LAURA BETANCOURT

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ MI OFFICE USE ONLY **OFFICEHOLDER** Mirs NAME Date Received SUFFIX CAMERONCOUNTY PARTMENT<u>OFEL</u>ECTIONS & VOTERREGISTRATION ADDRESS / PO BOX: 4 CANDIDATE/ ZIP CODE **OFFICEHOLDER** MAN 1 5 2019 MAILING 100 Stillinger Drive Brownsville, TX 785 **ADDRESS** Change of Address 5 CANDIDATE/ **OFFICEHOLDER** Date Hand-defivered/or 465-5652 PHONE Amount \$ 6 CAMPAIGN TREASURER Date Processed NAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN ZIP CODE TREASURER **ADDRESS** 100 Stillinger Drive Brownsville, TX 78521 (Residence or Business) 8 CAMPAIGN 203-6608 TREASURER (956)PHONE 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) 8th day before election July 15 Exceeded \$500 limit Final Report (Attach C/OH - FR) 10 PERIOD Month COVERED THROUGH **ELECTION TYPE** 11 ELECTION Primary Runoff Other Description General 12 OFFICE OFFICE HELD (If any) 13 OFFICE SOUGHT (if known) Cameron Country GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME 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		•	
	,	COMMITTEE ADDRESS	OMMITTEE ADDRESS	
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION	1. TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA	AN a	
TOTALS	PLEDGE	S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	ED \$ 0	
	£	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 849.37	
	4. TOTAL POLITICAL EXPENDITURES \$ 2,950.05			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 231. 35			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3,450,53			
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				
	RLA A LEAL. Public, State of Texas	under Zitle 15, Election Code		
My Commission Expires March 31, 2020 Mura J. (Standon)				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said Lanca L. Betancow, this the 15th				
day of <u>Januar</u> , to certify which, witness my hand and seal of office.				
Donla	Lock	Kyrla Leal	Wotany Public	
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME Laura Betancourt 20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$.
з.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$3.450.5
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$2.950.05
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 600
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE E(J) LOANS (JUDICIAL) Total pages Schedule E(J): The Instruction Guide explains how to complete this form. (Ethics Commission Filers) FILER NAME \$ 4 TOTAL OF UNITEMIZED LOANS Loan Amount (\$) 5 Date of loan Name of lender ut-of-state PAC (ID#: Zip Code 10 Interest rate ls lender a financial Institution? 11 Maturity date 13 Lender's Job Title 12 Lender's Principal Occupation 15 Law Firm of lender's spouse (if any) 18 Check if personal funds were deposited into political 17 Description of Collateral account (See Instructions) none 20 Name of guarantor 22 Amount Guaranteed (\$) 19 GUARANTOR INFORMATION 21 Guarantor address; City; Zip Code State; not applicable 23 Guarantor's Principal Occupation 24 Guarantor's Job Title 25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E(J):	
·			\$2 of 6	
2 FILER NAME Lawa	Betancourt		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNI	TEMIZED LOANS	. Store	\$	
5 Date of loan 8-2	7 Name of lender Betanco	wert	9 Loan Amount (\$) 637, 97	
6 Is lender a financial Institution?	8 Lender address; City; DO Stillinger I Brownsville, TX	itate; Zip Code	10 Interest rate	
y (()	Brownsville, TX	18521	11 Maturity date	
12 Lender's Principal		13 Lender's Job Title	7C	
14 Lenger's Employer	nn County	15 Law Firm of lender's spous	se (if any)	
16 If lender is a child,	law firm of parent(s) (if any)		140-	
17 Description of Colla	iteral	18 Check if personal funds we	ere deposited into political	
none		account (See Instructions)	ore deposited into political	
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)	
	21 Guarantor address; City; S	State; Zip Code		
not applicable				
23 Guarantor's Princip	al Occupation	24 Guarantor's Job Title		
25 Guarantor's Employ	er/Law Firm	26 Law Firm of guarantor's sp	pouse (if any)	
27 If guarantor is a child, law firm of parent(s) (if any)				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.			
	ATTACH ADDITIONAL CODIES O	E THIS SOURDING AS NEE	DED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E(J):
2 FILERNAME Lawa	Betarcourt		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	Laura Betance	ourt	9 Loan Amount (\$) 1,300.
6 Is lender a financial Institution?	8 Lender address; City; 100 Stillinger 7 Brownsville, 77	State; Zip Code	10 Interest rate
Y (N)	Brownsville, Tr	78521	11 Maturity date
12 Lender's Principal		13 Lender's Job Title	9e
14 Lengter's Employer	Mn County	15 Law Firm of lender's spou	se (if any)
16 If lender is a child,	law firm of parent(s) (if any)		
17 Description of Coll	ateral	18 Check if personal funds w account (See instructions)	
19 GUARANTOR INFORMATION			22 Amount Guaranteed (\$)
not applicable	21 Guarantor address; City;	State; Zip Code	
23 Guarantor's Princip	pal Occupation	24 Guarantor's Job Title	
25 Guarantor's Employ	yer/Law Firm	26 Law Firm of guarantor's s	pouse (if any)
27 If guarantor is a ch	ild, law firm of parent(s) (if any)		

	ATTACH ADDITIONAL COPIES C	SETHIC SCHEDULE AS NEE	enen i

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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us

SCHEDULE **E(J)**

The Ir	nstruction Guide explains how to complete this	form.	1 Total pages Schedule E(J):
2 FILER NAME LAWA	Betarcourt		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	TEMIZED LOANS		\$
5 Date of loan 10-19	Laura Betance	(ID#:)	9 Loan Amount (\$) 270 .
6 Is lender a financial Institution?	8 Lender address; City; Do Stillinger T Brownsville, 12	State; Zip Code	10 Interest rate 11 Maturity date
Y (N)			IT Maturity date
12 Lender's Principal	Tudge	13 Lender's Job Title	ge
14 Lengter's Employer	on County	15 Law Firm of lender's spous	se (if any)
	law firm of parent(s) (if any)		
17 Description of Colla	ateral	18 Check if personal funds we account (See Instructions)	
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)
	21 Guarantor address; City;	State; Zip Code	
not applicable 23 Guarantor's Princip	al Occupation	24 Guarantor's Job Title	
25 Guarantor's Employ	/er/Law Firm	26 Law Firm of guarantor's s	pouse (if any)
27 If guarantor is a ch	ild, law firm of parent(s) (if any)		
	ATTACH ADDITIONAL COPIES O	THIS SCHEDING AS NOT	EDED
If le	nder is out-of-state PAC, please see instruct		

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E(J):	
2 FILER NAME	0 ,		3 Filer ID (Ethics Commission Filers)	
Laura	. Retarcourt			
4 TOTAL OF UN	ITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender Out-of-state PAC	(ID#:)	9 Loan Amount (\$)	
11-2	Laura Betance	ourt	370.	
6 Is lender a financial Institution?	8 Lender address; City; 100 Stillinger 7 Brownsville, 77	State; Zip Code	10 Interest rate	
Y (N)	Brownsville, Ti	78521	11 Maturity date	
12 Lender's Principal	Occupation	13 Lender's Job Title	\cap a	
14 Lengter's Employei) udge	Jua	<u> </u>	
	mon County	15 Law Firm of lender's spou	ise (if any)	
16 If lender is a child,	law firm of parent(s) (if any)			
17 Description of Coli	ateral	18 Check if personal funds w	vere deposited into political	
none		account (See Instructions)	
19 GUARANTOR	20 Name of guarantor		22 Amount Guaranteed (\$)	
INFORMATION			(4)	
	21 Guarantor address; City;	State; Zip Code	-	
۵				
not applicable				
23 Guarantor's Princip	l pal Occupation	24 Guarantor's Job Title		
	·	24 Guarantors Job Title		
25 Guarantor's Employ	yer/Law Firm	26 Law Firm of guarantor's s	pouse (if any)	
27 If guarantor is a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE E(J)

1 Total pages Schedule E(J):
3 Filer ID (Ethics Commission Filers)
\$
9 Loan Amount (\$) 1,000.
10 Interest rate
11 Maturity date
lge
ouse (if any)
were deposited into political
22 Amount Guaranteed (\$)
s spouse (if any)
EEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Office Overhead/Rental Expense Trans, Polling Expense Trave Printing Expense Trave	ation/Fundraising Expense portation Equipment & Related Expense I In District I Out Of District (enter a category not listed above)
Gledit Gard Paythelit	The Instruction Guide explains	how to complete this form.	•
1 Total pages Schedule F1:	Laura Bestur	court 3	er ID (Ethics Commission Filers)
4 Date 7-31	1BC Bank		
6 Amount (\$)	Payer address: Rity; State; Zip Brownsville, 7	Torres Blva X 78526	d.
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
PURPOSE OF EXPENDITURE	Banking	Check if Austin, TX, office	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I .	Office sought	Office held
8-31	Payee name 1BC Bank		·
19.60	Payee address; Pay: State; Zip Brownsville	Torres Bl	vd.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	dule) Description Check if travel outside of Texa Check if Austin, TX, office	,
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
7-31	Payee name Laura Bet	anconst	
130.52	Payee address; City: State; Zip City: St	-Dr. TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the sched	Description Check if Austin, TX, officeh	·
Complete ONLY if direct expenditure to benefit C/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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing 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 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Amount (\$) Payee address; Zip Code Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held 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 E Candidate/Officeholder/Politic Gredit Card Payment	al Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Transportation E Travel In Distric Travel Out Of Di Other (enter a ca		
	The Instruction Guide explains	s how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME A Betan	Low+ 3 Filer ID (E	thics Commission Filers)	
4 Date 10-31	5 Payee name Bank			
6 Amount (\$) 18.60	7 Payee address; City; State; Zin 1800 Kuben Brownsyille	Torres Blvd.		
8	(a) Category (See Categories listed at the top of this se	hedule) (b) Description		
PURPOSE OF EXPENDITURE	Bankins	Check if ravel outside of Texas. Comple		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
11-30	Payee name 1BC Bank			
Amount (\$)	Payee address; Style Zip Brownsville	TX 78526	•	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description Check if travel outside of Texas. Complete Check If Austin, TX, officeholder livin	i	
Complete ONLY if direct expanditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Dete	Payee name ^			
12-3	\sim \sim \sim \sim	lion		
Amount (\$) 64.55	Payee address; Pavedes 115 Pavedes Brunsville	Line Rol. 12 78521		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched FOOd/ Reverage Expuns	dule) Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living		
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		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Oredit Card Payment	Fees Offic Food/Beverage Expense Politi By Gift/Awards/Memorials Expense Print	Repayment/Reimbursement Solicitation/Fundraising Expense a Overhead/Rental Expense Transportation Equipment & Related Expense g Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Gledit Card Fayinett	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F1	Lawa Betai	2011 3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name Sprint 5tor	c 1847	
6 Amount (\$) 68.78	Prounsville	Thica_Blvd. TX 78520	
8	(a) Category (See Categories listed at the top of this schedule	` ´ r=-1	
PURPOSE OF EXPENDITURE	Office overhead Cellphone	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name	,	
	Sprint St	ore 1847	
Amount (\$) 7 (.2 9	Payee address; City; State Zip Code 2715 BOCA Brownsville,	Chica Blud. TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OARCE Overhead Call phone	Description 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	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
12-31	1BC Bank		
23.67	Payee address; City; State; Zip Code 1600 Ruben To	res BIVd. 778521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description 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	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 Consulting Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By 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. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 4 Date **7** Payee 6 Amount (\$) (b) Description 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Candidate / Officeholder name 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Рауее пате Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

. 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 Poilling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (order of statement and linear labeles)

Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FLER NAME Laura Betanci	our-t	3 Filer ID (Ethics Commission Filers)	
4 Date 12-30	5 Payee name Sprint			
6 Amount (\$)	Payee address; City: State; Zip Code 2715 Boca (Brownsville)	Chica BI	vol.	
Reimbursement from political contributions intended	Brownsville,	17 785	520	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside	e of Texas. Complete Schedule T,	
EXPENDITURE	(cell phone	Check if Austin, T	K, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name	٠.		
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended			,	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF			of Texas, Complete Schedule T.	
EXPENDITURE		Check if Austin, TX	, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		of Texas, Complete Schedule T. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	D	

OUTSTANDING LOANS SCHEDULE L 1 Total pages Schedule L: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Laura 4 Name of lender LENDER INFORMATION 5 Lender address; GUARANTOR 6 Name of guarantor INFORMATION not applicable 7 Guarantor address; State; Zip Code Name of lender LENDER INFORMATION Zip Code Lender address; City; **GUARANTOR** Name of guarantor INFORMATION not applicable City; State; Zip Code Guarantor address; LENDER Name of lender INFORMATION City; State; Lender address; Zip Code GUARANTOR Name of guarantor INFORMATION not applicable City; State: Zip Code Guarantor address; Name of lender LENDER INFORMATION City; Lender address; State; Zip Code Name of guarantor GUARANTOR INFORMATION not applicable Guarantor address; City; State; Zip Code ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED