

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: Mrs FIRST: Heather MI: L NICKNAME: _____ LAST: Betancourth SUFFIX: _____	<b>OFFICE USE ONLY</b> Date Received MAR 22 2018 PM 5:06  Date Hand-delivered or Date Postmarked	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #: 902 W. Archer Rd. CITY: Baytown STATE: TX ZIP CODE: 77521	Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: (281) PHONE NUMBER: 917-7985 EXTENSION: _____	Campaign Treasurer Name: Mr Robert LAST: Betancourth SUFFIX: _____	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: Mr FIRST: Robert MI: R NICKNAME: _____ LAST: Betancourth SUFFIX: _____	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 902 W Archer Rd. CITY: Baytown, TX STATE: TX ZIP CODE: 77521	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	AREA CODE: (281) PHONE NUMBER: 691-3804 EXTENSION: _____	<b>9 REPORT TYPE</b> <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)	
<b>8 CAMPAIGN TREASURER PHONE</b>	<b>10 PERIOD COVERED</b> Month Day Year    THROUGH    Month Day Year 10 01 2017    THROUGH    01 15 2018		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 11 07 2017	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Heather Betancourt

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

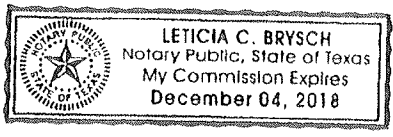
Additional Pages

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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 42.99
	4. TOTAL POLITICAL EXPENDITURES	\$ 42.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Heather C. Betancourt  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Heather Betancourt, this the 20th day of March, 20 18, to certify which, witness my hand and seal of office.

Leticia Brysch Leticia Brysch City Clerk  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Heather Betancourth</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <i>10/26/2017</i>	<b>5</b> Payee name <i>Vista print</i>
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<b>6</b> Amount (\$) <i>42.99</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>275 Wyman St. Waltham, MA 02451</i>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Heather Betancourth</i>	Office sought <i>City Council</i>	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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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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**