

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00067638 | <b>2</b> Total pages filed:<br><br>12  |  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>The Honorable  | FIRST<br>Betsy F.   | MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>01/10/2025 |  |
|   | NICKNAME  | LAST<br>Lambeth   | SUFFIX   |  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>723 W. University Ave.<br>Suite 110-363<br>Georgetown, TX 78626  |   | Date Hand-delivered or Date Postmarked   |  |  |
|   |   |   | Receipt #  | Amount   |  |
|   |   |   | Date Processed   |  |  |
|   |   |   | Date Imaged  |  |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mr.  | FIRST<br>James B.   | MI   |  |  |
|   | NICKNAME<br>Brad  | LAST<br>Curlee  | SUFFIX   |  |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>723 W. University<br>Suite 110-363<br>Georgetown, TX 78626   |   |  |  |  |
|   |   |   |  |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(512)  | PHONE NUMBER<br>550-4605                                    | EXTENSION  |  |  |
| <b>8</b> 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 modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)                         |   |  |  |  |
| <b>9</b> PERIOD COVERED   | Month    Day    Year<br>07/01/2024  |   | THROUGH  | Month    Day    Year<br>12/31/2024   |  |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>11/05/2024   |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |  |
|   |   |   |  |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>District Judge Place 425 District 425 Williamson  |   | <b>12</b> OFFICE SOUGHT (if known)<br>District Judge Place 425 District 425  |  |  |
|   |   |   |  |  |  |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 12

|   |   |
|---|---|
| <b>13 C / OH NAME</b> Lambeth, Betsy F. (The Honorable) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00067638 |
|---|---|

|  |  |   |  |
|--|--|---|--|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b> | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |   |  |
| <input type="checkbox"/> Additional Pages    | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>                       |  |
|  | <input type="checkbox"/> GENERAL   | <b>COMMITTEE ADDRESS</b>                    |  |
|  | <input type="checkbox"/> SPECIFIC  |   |  |
|  |  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |  |
|  |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |  |

|                                |  |    |           |
|--------------------------------|--|----|-----------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 500.00    |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 0.00      |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 10,675.08 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 26,898.92 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 0.00      |

**17 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.

\_\_\_\_\_  
The Honorable Betsy F. Lambeth  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - JC/OH**

|   |   |
|---|---|
| <b>18 FILER NAME</b><br>Lambeth, Betsy F. (The Honorable) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00067638 |
|---|---|

| <b>20 SCHEDULE SUBTOTALS</b>            |  | <b>SUBTOTAL AMOUNT</b> |
|---|--|------------------------|
| <b>NAME OF SCHEDULE</b>                 |  |                        |
| 1. <input checked="" type="checkbox"/>  | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$ 500.00              |
| 2. <input type="checkbox"/>             | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                     |
| 3. <input type="checkbox"/>             | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$                     |
| 4. <input type="checkbox"/>             | SCHEDULE E(J): LOANS (JUDICIAL)  | \$                     |
| 5. <input checked="" type="checkbox"/>  | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 9,000.00            |
| 6. <input type="checkbox"/>             | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                     |
| 7. <input type="checkbox"/>             | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                     |
| 8. <input type="checkbox"/>             | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                     |
| 9. <input checked="" type="checkbox"/>  | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$ 1,675.08            |
| 10. <input type="checkbox"/>            | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                     |
| 11. <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                     |
| 12. <input checked="" type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 631.44              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/1 Rpt: 4/12 |
| <b>2</b> FILER NAME<br>Lambeth, Betsy F. (The Honorable)            |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067638   |
| <b>4</b> Date<br>07/29/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>BUTLER SNOW<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>RIDGELAND, MS 39158 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00       |
| <b>8</b> Contributor's Principal Occupation                         |  | <b>9</b> Contributor's Job Title                           |
| <b>10</b> Contributor's employer/law firm                           |  | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |  |

# POLITICAL EXPENDITURES 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.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/2 Rpt: 5/12      | <b>2</b> FILER NAME<br>Lambeth, Betsy F. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067638  |
| <b>4</b> Date<br>08/26/2024                                  | <b>5</b> Payee name<br>LAMBETH, BETSY   |   |
| <b>6</b> Amount (\$)<br>\$1,500.00                           | <b>7</b> Payee address; City; State; Zip Code<br>723 W. University Ave.<br>Ste. 110-363<br>Georgetown, TX 78626 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement         | <b>(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>Reimbursement |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>07/01/2024   | Payee name<br>LAMBETH, BETSY  |   |
| Amount (\$)<br>\$5,000.00                                    | Payee address; City; State; Zip Code<br>723 W. University Ave.<br>Ste. 110-363<br>Georgetown, TX 78626          |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement         | <b>(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>Reimbursement |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/08/2024   | Payee name<br>Lambeth, Betsy  |   |
| Amount (\$)<br>\$2,000.00                                    | Payee address; City; State; Zip Code<br>723 W. University Ave.<br>Ste. 110-363<br>Georgetown, TX 78626          |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement         | <b>(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>Reimbursement |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/2 Rpt: 6/12             | <b>2</b> FILER NAME<br>Lambeth, Betsy F. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067638  |
| <b>4</b> Date<br>10/11/2024   | <b>5</b> Payee name<br>Lambeth, Betsy   |   |
| <b>6</b> Amount (\$)<br>\$500.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>723 W. University Ave.<br>Ste. 110-363<br>Georgetown, TX 78626 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement         | <b>(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>Reimbursement |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought   |
|   |   | Office held   |

# POLITICAL EXPENDITURES 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  
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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/4 Rpt: 7/12   | <b>2</b> FILER NAME<br>Lambeth, Betsy F. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067638   |
| <b>4</b> Date<br>07/02/2024  | <b>5</b> Payee name<br>GODADDY   |  |
| <b>6</b> Amount (\$)<br>\$15.98<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>14455 N. HAYDEN RD.<br>SUITE 226<br>SCOTTSDALE, AZ 85260-6993 |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                 | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>webpage |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought      Office held   |
| Date<br>07/31/2024   | Payee name<br>GODADDY  |  |
| Amount (\$)<br>\$254.56<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address; City; State; Zip Code<br>14455 N. HAYDEN RD.<br>SUITE 226<br>SCOTTSDALE, AZ 85260-6993          |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>webpage            |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought      Office held   |
| Date<br>08/01/2024   | Payee name<br>GODADDY  |  |
| Amount (\$)<br>\$573.37<br><br><input type="checkbox"/> Reimbursement from political contributions intended                    | Payee address; City; State; Zip Code<br>14455 N. HAYDEN RD.<br>SUITE 226<br>SCOTTSDALE, AZ 85260-6993          |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>webpage            |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought      Office held   |

# POLITICAL EXPENDITURES 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  
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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 2/4 Rpt: 8/12  | <b>2</b> FILER NAME<br>Lambeth, Betsy F. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067638   |
| <b>4</b> Date<br>08/01/2024   | <b>5</b> Payee name<br>GODADDY   |  |
| <b>6</b> Amount (\$)<br>\$573.37<br><br><input type="checkbox"/> Reimbursement from political contributions intended  | <b>7</b> Payee address; City; State; Zip Code<br>14455 N. HAYDEN RD.<br>SUITE 226<br>SCOTTSDALE, AZ 85260-6993 |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                 | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>Webpage |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought                      Office held   |
| Date<br>08/02/2024  | Payee name<br>GODADDY  |  |
| Amount (\$)<br>\$15.98<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>14455 N. HAYDEN RD.<br>SUITE 226<br>SCOTTSDALE, AZ 85260-6993          |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>webpage            |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought                      Office held   |
| Date<br>09/02/2024  | Payee name<br>GODADDY  |  |
| Amount (\$)<br>\$15.98<br><br><input type="checkbox"/> Reimbursement from political contributions intended            | Payee address; City; State; Zip Code<br>14455 N. HAYDEN RD.<br>SUITE 226<br>SCOTTSDALE, AZ 85260-6993          |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>webpage            |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought                      Office held   |



# POLITICAL EXPENDITURES 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  
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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 3/4 Rpt: 9/12   | <b>2</b> FILER NAME<br>Lambeth, Betsy F. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067638   |
| <b>4</b> Date<br>10/02/2024  | <b>5</b> Payee name<br>GODADDY   |  |
| <b>6</b> Amount (\$)<br>\$15.98<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>14455 N. HAYDEN RD.<br>SUITE 226<br>SCOTTSDALE, AZ 85260-6993 |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                 | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>web |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought                      Office held   |
| Date<br>11/02/2024   | Payee name<br>GODADDY  |  |
| Amount (\$)<br>\$15.98<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>14455 N. HAYDEN RD.<br>SUITE 226<br>SCOTTSDALE, AZ 85260-6993          |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>web            |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought                      Office held   |
| Date<br>11/05/2024   | Payee name<br>GODADDY  |  |
| Amount (\$)<br>\$166.17<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address; City; State; Zip Code<br>14455 N. HAYDEN RD.<br>SUITE 226<br>SCOTTSDALE, AZ 85260-6993          |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>web            |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought                      Office held   |

# POLITICAL EXPENDITURES 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         | 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 4/4 Rpt: 10/12   | <b>2</b> FILER NAME<br>Lambeth, Betsy F. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067638   |
| <b>4</b> Date<br>12/02/2024   | <b>5</b> Payee name<br>GODADDY   |  |
| <b>6</b> Amount (\$)<br><br>\$27.71<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>14455 N. HAYDEN RD.<br>SUITE 226<br>SCOTTSDALE, AZ 85260-6993 |  |
| <b>8</b> <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                 | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>web |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought                      Office held   |

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule K:<br>Sch: 1/2 Rpt: 11/12  |
| <b>2</b> FILER NAME<br>Lambeth, Betsy F. (The Honorable)         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067638 |
| <b>4</b> Date<br>07/01/2024                                      | <b>5</b> Name of person from whom amount is received<br>BETTERMENT  | <b>8</b> Amount (\$) \$123.80                            |
|  | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>DALLAS, TX 75320-7691                       |  |
|  | <b>7</b> Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer |  |
| Date<br>08/01/2024   | Name of person from whom amount is received<br>BETTERMENT   | Amount (\$) \$107.77                                     |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>DALLAS, TX 75320                                     |  |
|  | Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer          |  |
| Date<br>09/03/2024   | Name of person from whom amount is received<br>BETTERMENT   | Amount (\$) \$108.21                                     |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>DALLAS, TX 75320                                     |  |
|  | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer                   |  |
| Date<br>10/01/2024   | Name of person from whom amount is received<br>BETTERMENT   | Amount (\$) \$101.57                                     |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>DALLAS, TX 75320                                     |  |
|  | Purpose for which amount is received INTEREST <input type="checkbox"/> Check if political contribution returned to filer          |  |
| Date<br>11/01/2024   | Name of person from whom amount is received<br>BETTERMENT   | Amount (\$) \$98.39                                      |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>DALLAS, TX 75320                                     |  |
|  | Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer          |  |

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule K:<br>Sch: 2/2 Rpt: 12/12  |
| <b>2</b> FILER NAME<br>Lambeth, Betsy F. (The Honorable)         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067638 |
| <b>4</b> Date<br>12/01/2024                                      | <b>5</b> Name of person from whom amount is received<br>BETTERMENT   | <b>8</b> Amount (\$)<br>\$91.62                          |
|  | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>DALLAS, TX 75320                               |  |
|  | <b>7</b> Purpose for which amount is received<br>Interest <input type="checkbox"/> Check if political contribution returned to filer |  |
| Date<br>08/05/2024   | Name of person from whom amount is received<br>CHASE BANK  | Amount (\$)<br>\$0.03                                    |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>San Antonio, TX 78265-9754                              |  |
|  | Purpose for which amount is received<br>INTEREST <input type="checkbox"/> Check if political contribution returned to filer          |  |
| Date<br>09/05/2024   | Name of person from whom amount is received<br>CHASE BANK  | Amount (\$)<br>\$0.03                                    |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>San Antonio, TX 78265-9754                              |  |
|  | Purpose for which amount is received<br>INTEREST <input type="checkbox"/> Check if political contribution returned to filer          |  |
| Date<br>10/03/2024   | Name of person from whom amount is received<br>CHASE BANK  | Amount (\$)<br>\$0.02                                    |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>San Antonio, TX 78265-9754                              |  |
|  | Purpose for which amount is received<br>INTEREST <input type="checkbox"/> Check if political contribution returned to filer          |  |