit C/Oh	Gandidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/27/17	Laura Betancourt		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	100 Stillinger Dr. Brownsville T	X 78521	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Comp	olale Schedula T.
OF EXPENDITURE		Check If Austin, TX, officeholder	living expense
EMPH ONE	Loan Reimbursement	Loan	
	Candidate / Officeholder name	Office sought	Office Calab
Complete ONLY if direct expenditure to benefit C/OH	Gandidate) Onicerolider harrie	Omce sought	Office held
Date	Payee name		
10/30/17	Laura Betancourt		
Amount (\$)	Payee address; City; State; Zip Code		
\$7,800.00	100 Stillinger Dr. Brownsville	TX 78521	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Texas, Compl	
EXPENDITURE	Lasa Dalashamanas	Li Check if Austin, TX, officeholder li	iving expense
	Loan Reimbursement	Loan	
Complete ONLY if direct expenditure to benefit G/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

## SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulling Expense
Contributions/Donations Made By
Candidate/Officetolder/Political Committee

Event Expense Fees Food/Reverage Expense Glit/Awards/Memorials Expense Lenet Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract1 short Solicitation/Fundratsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor complete this form.	Other (enter a category not listed above)
<u> </u>			
1 Total pages Schedule F1:	Laura L. Betancourt		3 Filer ID (Ethics Commission Filers)
4 Date 11/30/17	5 Payee name IBC		
6 Amount (\$)	7 Payee address; City; State; Zip Gode		
\$19.25	1600 FM 802 Brownsville TX	78520	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	· · · · · · · · · · · · · · · · · · ·
PURPOSE		Checkif travel out	side of Texas. Complete Schedule T.
OF EXPENDITURE	Fees	Chack if Austin,	TX, efficaholder living expense
EX EIGHT GIE	1 965	Bank Fees	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Рауев пате		M
12/1/17	La Pampa		
Amount (\$)	Payee address; City; State; Zip Code		Was to the second secon
\$166.00	1655 Ruben Torres Blvd. Brov	vnsville TX 7852	20
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this echadule)  Food/Beverage Expense		de of Texas. Complete Schedule 7. fX, officeholder living expense
		Lunch with cor	nstituents
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/1/17	Sprint		
Amount (\$)	Payee address; City; State; Zip Code		
\$388.58	2715 Boca Chica Blvd Brow	nsville TX 7852	1
	Category (See Categories listed at the top of this schodule)	Description	
PURPOSE OF		1 1 1	le of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead	L Check if Austin, T	X, officeholder living expense
		Cell phone	
Complete ONLY If direct expenditure to benefit G/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Earling
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glt/Awards/Memortals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Richated Expense Travel In District Travel Out of District Other (enter a category not listed above)

Cendidate/Officeholder/Political Committee Gredit Gard Payment Legal Services The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura L. Betancourt 4 Date 5 Payee name 12/5/17 Toddle Inn 6 Amount (\$) 7 Payee address; City; State; Zip Code \$27.99 1740 Central Blvd Brownsville TX 78520 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. PURPOSE Check if Austin, TX, efficeholder living expense OF EXPENDITURE Food/Beverage Expense Lunch with Constituents Candidate / Officeholder name Office sought 9 Complete ONLY If direct Office held expenditure to benefit C/OH Payee name Date 12/6/17 Best Buy Amount (\$) Payee address; City; State; Zip Code \$37.11 Brownsville TX 78520 2370 N Expressway Calegory (See Categories listed at the top of this schedule) Check if travel quiskie of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder fiving expense office expense supplies Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Рауее пате Date . 12/6/17 Dillards Amount (\$) Payee address; City; State; Zip Code Brownsville TX 78520 2340 N Expressway \$300.00 Catagory (See Categories listed at the top of this schedule) PURPOSE \_\_ Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Gift `constituents Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Certificant Payment

Event Expense Fees Foot/Beverage Expense Git/Awards/Memorials Expense Lenal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Gredit Gard Payment	al Committee Legal Services Salaries V  The Instruction Guide explains how to c	Other (enter a category not listed above)  complete this form.
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME Laura L. Betancourt	3 Filer ID (Ethics Commission Filers)
4 Date 12/13/17	5 Payee name 7-Eleven	
6 Amount (\$)	7 Payee address; City; State; Zlp Code	
\$53.89	865 N Expressway Brownsville	TX 78520
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Other	(b) Description  Check if travel outside of Texas. Complete Schedula T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Gas expense Office sought Office held
Date	Payee name	
12/13/17	The Grafik Spot	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,704.94	1265 N Expressway Brownsville	TX 78520
PURPOSE OF EXPENDITURE	Calegory (See Calegories listed at the top of this schedule)  Printing Expense	Description Check II travel outside of Texas. Complete Schedule T. Check II Austin, TX, officeholder living expense Political Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/18/17	The Home Depot	
Amount (\$)	Payee address; City; State; Zip Code	
\$23.78	605 W. Morrison Brownsville TX	( 78520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Other	Description  Check Il travel outside of Texas. Complete Schedule T.  Check If Auslin, TX, officeholder living expense  Zip ties
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE

## SCHEDULE F1

FROM PO	LINGA	T CONTRIBO	HONS		SCHEDULE 1 1
		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Office/holder/Politic Gredit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Ove Polling Ex Printing E: Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
	la euro		anis now to t	ampiete tuis torni.	2 Flow ID (Fibbs Commission Flow)
1 Total pages Schedule F1:	T .	L. Betancourt			3 Filer ID (Ethics Commission Filers)
4 Date 12/18/17	5 Payeens Sunc	·		•	
6 Amount (\$)	7 Payee a	idress; City; State;	Zip Code		
\$37.44	200 V	V. Morrison Brow	wnsville	TX 78520	
8	(a) Category	(See Categories listed at the top of th	is schedule)	(b) Description	
PURPOSE				-	utside of Texas. Complete Schedule T.
OF EXPENDITURE	Oth	or		Chack If Austir	o, TX, officeholder living expense
	Our	<del>O</del> I		Gas Expe	ince
Complete <u>QNLY</u> if direct expenditure to benefit G/OF		ate / Officeholder name		Office sought	Office held
Date	Payee na	me			
12/19/17	The Gr	afik Spot			
Amount (\$)	Payee ad	dress; City; State;	Zip Code		
\$148.84	1265 N	N Expressway Bro	ownsville	TX 78520	
W-1.7.2	Category	(See Categories listed at the top of this	s schedule)	Description	
PURPOSE				I	side of Texas. Complete Schedule T.
OF EXPENDITURE	Printin	g Expense	ĺ	Check if Austin,	TX, officeholder living expense
				Political	Pushcard
Complete ONLY if direct expenditure to benefit C/OH		tte / Officeholder name	,	Office sought	Office held
Date	Payee na	me .			
12/20/17	7-Ele	ven		•	
Amount (\$)	Payee ade	dress; City; State;	Zip Cade	<del></del>	,, , , , , , , , , , , , , , , , , , ,
\$50.00	865 N E	Expressway Brow	nsville T	X 78520	
	Category	(See Categories listed at the top of this	schedule)	Description	
PURPOSE				<del>[                                    </del>	ide of Texas. Complete Schedule T.
OF EXPENDITURE	other			L_I Check If Austin,	TX, officeholder living expense
- Private			}	Gas Expens	se
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name	<u></u>	Office sought	Office held
should to the same of the same	Arrer	ACH ADDITIONAL CODIES	OFTUR	CHEDITE AC NEE	nen

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advartising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fass Food/Beverage Expense Gir/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Marces/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel for District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salari  The Instruction Guide explains how	es/Wages/ContractLabor Other (enter a category not listed above) to complete this form.
1 Total pages Schedule F1:	2 FILER NAME Laura L. Betancourt	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
12/20/17	The Grafik Spot	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	6
\$276.04	1265 N Expressway Brownsvil	le TX 78520
8	(a) Category (See Categories listed at the top of this achedule)	(b) Description
PURPOSE	Briefe - France	Check it travel outside of Texas, Complete Schedule T.
OF EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense
EAPENDITORE		
Complete ONLY if direct expenditure to benefit C/Ot-	Candidate / Officeholder name	Office sought Office held
Date	Рауее пате	
12/20/17	Deluxe	
	Delaye	
Amount (\$)	Payee address; City; State; Zlp Code	3
\$88.88	P.O. Box 64468 St. Paul MI	N 55164
1	Category (See Categories listed at the top of this schedule)	Description
		Employer (Pripara
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Office Overhead	l promition in the contract of
OF		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expanse
OF	Office Overhead  Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expanse Checks
OF EXPENDITURE  Complete ONLY if direct	Office Overhead  Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expanse Checks
OF EXPENDITURE  Complete ONLY if direct	Office Overhead  Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expanse Checks
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	Office Overhead  Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expanse Checks
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	Office Overhead  Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Checks  Office sought  Office held
Complete ONLY if direct expenditure to benefit C/OH  Date  12/21/17	Office Overhead  Candidate / Officeholder name  Payee name  Lubys  Payee address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Checks  Office sought  Office held
Complete ONLY if direct expenditure to benefit C/OH  Date  12/21/17  Amount (\$)	Office Overhead  Candidate / Officeholder name  Payee name  Lubys  Payee address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expanse  Checks  Office sought  Office held  Pille TX 78520
Complete ONLY if direct expenditure to benefit C/OH  Date  12/21/17  Amount (\$)  \$33.71	Office Overhead  Candidate / Officeholder name  Payee name  Lubys  Payee address; City; State; Zip Code  2350 N Expressway Brownsy	Check if travel outside of Texas. Complete Schedule T.  Checks  Checks  Office sought  Office held  Description  Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH  Date 12/21/17  Amount (\$) \$33.71	Office Overhead  Candidate / Officeholder name  Payee name  Lubys  Payee address; City; State; Zip Code  2350 N Expressway Brownsv  Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expanse  Checks  Office sought  Office held  Pille TX 78520
Complete ONLY if direct expenditure to benefit C/OH  Date  12/21/17  Amount (\$)  \$33.71  PURPOSE OF	Office Overhead  Candidate / Officeholder name  Payee name  Lubys  Payee address; City; State; Zip Code  2350 N Expressway Brownsy	Check if travel outside of Texas. Complete Schedule T.  Checks  Checks  Office sought  Office held  Description  Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH  Date  12/21/17  Amount (\$)  \$33.71  PURPOSE OF EXPENDITURE	Office Overhead  Candidate / Officeholder name  Payee name  Lubys  Payee address; City; State; Zip Code  2350 N Expressway Brownsv  Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Checks Checks Clfice sought Clfice held  Clfice sought Clfice held  Clfice sought Clfice held  Clfice in the clfice held
Complete ONLY if direct expenditure to benefit C/OH  Date  12/21/17  Amount (\$)  \$33.71  PURPOSE OF	Office Overhead  Candidate / Officeholder name  Payee name  Lubys  Payee address; City; State; Zip Code  2350 N Expressway Brownsv  Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.  Checks  Checks  Office sought  Office held  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH  Date 12/21/17  Amount (\$) \$33.71  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Office Overhead  Candidate / Officeholder name  Payee name  Lubys  Payee address; City; State; Zip Code  2350 N Expressway Brownsv  Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Checks Checks Clfice sought Clfice held  Clfice sought Clfice held  Clfice sought Clfice held  Clfice in the clfice held

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Considers Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salartes/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (enter a category not listed above)

Gredit Card Payment	The instruction Guide explains how to	complete this form.	,
1 Total pages Schedule F1	: 2 FILER NAME Laura L. Betancourt		3 Filer ID (Ethics Commission Filers)
4 Date 12/21/17	5 Payee name Gourmet Central	·····	
6 Amount (\$)	7 Payee address; City; State; Zip Code		<b>*************************************</b>
\$35.40	515 W. 4th Street Brownsvill	le TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	, , , , , , , , , , , , , , , , , , , ,	olskie of Texas. Compleke Schedule T. n, TX, officeholder living expense INSTÍTUENTS
9 Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Рауее пате		
12/21/17	Dillards		
Amount (\$)	Payee address; City; State; Zip Code		
\$37.89	2340 N Expressway Brownsvill	le TX 78520	
PURPOSE OF EXPENDITURE	Gategory (See Categories listed at the top of this schedule)	Check if Austin,	side of Taxas. Complete Schedule T. TX, officeholder living expense
		gift for const	· · · · · · · · · · · · · · · · · · ·
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
12/22/17	Sunoco		
Amount (\$)	Payee address; City; State; Zip Code		
\$20.99	200 W. Morrison Brownsville T	X 78520	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)  Other	l	ide of Texas. Complete Schedule T. I'X, 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	CHEDULE AS NEED	DED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donaitons Made By
Candidate/Officeholder/Political Committee

Event Expense Fess Food/Beverage Expense Gltt/wards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Laura L. Betancourt 4 Date 5 Payee name 12/26/17 The Home Depot 6 Amount (\$) 7 Payee address; City; State; Zip Code Brownsville TX 78520 605 W. Morrison Rd \$19.74 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE Check if Auslin, TX, officeholder living expense other Zip ties Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12/26/17 The Grafik Spot Amount (\$) City; State; Zip Code Payee address; \$351.81 1265 N Expressway Brownsville TX 78520 Category (See Categories listed at the top of this schedule) \_ Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **Printing Expense** EXPENDITURE signs Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Cameron County Democratic Party 11/27/17 Amount (\$) Pavee address: City; State; Zip Code \$1,500.00 Brownsville TX 78520 531 E. St. Frances Category (See Categories listed at the top of this schedule) \_\_\_ Check If traval outside of Texas, Complete Schedule T. PURPOSE OF EXPENDITURE Check If Austin, TX, officeholder living expense Fees Filing Fee Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

(JUDIC	ETARY POLITICAL CONTR CIAL)	IBUTIONS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete this	form,	1 Total pages Schedule A(J)1:
2 FILER NAME Laura L. I	≣ Betancourt		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/17	5 Full name of contributor out-of-state PAC ID#: )  Jesus Canales 6 Contributor address; Gity; State; Zip Code  845 E. Harrison Brownsville TX 78520		7 Amount of contribution (\$) \$500.00
8 Contributor's Attorne	principal occupation	9 Contributor's job title Attorney	1
10 Contributor's Law Office	employer/law firm of Rick Canales	11 Law firm of contributor	's spouse (if any)
12 If contributor i	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor		
10/13/17	Contributor address; City; State; 501 E. Tyler Ave Harlingen TX 7	; Zlp Code 78550	\$250.00
Contributor's principal occupation Contr		Contributor's job title Attorney	
Law Office	employer/law firm e of Oscar De La Fuente is a child, law firm of parent(s) (if any)	Law firm of contributor's	s spouse (if any)
Date	Full name of contributor  out-of-state PAC II	tD#:	
10/13/17	Mary Agado  Contributor address; City; State: Zlp Code  311 S C Street Harlingen TX 78550		\$250.00
Contributor's principal occupation Bail Bondsman		Contributor's Job title Bail Bondsma	เท
Contributor's employer/law firm L Agado Bail Bonds		Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruc		

(JUDIC	TARY POLITICAL CONTRII CIAL)	BUTIONS	SCHEDULE A(J)1
7	The Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A(J)†:
2 FILER NAME Laura	L. Betancourt		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	1#:	7 Amount of contribution (\$)
10/13/17	Javier Aguirre  6 Contributor address; City; State; 811 E. Madison St Brownsville		\$500.00
8 Contributor's p	,	9 Contributor's Job title Attorney	
10 Contributor's e		11 Law firm of contributor	s spouse (If any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	<u> </u>	#	Amount of contribution (\$)
9/27/17	Curtis Bonner  Contributor address; City; State;		
· · · · · · · · · · · · · · · · · · ·	103 S. 3rd St. Harlingen TX 78550	<del></del>	
Contributor's p	principal occupation	Contributor's job title	
	employer/law firm	Attorney  Law firm of contributor's	s shouse (if anv)
Bonner &	Bonner		, apara (2)
If contributor is	a child, law firm of parent(s) (if any)	,	
Date	Full name of contributor out-of-state PAC iD#;	:	Amount of contribution (\$)
9/27/17	Esparza & Garza		
SIZIII.	Contributor address; City; State:	Zip Code	\$500.00
\$	964 E. Los Ebanos Brownsville	TX 78520	
Contributor's p	rincipal occupation	Contributor's job title	
Attorney		Attorney	
Contributor's employer/law firm Esparza & Garza		Law firm of contributor's	spouse (if any)
	a child, law firm of parent(s) (if any)	<del></del>	
	ATTACH ADDITIONAL COPIES OF T		
lf c	contributor is out-of-state PAC, please see instructi	ion guide for additional re	eporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura L. Betancourt 7 Amount of contribution (\$) 5 Full name of contributor aut-of-state PAC ID#: David Kithcart 9/27/17 \$\$250.00 6 Contributor address; City; State; Zip Code 1209 E. Harrison Ave. Ste B Harlingen TX 78550 8 Contributor's principal occupation 9 Contributor's job title Attorney Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Law Office of David Kithcart 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor Out-of-state PAC ID#:\_ Marion R. Lawler, III Contributor address; 9/28/17 City; State; Zip Code \$1,000.00 805 Media Lunca Ste 620 Contributor's principal occupation Contributor's job title Attorney Attornev Contributor's employer/law firm Law firm of contributor's spouse (if any) Lawler & Associates If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor nut-of-state PAC 10#: Amount of contribution (\$) Victor R. Ramirez 9/29/17 Contributor address; City; State: Zip Code \$250.00 905 E. Jackson St. Brownsville TX 78520 Contributor's principal occupation Contributor's Job title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Law Office of Victor R. Ramirez If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONE (JUDIC	TARY POLITICAL CONTR CIAL)	BUTIONS	SCHEDULE A(J)1
****	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME Laura	L. Betancourt		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full harme of contributor		7 Amount of contribution (\$)
9/29/17	6 Contributor address; City; State 2401 Wildflower Ste B Brown	e; Zip Code nsville TX 78526	\$2,500.00
Attorney		9 Contributor's job title Attorney	
Begum La		11 Law firm of contributor	's spouse (if any)
12 If contributor i	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor Gut-of-state PAC ID#:		Amount of contribution (\$)
9/29/17	Rigoberto Flores Jr.  Contributor address; City; State; Zip Code		\$500.00
Contributor's	1914 E. Van Buren Brownsville TX principal occupation	X 78520 Contributor's job title	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Attorney		Attorney	
Contributor's e	employer/law firm e of Rigoberto Flores Jr.	Law firm of contributor's	s spouse (if any)
	Is a child, law firm of parent(s) (if any)		N.A.M. Million and A. M.
Date		Ю#;)	Amount of contribution (\$)
9/29/17	Hamilton & Lucio  Contributor address; City; State: Zlp Code 805 Old Port Isabel Rd. Brownsville TX 78520		\$250.00
Contributor's principal occupation  Attorney  Contributor's job title  Attorney			
	employer/law firm	Law firm of contributor's	s spouse (if any)
Hamilton	·		
If contributor is	s a child, law firm of parent(s) (if any)		
If	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instru		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura L. Betancourt 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC ID#:\_ Noemi Garcia-Martinez 6 Contributor address; 9/29/17 \$250.00 City; State; Zip Code 30 Providencia Ct. Ste. 5N Brownsville TX 78521 9 Gontributor's job title 8 Contributor's principal occupation Attorney Attornev 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Law Offce of Noemi Garcia 12 if contributor is a child, law firm of parent(s) (if any) Amount of contribution (\$) Full name of contributor out-of-state PAC ID#:\_ Garza & Elizondo \$250.00 10/4/17 Contributor address; City; State; Zip Code 680 E. St. Charles Ste 680 Brownsville TX 78520 Contributor's principal occupation Contributor's job title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Garza & Elizondo If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC |D#:\_ Amount of contribution (\$) Aquilar & Zabarte 10/5/17 Contributor address; City; State: Zip Code \$250.00 Brownsville TX 78520 990 Marine Dr. Contributor's principal occupation Contributor's job title Attorney Attorney Contributor's employer/law tirm Law firm of contributor's spouse (if any) Aguilar & Zabarte If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1; The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura L. Betancourt 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC ID#: Fabian Limas Jr. 6 Contributor address; City; State; Zip Code 10/5/17 \$250.00 1728 Boca Chica Blvd Brownsville TX 78550 8 Contributor's principal occupation 9 Contributor's job title Attorney Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Law Office of Fabian Limas Jr. 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor out-of-state PAG ID#: Larry Mark Polsky \$250.00 10/5/17 Contributor address; City; State; Zip Code 109 Mezquite St Ste B South Padre Island, TX 78597 Contributor's principal occupation Contributor's job title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (If any) Law Office of Larry Mark Polsky If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out-of-state PAC ID#:\_ Amount of contribution (\$) Julio Ledezma 10/6/17 Contributor address; \$500.00 City; State; Zip Code 847 E. Harrison St. Brownsville, TX 78520 Contributor's principal occupation Contributor's job title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Law Office of Julio Ledezma If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura L. Betancourt 4 Date 7 Amount of contribution (\$) 5 Full name of contributor ☐ out-of-state PAC ID#:\_ Salvador Garcia 6 Contributor address; City; State; Zip Code 10/12/17 \$500.00 914 E. Van Buren Brownsville, TX 78520 8 Contributor's principal occupation 9 Contributor's Job title Attorney Attorney 10 Contributor's employer/law tlrm 11 Law firm of contributor's spouse (if any) Law Office of Salvador Garcia 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) ☐ out-of-slate PAC ID#:\_ Full name of contributor Ruben R. Pena 10/15/17 \$1,000.00 City; State; Zip Code Contributor address; 125 Old Alice Rd Brownsville TX 78520 Contributor's Job title Contributor's principal occupation Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Law Office of Ruben R. Pena If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor ut-of-state PAC ID#:\_ Amount of contribution (\$) Hodge & James \$250.00 10/17/17 Contributor address; City; State: Zip Code 1617 E. Tyler Ave Ste. A Harlingen TX 78550 Contributor's principal occupation Contributor's job title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Hodge & James If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1; The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura L. Betancourt 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAG 10#: Adams & Graham 10/19/17 \$500.00 6 Contributor address; City; State; Zip Code 134 E. Van Buren Ste. 301 Harlingen TX 78550 Contributor's Job title Attorney Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Adams & Graham 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor Out-of-state PAC ID#:\_ Roerig, Oliveira & Fisher \$2,500.00 10/19/17 Contributor address; Clty; State; Zip Code 855 W. Price Rd Ste. 9 Brownsville TX 78520 Contributor's principal occupation Contributor's lob title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Roeria, Oliveira, & Fisher If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC ID#:\_ Amount of contribution (\$) Thornton, Biechlin, Reynolds, & Guerra 10/20/17 Contributor address; City; State: Zip Code \$500.00 418 E. Dove McAllen, TX 78504 Contributor's principal occupation Contributor's job title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Thornton, Biechlin, Reynolds, & Guerra If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(JUDIC	TARY POLITICAL CONTR CIAL)	IBUTIONS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	1	····	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/17	5 Full name of contributor	, ,	7 Amount of contribution (\$) \$200.00
8 Contributor's Attorney	principal occupation	9 Contributor's job title Attorney	
Cisneros	employer/law firm  S South TX Law Group  Is a child, law firm of parent(s) (If any)	11 Law firm of contributor	's spouse (if any)
Date 10/25/17	Edmund Keith Cycaniewicz		Amount of contribution (\$) \$250.00
	principal occupation	Contributor's Job title	
Attorney		Attorney	
Law Offic	employer/law firm  ce Of Edmund K. Cyganiewicz  ls a child, law firm of parent(s) (if any)	Law firm of contributor's	s spouse (if any)
Date 10/25/17	Full name of contributor		Amount of contribution (\$) \$500.00
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Law office	of Robert Davis Jr.	Law firm of contributor's	s spouse (If any)
If contributor is	s a child, law firm of parent(s) (if any)		
lf	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruc		

(JUDIC	TARY POLITICAL CONȚR CIAL)	IBUTIONS	SCHEDULE A(J)1
*	The Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	:		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/17	5 Full name of contributor		7 Amount of contribution (\$) \$250.00
8 Contributor's Attorne	principal occupation	9 Contributor's job title Attorney	
Law Offi	employer/law firm  ice of Ismael Hinojosa  Is a child, law firm of parent(s) (If any)	11 Law firm of contributor	s spouse (if any)
Date	Full name of contributor		Amount of contribution (\$)
10/26/17	Contributor address; City; State; 844 N. Sam Houston Blvd. San		\$250.00
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Law Offic	employer/law ffrm ce of Noe Alaniz	Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (If any)		
Date	Full name of contributor	)#:)	Amount of contribution (\$)
10/30/17	Contributor address; City; State: Zip Code  554 E. Jackson Brownsville, TX 78520		\$250.00
·	principal accupation	Contributor's job title Bail Bonds	
Bail Bonds Contributor's employer/law firm		Law firm of contributor's	s spouse (if any)
	Bail Bonds		
if contributor is	a child, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruc		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura L. Betancourt 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC ID#: Jason Mann 11/2/17 6 Contributor address: \$250.00 City; State; Zip Code 1309 N. Stewart Place Harlingen, TX 78552 8 Contributor's principal occupation 9 Contributor's job title Attorney Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Law Office of Jason Mann 12 If contributor is a child, law firm of parent(s) (If any) Amount of contribution (\$) Full name of contributor out-of-state PAC 10#; Garza & Garza 11/8/17 \$250.00 Contributor address; City; State; Zip Code 1200 E. Harrison Brownsville, TX 78520 Contributor's principal occupation Contributor's job title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Garza & Garza Law If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAG ID#: Amount of contribution (\$) McCullough & McCullough 11/9/17 Contributor address; City; State: Zip Code \$250.00 323 E. Jackson Harlingen, TX 78550 Contributor's job title Contributor's principal occupation Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) McCullough & McCullough If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

P. FILER NAME Land Land Land Land Land Land Land Land Land	aura L. Betancourt	*****	
	ura I. Botonoourt	}	3 Filer ID (Ethics Commission Filers)
Date	tura L. Detancourt		
11/13/17	5 Full name of contributor		7 Amount of contribution (\$) \$1000.00
Contributor's p		9 Contributor's job title	
Attori	nev	Attorney	
Contributor's e		11 Law firm of contributor's	s spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	,	
Date Full name of contributorout-of-state PAC ID#;		Amount of contribution (\$)	
1/14/17	Contributor address; City; State; 777 E. Harrrison St. Ste B Browns		\$100.00
Contributor's principal occupation Contributor's job title			
Attorney Attorney		Attorney	
Contributor's employer/law firm  Law firm of contributor  Law firm of contributor  Law firm of contributor		Law firm of contributor's	spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor		Amount of contribution (\$)
1/15/17	Contributor address; City; State: Zip Gode 815 Ridgewood Brownsville, TX 78520		\$500.00
# 41		Gontributor's Job title Attorney	
Contributor's em	ployer/law flirin of John Williamson	Law firm of contributor's	spouse (if any)
If contributor is a	ohild, law tirm of parent(s) (if any)		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura L. Betancourt 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC 1D#: Norma Esquivel 6 Contributor address: 11/16/17 City; State; Zip Code \$100.00 4505 Lakeway Dr. Brownsville, TX 78520 8 Contributor's principal occupation 9 Contributor's job title Housewife 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (If any) 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor ut-of-state PAC ID#:\_ Barry R. Benton 11/16/17 \$100.00 Contributor address; City; State; Zip Code 284 Ebony Ave. Brownsville TX 78520 Contributor's principal occupation Contributor's job title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Barry R. Benton Attorney at Law If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Amount of contribution (\$) Dut-of-state PAC ID#: Lyza Gonzalez 11/16/17 \$100.00 Contributor address; City; State: Zip Code 520 Centerline Dr. Brownsville, TX 78520 Contributor's principal occupation Contributor's Job title Owner /Manager Owner Contributor's employer/law firm Law firm of contributor's spouse (if any) Smarty Pants Kids Academy

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

If contributor is a child, law firm of parent(s) (if any)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Laura L. Betancourt 4 Date 7 Amount of contribution (\$) 5 Full name of contributor 🔲 out-of-state PAC (D#:\_ Ignacio G. Martinez \$1000.00 11/16/17 6 Gontributor address; City; State; Zip Code 1002 E. Taylor St. Brownsville, TX 78520 8 Contributor's principal occupation 9 Contributor's job title Attorney Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (If any) Ignacio G. Martinez Law Firm 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor Out-of-state PAC ID#: Esteban Gonzales 11/20/17 \$250.00 Contributor address; City; State; Zip Code 1050 N. Sam Houston Blvd San Benito, TX 78586 Contributor's principal occupation Contributor's job title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Law Office of Esteban Gonzales If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out-of-state PAC ID#: Amount of contribution (\$) Reynaldo G. Garza Jr. \$500.00 12/5/17 Contributor address; City; State: Zip Gode 680 E. St Charles Ste 300 Brownsville, TX 78520 Contributor's principal occupation Contributor's Job title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Law Office of Reynaldo G. Garza Jr. If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. <sup>2</sup> FILER NAME Laura L. Betancourt 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 5 Full name of contributor \_\_\_ out-of-state PAC ID#:\_\_\_\_\_ Albert Garcia 12/13/07 6 Contributor address; City; State; Zip Code \$250.00 422 E. Harrison Haringen, TX 78550 8 Contributor's principal occupation 9 Contributor's Job title Attorney Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Law Office of Albert Garcia 12 If contributor is a child, law firm of parent(s) (if any) Date Amount of contribution (\$) Full name of contributor Out-of-state PAC 10#; Contributor address; City; State; Zip Code Contributor's principal occupation Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor Out-of-state PAC IDII:\_ Amount of contribution (\$) Contributor address; City; State: Zip Gode Contributor's principal occupation Contributor's job title Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.