

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: 32
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Ms. Laura L.</i> NICKNAME LAST SUFFIX <i>Betancourt</i>	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 4:45 PM JAN 16 2018 RECEIVED Date Hand-delivered or Date Postmarked BY: <i>[Signature]</i> Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>100 Stillinger Dr. Brownsville, TX 78521</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 546-6384</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mr. John</i> NICKNAME LAST SUFFIX <i>Serra</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>100 Stillinger Dr. Brownsville, TX 78521</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(956) 203-6608</i>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>07/01/17</i> <i>12/31/17</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03/06/18</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Cameron County Court At Law #2</i>	13 OFFICE SOUGHT (if known) <i>Cameron County Court At Law #2</i>	

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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 JC/OH NAME

Laura Betancourt

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

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 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 OF REPORTING PERIOD

\$ 40.88

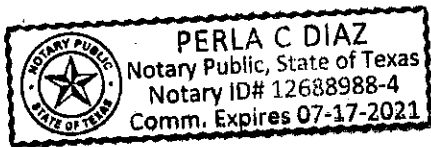
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Laura Betancourt
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Betancourt, this the 16th day of Jan., 2018, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Perla Diaz
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit 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)
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4 Date 10/16/17	5 Payee name Sprint
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6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 2715 Boca Chica Blvd Brownsville TX, 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone 6 months
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/17	Payee name HEB
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Amount (\$) 90.86	Payee address; City; State; Zip Code 1628 Central Blvd., Brownsville TX, 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jurors
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/17	Payee name Izaguirre Grocery
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Amount (\$) \$23.00	Payee address; City; State; Zip Code 1302 E. 14th Street, Brownsville TX, 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/ Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jurors
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 L Betancourt	3 Filer ID (Ethics Commission Filers)
4 Date 10/20/17	5 Payee name Jason's Deli	
6 Amount (\$) \$48.71	7 Payee address; City; State; Zip Code 4365 Rte 77 Brownsville TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/ Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jurors
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 10/23/17	Payee name Izaguirre Grocery	
Amount (\$) \$8.12	Payee address; City; State; Zip Code 1302 E. 14th Street, Brownsville TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jurors
	Candidate / Officeholder name Office sought Office held	
Date 10/23/17	Payee name Sam's Club	
Amount (\$) \$29.00	Payee address; City; State; Zip Code 3570 W. Alton Gloor Blvd, Brownsville TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverages Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jurors
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit 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 10/31/17		5 Payee name Johnny Carinos			
6 Amount (\$) \$45.18		7 Payee address; City; State; Zip Code 2600 N Expressway Brownsville TX 78526			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with constituents	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10/31/17		Payee name International Bank of Commerce			
Amount (\$) \$25.65		Payee address; City; State; Zip Code 1600 FM 802 Brownsville TX 78526			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Analysis Charge	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11/1/17		Payee name Chick Fil A			
Amount (\$) \$21.51		Payee address; City; State; Zip Code 2370 N Expressway Brownsville TX 78521			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with constituents	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit 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)
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4 Date 11/7/17	5 Payee name Sunshine Haven Inc
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6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsor
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/13/17	Payee name Captain Bob's
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Amount (\$) \$27.96	Payee address; City; State; Zip Code 2034 E. Price Rd. Brownsville TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch With Constituents
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/14/17	Payee name HEB Gas
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 1628 Central Blvd Brownsville TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Celeste Ramirez - gas
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit 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 11/14/17		5 Payee name HEB			
6 Amount (\$) \$252.02		7 Payee address; City; State; Zip Code 1628 Central Blvd Brownsville TX 78520			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fundraising Expenses		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Desserts for Fundraiser	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/16/17		Payee name Luby's Cafe			
Amount (\$) \$23.56		Payee address; City; State; Zip Code 2350 N Expressway Brownsville TX 78520			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expenses		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with constituents	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/17/17		Payee name Cobbleheads			
Amount (\$) \$1469.76		Payee address; City; State; Zip Code 3154 Central Blvd Brownsville TX 78520			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit 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)
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4 Date 11/15/17	5 Payee name Laura Betancourt
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 100 Stillinger Dr. Brownsville TX 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/20/17	Payee name Sombrero Festival
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Amount (\$) \$60.00	Payee address; City; State; Zip Code 1908 E. 6th Street Brownsville TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sombrero Fest membership
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/20/17	Payee name Texas Roadhouse
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Amount (\$) \$115.29	Payee address; City; State; Zip Code 3400 N Expressway Brownsville TX 78526
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with constituents
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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 L. Betancourt	3 Filer ID (Ethics Commission Filers)
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4 Date 11/20/17	5 Payee name Wal-Mart
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6 Amount (\$) \$126.81	7 Payee address; City; State; Zip Code 2721 Boca Chica Blvd Brownsville TX 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
		office supplies

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/22/17	Payee name Chick Fil A
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Amount (\$) \$22.27	Payee address; City; State; Zip Code 2370 N Expressway Brownsville TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
		Lunch with constituents

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/30/17	Payee name IBC
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Amount (\$) \$5.00	Payee address; City; State; Zip Code 1600 FM 802
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
		Bank Fees

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit 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)
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4 Date 11/27/17	5 Payee name El Valle Noticias
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/27/17	Payee name Laura Betancourt
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 100 Stillinger Dr. Brownsville TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Reimbursement	Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/30/17	Payee name Laura Betancourt
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Amount (\$) \$7,800.00	Payee address; City; State; Zip Code 100 Stillinger Dr. Brownsville TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Reimbursement	Description <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit 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)
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4 Date 11/30/17	5 Payee name IBC
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6 Amount (\$) \$19.25	7 Payee address; City; State; Zip Code 1600 FM 802 Brownsville TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/1/17	Payee name La Pampa
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Amount (\$) \$166.00	Payee address; City; State; Zip Code 1655 Ruben Torres Blvd. Brownsville TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with constituents
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/1/17	Payee name Sprint
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Amount (\$) \$388.58	Payee address; City; State; Zip Code 2715 Boca Chica Blvd Brownsville TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cell phone
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit 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 12/5/17		5 Payee name Toddle Inn						
6 Amount (\$) \$27.99		7 Payee address; City; State; Zip Code 1740 Central Blvd Brownsville TX 78520						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with Constituents					
	<table border="0"> <tr> <td>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>					9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date 12/6/17		Payee name Best Buy						
Amount (\$) \$37.11		Payee address; City; State; Zip Code 2370 N Expressway Brownsville TX 78520						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies					
	<table border="0"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>					Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date 12/6/17		Payee name Dillards						
Amount (\$) \$300.00		Payee address; City; State; Zip Code 2340 N Expressway Brownsville TX 78520						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense constituents					
	<table border="0"> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>					Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Sollicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit 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)
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4 Date 12/13/17	5 Payee name 7-Eleven
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6 Amount (\$) \$53.89	7 Payee address; City; State; Zip Code 865 N Expressway Brownsville TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/13/17	Payee name The Grafik Spot
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Amount (\$) \$1,704.94	Payee address; City; State; Zip Code 1265 N Expressway Brownsville TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/18/17	Payee name The Home Depot
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Amount (\$) \$23.78	Payee address; City; State; Zip Code 605 W. Morrison Brownsville TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zip ties
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit 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)
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4 Date 12/18/17	5 Payee name Sunco
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6 Amount (\$) \$37.44	7 Payee address; City; State; Zip Code 200 W. Morrison Brownsville TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas Expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/19/17	Payee name The Grafik Spot
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Amount (\$) \$148.84	Payee address; City; State; Zip Code 1265 N Expressway Brownsville TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Pushcard
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/20/17	Payee name 7-Eleven
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 865 N Expressway Brownsville TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas Expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit 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)
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4 Date 12/20/17	5 Payee name The Grafik Spot
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6 Amount (\$) \$276.04	7 Payee address; City; State; Zip Code 1265 N Expressway Brownsville TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/20/17	Payee name Deluxe
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Amount (\$) \$88.88	Payee address; City; State; Zip Code P.O. Box 64468 St. Paul MN 55164
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	checks	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/21/17	Payee name Lubys
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Amount (\$) \$33.71	Payee address; City; State; Zip Code 2350 N Expressway Brownsville TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Meal with Constituents	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/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)
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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 (\$) \$35.40		7 Payee address; City; State; Zip Code 515 W. 4th Street Brownsville TX 78520			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with constituents		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____				
Date 12/21/17		Payee name Dillards			
Amount (\$) \$37.89		Payee address; City; State; Zip Code 2340 N Expressway Brownsville TX 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gift for constituents		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____				
Date 12/22/17		Payee name Sunoco			
Amount (\$) \$20.99		Payee address; City; State; Zip Code 200 W. Morrison Brownsville TX 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas expense		
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

**POLITICAL EXPENDITURES 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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/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)

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)
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4 Date 12/26/17	5 Payee name The Home Depot
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6 Amount (\$) \$19.74	7 Payee address; City; State; Zip Code 605 W. Morrison Rd Brownsville TX 78520
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zip ties
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/26/17	Payee name The Grafik Spot
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Amount (\$) \$351.81	Payee address; City; State; Zip Code 1265 N Expressway Brownsville TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/27/17	Payee name Cameron County Democratic Party
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 531 E. St. Frances Brownsville TX 78520
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

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 10/13/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jesus Canales 6 Contributor address; City; State; Zip Code 845 E. Harrison Brownsville TX 78520	7 Amount of contribution (\$) \$500.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Rick Canales		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/13/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Oscar De La Fuente Contributor address; City; State; Zip Code 501 E. Tyler Ave Harlingen TX 78550	Amount of contribution (\$) \$250.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Oscar De La Fuente		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/13/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mary Agado Contributor address; City; State; Zip Code 311 S C Street Harlingen TX 78550	Amount of contribution (\$) \$250.00
Contributor's principal occupation Bail Bondsman		Contributor's job title Bail Bondsman
Contributor's employer/law firm Agado Bail Bonds		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

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 10/13/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Javier Aguirre 6 Contributor address; City; State; Zip Code 811 E. Madison St Brownsville TX 78520	7 Amount of contribution (\$) \$500.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Javier Aguirre		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 9/27/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Curtis Bonner Contributor address; City; State; Zip Code 103 S. 3rd St. Harlingen TX 78550	Amount of contribution (\$) \$500.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Bonner & Bonner		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 9/27/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Esparza & Garza Contributor address; City; State; Zip Code 964 E. Los Ebanos Brownsville TX 78520	Amount of contribution (\$) \$500.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Esparza & Garza		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)1:

2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Laura L. Betancourt

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ David Kithcart	7 Amount of contribution (\$)
9/27/17	6 Contributor address; City; State; Zip Code 1209 E. Harrison Ave. Ste B Harlingen TX 78550	\$\$250.00

8 Contributor's principal occupation Attorney	9 Contributor's job title Attorney
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10 Contributor's employer/law firm Law Office of David Kithcart	11 Law firm of contributor's spouse (if any)
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12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Marion R. Lawler, III	Amount of contribution (\$)
9/28/17	Contributor address; City; State; Zip Code 805 Media Lunca Ste 620	\$1,000.00

Contributor's principal occupation Attorney	Contributor's job title Attorney
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Contributor's employer/law firm Lawler & Associates	Law firm of contributor's spouse (if any)
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If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Victor R. Ramirez	Amount of contribution (\$)
9/29/17	Contributor address; City; State; Zip Code 905 E. Jackson St Brownsville TX 78520	\$250.00

Contributor's principal occupation Attorney	Contributor's job title Attorney
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Contributor's employer/law firm Law Office of Victor R. Ramirez	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.

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

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 9/29/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Begum Law Group	7 Amount of contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code 2401 Wildflower Ste B Brownsville TX 78526	
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Begum Law Group		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 9/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rigoberto Flores Jr.	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 914 E. Van Buren Brownsville TX 78520	
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Rigoberto Flores Jr.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 9/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Hamilton & Lucio	Amount of contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 805 Old Port Isabel Rd. Brownsville TX 78520	
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Hamilton & Lucio		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

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 9/29/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Noemi Garcia-Martinez 6 Contributor address; City; State; Zip Code 30 Providencia Ct. Ste. 5N Brownsville TX 78521	7 Amount of contribution (\$) \$250.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Noemi Garcia		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/4/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Garza & Elizondo Contributor address; City; State; Zip Code 680 E. St. Charles Ste 680 Brownsville TX 78520	Amount of contribution (\$) \$250.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Garza & Elizondo		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/5/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Aguilar & Zabarte Contributor address; City; State; Zip Code 990 Marine Dr. Brownsville TX 78520	Amount of contribution (\$) \$250.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Aguilar & Zabarte		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

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 10/5/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Fabian Limas Jr. 6 Contributor address; City; State; Zip Code 1728 Boca Chica Blvd Brownsville TX 78550	7 Amount of contribution (\$) \$250.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Fabian Limas Jr.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/5/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Larry Mark Polsky Contributor address; City; State; Zip Code 109 Mezquite St Ste B South Padre Island, TX 78597	Amount of contribution (\$) \$250.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Larry Mark Polsky		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Julio Ledezma Contributor address; City; State; Zip Code 847 E. Harrison St. Brownsville, TX 78520	Amount of contribution (\$) \$500.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Julio Ledezma		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

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 10/12/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Salvador Garcia 6 Contributor address; City; State; Zip Code 914 E. Van Buren Brownsville, TX 78520	7 Amount of contribution (\$) \$500.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Salvador Garcia		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ruben R. Pena Contributor address; City; State; Zip Code 125 Old Alice Rd Brownsville TX 78520	Amount of contribution (\$) \$1,000.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Ruben R. Pena		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Hodge & James Contributor address; City; State; Zip Code 1617 E. Tyler Ave Ste. A Harlingen TX 78550	Amount of contribution (\$) \$250.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Hodge & James		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

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 10/19/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Adams & Graham 6 Contributor address; City; State; Zip Code 134 E. Van Buren Ste. 301 Harlingen TX 78550	7 Amount of contribution (\$) \$500.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Adams & Graham		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Roerig, Oliveira & Fisher Contributor address; City; State; Zip Code 855 W. Price Rd Ste. 9 Brownsville TX 78520	Amount of contribution (\$) \$2,500.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Roerig, Oliveira, & Fisher		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Thornton, Biechlin, Reynolds, & Guerra Contributor address; City; State; Zip Code 418 E. Dove McAllen, TX 78504	Amount of contribution (\$) \$500.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Thornton, Biechlin, Reynolds, & Guerra		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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**MONETARY POLITICAL CONTRIBUTIONS
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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/24/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Carlos Cisneros 6 Contributor address; City; State; Zip Code 1002 E. Taylor St Brownsville TX 78520	7 Amount of contribution (\$) \$200.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Cisneros South TX Law Group		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Edmund Keith Cyganiewicz Contributor address; City; State; Zip Code 1000 E. Madison St Brownsville, TX 78520	Amount of contribution (\$) \$250.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office Of Edmund K. Cyganiewicz		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Robert Davis Jr. Contributor address; City; State; Zip Code 701 E. Harrison Ste 100 Harlingen TX 78550	Amount of contribution (\$) \$500.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law office of Robert Davis Jr.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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**MONETARY POLITICAL CONTRIBUTIONS
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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J)1:

2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ismael Hinojosa	7 Amount of contribution (\$)
10/26/17	6 Contributor address; City; State; Zip Code 855 E. Harrison St. Brownsville, TX 78520	\$250.00

8 Contributor's principal occupation Attorney	9 Contributor's job title Attorney
---	--

10 Contributor's employer/law firm Law Office of Ismael Hinojosa	11 Law firm of contributor's spouse (if any)
--	--

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Noe Alaniz Jr.	Amount of contribution (\$)
10/26/17	Contributor address; City; State; Zip Code 844 N. Sam Houston Blvd. San Benito, TX 78586	\$250.00

Contributor's principal occupation Attorney	Contributor's job title Attorney
---	--

Contributor's employer/law firm Law Office of Noe Alaniz	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 <input type="checkbox"/> out-of-state PAC ID#: _____ Pronto Bail Bonds	Amount of contribution (\$)
10/30/17	Contributor address; City; State; Zip Code 554 E. Jackson Brownsville, TX 78520	\$250.00

Contributor's principal occupation Bail Bonds	Contributor's job title Bail Bonds
---	--

Contributor's employer/law firm Pronto Bail Bonds	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
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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

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 11/2/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jason Mann 6 Contributor address; City; State; Zip Code 1309 N. Stewart Place Harlingen, TX 78552	7 Amount of contribution (\$) \$250.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Jason Mann		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/8/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Garza & Garza Contributor address; City; State; Zip Code 1200 E. Harrison Brownsville, TX 78520	Amount of contribution (\$) \$250.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Garza & Garza Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/9/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ McCullough & McCullough Contributor address; City; State; Zip Code 323 E. Jackson Harlingen, TX 78550	Amount of contribution (\$) \$250.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm McCullough & McCullough		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

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 11/13/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Leonardo Rincones	7 Amount of contribution (\$) \$1000.00
	6 Contributor address; City; State; Zip Code 854 E. Van Buren St. Brownsville, TX 78520	

8 Contributor's principal occupation Attorney	9 Contributor's job title Attorney
---	--

10 Contributor's employer/law firm Law Office of Leo Rincones	11 Law firm of contributor's spouse (if any)
---	--

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

Date 11/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Maria Linda Gonzalez	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 777 E. Harrison St. Ste B Brownsville, TX 78520	

Contributor's principal occupation Attorney	Contributor's job title Attorney
---	--

Contributor's employer/law firm Law Office of Maria Linda Gonzalez	Law firm of contributor's spouse (if any)
--	---

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

Date 11/15/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ John Robert Williamson	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 815 Ridgewood Brownsville, TX 78520	

Contributor's principal occupation Attorney	Contributor's job title Attorney
---	--

Contributor's employer/law firm Law Office of John Williamson	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
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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

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 11/16/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Norma Esquivel	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4505 Lakeway Dr. Brownsville, TX 78520		
8 Contributor's principal occupation Housewife		9 Contributor's job title
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 11/16/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Barry R. Benton	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 284 Ebony Ave. Brownsville TX 78520		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Barry R. Benton Attorney at Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/16/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Lyza Gonzalez	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 520 Centerline Dr. Brownsville, TX 78520		
Contributor's principal occupation Owner /Manager		Contributor's job title Owner
Contributor's employer/law firm Smarty Pants Kids Academy		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

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 11/16/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Ignacio G. Martinez 6 Contributor address; City; State; Zip Code 1002 E. Taylor St. Brownsville, TX 78520	7 Amount of contribution (\$) \$1000.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Ignacio G. Martinez 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 11/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Esteban Gonzales Contributor address; City; State; Zip Code 1050 N. Sam Houston Blvd San Benito, TX 78586	Amount of contribution (\$) \$250.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Esteban Gonzales		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/5/17	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Reynaldo G. Garza Jr. Contributor address; City; State; Zip Code 680 E. St Charles Ste 300 Brownsville, TX 78520	Amount of contribution (\$) \$500.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Reynaldo G. Garza Jr.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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(JUDICIAL)**

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 12/13/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Albert Garcia 6 Contributor address; City; State; Zip Code 422 E. Harrison Haringen, TX 78550	7 Amount of contribution (\$) \$250.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Albert Garcia		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 <input type="checkbox"/> out-of-state PAC ID#: _____ Contributor address; City; State; Zip Code	Amount of contribution (\$)
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)		

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