LAURA BETANCOURT

SEMI-ANNUAL REPORT JANUARY 15, 2025

| JUDICIAL CAMPAIG | FORM JC/OH COVER SHEET PG 1 | | | | | | |
|---------------------------------------|--------------------------------|---------------------------------------|---|--|--|--|--|
| The JC/OH Instruction | Guide explains ho | w to complete this form. | 1 Filer ID (Ethics Commission Fil | ers) 2 Total pages filed: | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | Laura | L , MI | OFFICE USE ONLY Date Received | | | |
| 4 CANDIDATE/ | ADDRESS / PO BO | Betane | owt | CAMERON COUNTY DEPARTMENT OF ELECTIONS 8 VOTER REGISTRATION | | | |
| OFFICEHOLDER MAILING ADDRESS | 100 | Stillinger | CITY: STATE; ZIP CODE | JAN 15 2025 | | | |
| Change of Address | Brou | insville, 1 | X 78521 | REGETVED 7:2X 1 | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (956) | 459-74 | t10 | Date Hant delivered or Chie Postolerked By: Receipt # Amount \$ | | | |
| 6 CAMPAIGN TREASURER | MS / MRS / MR | FIRST | L . MI | | | | |
| NAME | NICKNAME | LAST | SUFFiX | Date Processed Date Imaged | | | |
| 7. CAMPAICN | STREET ADDRESS | Lerra (NO, RO BOX PLEASE): APT / S | UITE-#: CITY: | STATE; ZIP CODE | | | |
| 7 CAMPAIGN TREASURER ADDRESS | 100 | Stillinger | Dr. | STATE, 21 COSE | | | |
| (Residence or Business) | Brown | rsville, 1 | X 78521 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (95%) | 203-66 | D8 | | | | |
| 9 REPORT TYPE | January 15 | 30th day before e | election Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | | | |
| | July 15 | 8th day before ele | ection Exceeded Modifie Reporting Limit | , ,, | | | |
| 10 PERIOD COVERED | O7 | Day Year / 24 | THROUGH 12 | 11th Day Year 31 / 24 | | | |
| 11 ELECTION | ELECTION D | | ELECTION T | YPE | | | |
| | 3/03 | Year Year Primary General | Runoff Other Descripti | on | | | |
| 12 OFFICE | Cow+ t | n County It law #. | 2 COURT) | ogun) County # 2 | | | |
| 14 NOTICE FROM POLITICAL | THE CANDIDATE / OFFI | CEHOLDER. THESE EXPENDITURES | S MAY HAVE BEEN MADE WITHOUT THE | ES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES, | | | |
| COMMITTEE(S) | COMMITTEE TYPE | OMMITTEE TYPE COMMITTEE NAME | | | | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | | | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TRE | ASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TRE | EASURER ADDRESS | | | | |
| GO TO PAGE 2 | | | | | | | |

| | CANDIDATE / OFFICEHOLDER FINANCE REPORT | C | FORM JC/OH OVER SHEET PG 2 |
|---|---|----------------|---|
| 15 JC/OH NAME | ira L. Betancourt | 16 Filer | ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TIPLE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | HAN | \$ O |
| | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAD | NS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | | \$ 204 26 |
| | 4. TOTAL POLITICAL EXPENDITURES | · | \$ 204,2 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD | LAST DAY | \$ 173.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD | S OF THE | \$12,636.00 |
| | Please complete either option bells 10880:244-5 pmm. Exp. March 31, 2028 | ow: | |
| NOTARY STAMP/SEA Sworn to and subscribed 20 2, to certify , to certify Signature of officer administe | before me by Lana L. Betavant this the which, witness my hand and seal of office. Karlu Leul | he <u>/5</u> | day of January Other Jublic Title of officer administering cath |
| (2) Unsworn Declaration | on | | |
| My name is | , and my date of birth | n is | |
| My address is | (street) (city) | ; (state) (| zip code) (country) |
| Executed in | County, State of, on theday of(mc | , , , | , 20 (year) |
| | Signature of Car | ndidate/Office | holder (Declarant) |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

| 19 FILERNAME 20 Filer ID (Ethics Co | mmission Filers) |
|--|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ 350 - |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 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 | \$ |
| 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 | \$ |

LOANS (JUDICIAL)

SCHEDULE E(J)

If the requested information is not applicable, DO NOT include this page in the report.

| The Instruction Guide explains how to complete this | form. | 1 Total pages Schedule E(J); | | | |
|---|--|---------------------------------------|--|--|--|
| 2 FILER NAME L. Betanlourt | | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ | | | |
| 5 Date of loan 7 Name of lender Berner PAC 12-11-24 Lawra Berner Detail | (ID#:) | 9 Loan Amount (\$) 350.00 | | | |
| 6 Is lender a financial Institution? 8 Lender address; City; City; | State; Zip Code | 10 Interest rate | | | |
| Brownsville, TX | 78521 | 11 Maturity date | | | |
| Malender's Principal Occupation purch Court At law # 2 | 13 Lender's Job Title | | | | |
| W Lengter's temployer/Law Firm AMLON AUNTH | 15 Law Firm of lender's spous | se (if any) | | | |
| 16 If lender is a child, law firm of parent(s) (if any) | | | | | |
| 17 Description of Collateral None | Check if personal funds were deposited into political account (See Instructions) | | | | |
| 19 GUARANTOR INFORMATION 20 Name of guarantor | 1 | 22 Amount Guaranteed (\$) | | | |
| not applicable 21 Guarantor address; City; | State; Zip Code | | | | |
| 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) | | | | |
| 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.