

**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: <u>8</u> |
| 3 CANDIDATE / OFFICEHOLDER NAME                                 | MS / MRS / MR FIRST MI<br><u>Mrs. Laura L.</u><br>NICKNAME LAST SUFFIX  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br>CAMERON COUNTY<br>DEPARTMENT OF ELECTIONS &<br>VOTER REGISTRATION<br>4:00 PM<br>FEB 05 2018<br><br>RECEIVED<br>BY: <u>Quillen</u><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |                               |
|   | 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  |   |                               |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                | AREA CODE PHONE NUMBER EXTENSION<br><u>(956) 546-6384</u>   |   |                               |
| 6 CAMPAIGN TREASURER NAME                                       | MS / MRS / MR FIRST MI<br><u>Mr. John</u><br>NICKNAME LAST SUFFIX<br><u>Serra</u>   |   |                               |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business)            | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><u>100 Stillinger Dr. Brownsville TX 78520</u>   |   |                               |
| 8 CAMPAIGN TREASURER PHONE                                      | AREA CODE PHONE NUMBER EXTENSION<br><u>(956) 203-6608</u>   |   |                               |
| 9 REPORT TYPE   | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><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<br><u>1 / 1 / 2018</u> <u>1 / 25 / 2018</u>   |   |                               |
| 11 ELECTION   | ELECTION DATE      ELECTION TYPE<br>Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><u>3 / 6 / 2018</u> <input type="checkbox"/> General <input type="checkbox"/> Special  |   |                               |
| 12 OFFICE   | OFFICE HELD (if any)<br><u>Cameron County Court at Law No. 2</u>  | 13 OFFICE SOUGHT (if known)<br><u>Cameron County Court at Law No. 2.</u>  |                               |

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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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

\$ 40.88

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)

\$

1050.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

358.59

4. TOTAL POLITICAL EXPENDITURES

\$

1798.45

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

12.43

OUTSTANDING  
LOAN TOTALS

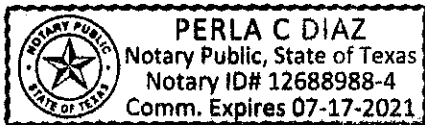
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

790.00

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 *5th* day of *February*, 20*18*, 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

**SUBTOTALS - JC/OH**

**FORM JC/OH  
COVER SHEET PG 3**

|   |  |  |
|---|--|--|
| 19 FILER NAME<br><i>Laura L. Betancourt</i>   |  | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |  | SUBTOTAL<br>AMOUNT                     |
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)              |  | \$ 1050.00                             |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |  | \$                                     |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                     |  | \$                                     |
| 4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)  |  | \$ 720.00                              |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS    |  | \$ 1439.86                             |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$                                     |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              |  | \$                                     |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       |  | \$                                     |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         |  | \$                                     |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |  | \$                                     |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |  | \$                                     |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  | \$                                     |

# 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

1-9-18

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Lenny Cavazos

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address; City; State; Zip Code

223 E Maxan #99 Port Isabel TX 78578

8 Contributor's principal occupation

Realtor

9 Contributor's job title

Realtor

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

1-9-18

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Debbie Cox

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

9735 FM 1421 Brownsville TX 78520

Contributor's principal occupation

Retired

Contributor's job title

Retired

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

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

Date

Full name of contributor  out-of-state PAC 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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS (JUDICIAL)

# SCHEDULE E(J)

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule E(J):<br><u>1</u>   |
| 2 FILER NAME<br><u>Laura Betancourt</u>   |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS   |  | \$ <u>720.00</u>   |
| 5 Date of loan<br><u>1-17-18</u>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Laura Betancourt</u> | 9 Loan Amount (\$)<br><u>\$ 720.00</u>   |
| 6 Is lender a financial institution?<br><u>Y (N)</u>  | 8 Lender address; City; State; Zip Code<br><u>100 Stillinger Dr.<br/>Brownsville TX 78521</u>      | 10 Interest rate<br><u>N/A</u>   |
|   |  | 11 Maturity date<br><u>N/A</u>   |
| 12 Lender's Principal Occupation<br><u>Judge</u>  |  | 13 Lender's Job Title<br><u>Judge</u>  |
| 14 Lender's Employer/Law Firm<br><u>Cameron County</u>  |  | 15 Law Firm of lender's spouse (if any)<br><u>NA</u>   |
| 16 If lender is a child, law firm of parent(s) (if any)<br><u>NA</u>  |  |  |
| 17 Description of Collateral<br><input checked="" type="checkbox"/> none  |  | 18 Check if personal funds were deposited into political account (See Instructions)<br><input checked="" type="checkbox"/> |
| 19 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable  | 20 Name of guarantor<br><u>NA</u>  | 22 Amount Guaranteed (\$)  |
|   | 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)  |  |  |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |  |

# 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:<br>1 of 3 | 2 FILER NAME<br>Laura Betancourt | 3 Filer ID (Ethics Commission Filers) |
|--------------------------------------|----------------------------------|---------------------------------------|

|                   |  |
|-------------------|--|
| 4 Date<br>1-12-18 | 5 Payee name<br>Charro Day Association |
|-------------------|--|

|                         |   |
|-------------------------|---|
| 6 Amount (\$)<br>300.00 | 7 Payee address; City; State; Zip Code<br>455 E. Elizabeth Brownsville TX 78520 |
|-------------------------|---|

|                                    |   |  |
|------------------------------------|---|--|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Floor |
|------------------------------------|---|--|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                |                            |
|----------------|----------------------------|
| Date<br>1-6-18 | Payee name<br>Nelda Ibarra |
|----------------|----------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$100.00 | Payee address; City; State; Zip Code<br>502 E. Expressway San Benito TX 78586 |
|-------------------------|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising Expense | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Dance |
|------------------------|---|--|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                |                              |
|----------------|------------------------------|
| Date<br>1-8-18 | Payee name<br>Johnny Carinos |
|----------------|------------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$67.34 | Payee address; City; State; Zip Code<br>2600 N. Expressway Brownsville TX 78526 |
|------------------------|---|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Food/Beverage | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>meal with constituents |
|------------------------|---|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 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:<br><b>2 of 3</b> | 2 FILER NAME<br><b>Laura Betancourt</b> | 3 Filer ID (Ethics Commission Filers) |
|--|---|---------------------------------------|

|                          |                              |
|--------------------------|------------------------------|
| 4 Date<br><b>1-10-18</b> | 5 Payee name<br><b>Exxon</b> |
|--------------------------|------------------------------|

|                                 |   |
|---------------------------------|---|
| 6 Amount (\$)<br><b>\$55.82</b> | 7 Payee address; City; State; Zip Code<br><b>2275 N. Expressway 77 Brownsville TX 78526</b> |
|---------------------------------|---|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Transportation Expenses</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>gas</b> |
|------------------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                        |                                   |
|------------------------|-----------------------------------|
| Date<br><b>1-10-18</b> | Payee name<br><b>Office Depot</b> |
|------------------------|-----------------------------------|

|                                |  |
|--------------------------------|--|
| Amount (\$)<br><b>\$152.66</b> | Payee address; City; State; Zip Code<br><b>515 E. Morrison Rd Brownsville TX 78526</b> |
|--------------------------------|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Office Overhead</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Supplies</b> |
|------------------------|--|--|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                        |                                  |
|------------------------|----------------------------------|
| Date<br><b>1-12-18</b> | Payee name<br><b>Luby's Cafe</b> |
|------------------------|----------------------------------|

|                               |  |
|-------------------------------|--|
| Amount (\$)<br><b>\$48.33</b> | Payee address; City; State; Zip Code<br><b>2350 N. Expressway Brownsville TX 78521</b> |
|-------------------------------|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>meals with constituents</b> |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 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:<br><b>3 of 3</b>                  |  | 2 FILER NAME<br><b>Laura Betancourt</b>   |  | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date<br><b>1-12-18</b>                                     |  | 5 Payee name<br><b>The Grafik spot</b>  |  |   |  |
| 6 Amount (\$)<br><b>\$328.28</b>                             |  | 7 Payee address; City; State; Zip Code<br><b>1265 N. Expressway Brownsville TX 78520</b>    |  |   |  |
| 8<br>PURPOSE OF EXPENDITURE                                  |  | (a) Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b> |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Signs</b> |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought   |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| Date<br><b>1-16-18</b>                                     |  | Payee name<br><b>Yukis and More</b>  |  |   |  |
| Amount (\$)<br><b>\$39.15</b>                              |  | Payee address; City; State; Zip Code<br><b>2100 FM 802 Brownsville TX 78526</b>      |  |   |  |
| PURPOSE OF EXPENDITURE                                     |  | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage</b> |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>meals with constituents</b> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought   |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| Date<br><b>1-16-18</b>                                     |  | Payee name<br><b>The Grafik Spot</b>  |  |   |  |
| Amount (\$)<br><b>\$348.28</b>                             |  | Payee address; City; State; Zip Code<br><b>1265 N. Expressway Brownsville TX 78520</b>  |  |   |  |
| PURPOSE OF EXPENDITURE                                     |  | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b> |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>Signs</b> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate / Officeholder name   |  | Office sought   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED