FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00067638 12 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Betsy F. NAME Date Received **ELECTRONICALLY FILED** 01/10/2025 NICKNAME LAST **SUFFIX** Lambeth CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 723 W. University Ave. MAILING Receipt # Amount **ADDRESS** Suite 110-363 Change of Address Georgetown, TX 78626 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. James B. NAME NICKNAME LAST **SUFFIX** Brad Curlee **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER** 723 W. University **ADDRESS** Suite 110-363 (Residence or Business) Georgetown, TX 78626 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 550-4605 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month

11 OFFICE

Year

District Judge Place 425 District 425 Williamson

11/05/2024

OFFICE HELD (if any)

Primary

χ General

Runoff

Special

12 OFFICE SOUGHT (if known)

District Judge Place 425 District 425

Other

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Lambeth, Betsy F. (T	ne Honorable)	14 Filer ID 00067638	(Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	ROM candidate / officeholder. These expenditures may have been made without the candidate's or officeholders are required to report this information only if they receive COMMITTEE(S)								
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASUR	ER NAME						
		COMMITTEE CAMPAIGN TREASUR	ER ADDRESS						
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(C	THER THAN PLEDGES. LOANS.						
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00					
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE	S OF LOANS)	\$ 500.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00					
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 10,675.08					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A RIOD	S OF THE LAST DAY OF THE	\$ 26,898.92					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT									
			under penalty of perjury, that the ac ad includes all information required t ction Code.						
			The Honorable Betsy F. Lambe	eth					
			Signature of Candidate or Officeho	lder					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	day					
		ertify which, witness my hand and seal							
Signature of office	cer administering oath	Printed name of officer administe	ering oath Title of office	r administering oath					

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 12
18 FILER I		19 Filer ID	(Ethics Commission Filers)
Lambe	h, Betsy F. (The Honorable)	00067638	
	ULE SUBTOTALS OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 500.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,000.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1,675.08	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	\$ 631.44	

N	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
Т	he Instru	ction Guide explains how to complete this	1	ages Schedule A(J)1: /1 Rpt: 4/12	
	ILER NAME	etsy F. (The Honorable)		3 Filer ID 00067	(Ethics Commission Filers)
4 Da		Full name of contributor		t of Contribution (\$) \$500.00	
		RIDGELAND, MS 39158			
8 C	ontributor's I	Principal Occupation	9 Contributor's Job Title		
10 C	ontributor's e	employer/law firm	11 Law firm of contributor's sp	ouse (if any)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District 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)		
	Sch: 1/2 Rpt: 5/12	Lambeth, Betsy F. (The Honorable)	00067638		
4	Date	5 Payee name			
	08/26/2024	LAMBETH, BETSY			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,500.00	723 W. University Ave.			
		Ste. 110-363			
		Georgetown, TX 78626			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Louis Repayments Combardenics	outside of Texas. Complete Schedule T. TX, officeholder living expense		
		Reimburseme			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	07/01/2024	LAMBETH, BETSY			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5,000.00	723 W. University Ave.			
		Ste. 110-363			
		Georgetown, TX 78626			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Loan Repayment Remindration	outside of Texas. Complete Schedule T.		
		Reimburseme	TX, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	10/08/2024	Lambeth, Betsy			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,000.00	723 W. University Ave.			
		Ste. 110-363			
		Georgetown, TX 78626			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Loui Repayment Cimbarsement	outside of Texas. Complete Schedule T. TX, officeholder living expense		
		Reimburseme			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political			mmittee	Fees Office Overhead/Rental Expense Foot/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor					Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment			The Instruction Guid	e explains	how to comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/2 Rpt: 6/12		Lambeth, E	Betsy F. (The Hono	rable)				00067638		
4	Date	5	Payee name	9							
	10/11/2024		Lambeth, E	Betsy							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code					
	\$500.00		723 W. Un	iversity Ave.							
			Ste. 110-36	63							
			Georgetow	n, TX 78626							
8	PURPOSE	(a)	Category (s	See Categories listed at the t	top of this sch	edule) (b) Description				
	OF EXPENDITURE			ayment/Reimburser		´				nplete Schedule T.	
	EXI ENDITORE						_		, officeholder livin	g expense	
							Reimbursem	lem	L		
9	Complete ONLY if direct	<u> </u>	Candidata/Of	ficeholder name		Office sough	+		Office h	old	
9	expenditure to benefit C/O		Januluale/On	ilcentituel flame		onice sough	ι		Office fi	Ciu	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment				ages/Contract Labor		OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
-	Sch: 1/4 Rpt: 7/12	_	Lambeth, Betsy F. (The Honorable)			•	00067638
4	Date	5	Payee name				
	07/02/2024		GODADDY				
6	Amount (\$)	7	Payee address; City; State; Zip	р Сос	le		
	\$15.98		14455 N. HAYDEN RD.				
	X Reimbursement from political contributions		SUITE 226				
	intended		SCOTTSDALE, AZ 85260-6993				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)) ((b) Description	=	theck if travel outside of Texas. Complete Schedule T. theck if Austin, TX, officeholder living expense
	EXPENDITURE		Advertising Expense	- 1.	L		neck if Austin, 17, officeriolder living expense
					webpage		
9		Car	ndidate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH						
	Date		Payee name				
	07/31/2024		GODADDY				
	Amount (\$)		Payee address; City; State; Zip	р Сос	le		
	\$254.56		14455 N. HAYDEN RD.				
	Reimbursement from		SUITE 226				
	X political contributions intended		SCOTTSDALE, AZ 85260-6993				
	PURPOSE OF		Category (See Categories listed at the top of this schedule))	Description	=	heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense		L	_] c	heck if Austin, TX, officeholder living expense
					webpage		
		Car	ndidate/Officeholder name	1_	Office sought		Office held
	expenditure to benefit C/OH						
H	Data		Para a same				
	Date 08/01/2024		Payee name GODADDY				
_		_					
	Amount (\$)		Payee address; City; State; Zip 14455 N. HAYDEN RD.	p Coo	ie		
	\$573.37						
	Reimbursement from political contributions		SUITE 226				
	intended		SCOTTSDALE, AZ 85260-6993				
	PURPOSE OF		Category (See Categories listed at the top of this schedule))	Description [_	theck if travel outside of Texas. Complete Schedule T. theck if Austin, TX, officeholder living expense
	EXPENDITURE		Advertising Expense	Ι,	L webpage	」 ~	Test in Addition 177, dillocational living expense
					webpage		
	Complete ONLY if direct	<u>L</u> Car	ndidate/Officeholder name	1	Office sought		Office held
	expenditure to benefit C/OH				-		
_							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpense Nages/Contract Labor		Travel in District Travel Out of District OTHER (enter a c	rict category not listed above)
1		2	FILER NAME					1	•	hics Commission Filers)
L	Sch: 2/4 Rpt: 8/12	L	Lambeth, B	etsy F. (The Ho	norable)				00067638	
4	Date	5	Payee name							
L	08/01/2024	L	GODADDY							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$573.37			AYDEN RD.						
	Reimbursement from political contributions		SUITE 226							
	intended		SCOTTSDA	ALE, AZ 85260-6	5993					
8	PURPOSE OF	(a)		ee Categories listed at the	he top of this sch	edule)	(b) Description	=		e of Texas. Complete Schedule T.
	EXPENDITURE		Advertising	Expense			L	cn	IECK II AUSTIN, TX, 0	officeholder living expense
							Webpage			
9	Complete ONLY if direct expenditure to benefit C/OH	<u>L</u> Car	ndidate/Office	holder name			Office sought		Of	fice held
	Date		Payee name							
L	08/02/2024		GODADDY							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$15.98		14455 N. H	AYDEN RD.						
	Reimbursement from political contributions		SUITE 226							
	intended		SCOTTSDA	ALE, AZ 85260-6	6993		_			
	PURPOSE OF			ee Categories listed at tl	he top of this sch	edule)	Description	_		e of Texas. Complete Schedule T. Officeholder living expense
	EXPENDITURE		Advertising	Expense			Lwebpage		icox ii Austilli, TA, C	этстонст путу ехрепзе
							webpage			
	Complete ONLY if direct expenditure to benefit C/OH	<u>Car</u>	ndidate/Office	holder name			Office sought		Of	fice held
Г	Date		Payee name							
	09/02/2024		GODADDY							
	Amount (\$)		Payee addre		State;	Zip Co	ode			
	\$15.98			AYDEN RD.						
	Reimbursement from political contributions		SUITE 226							
	intended		SCOTTSDA	ALE, AZ 85260-6	5993					
	PURPOSE OF			ee Categories listed at t	he top of this sch	edule)	Description	_		e of Texas. Complete Schedule T. officeholder living expense
	EXPENDITURE		Advertising	∟xpense			L webpage		ook ii Auguri, TA, U	scoolder living expense
							Webpage			
	Complete ONLY if direct expenditure to benefit C/OH	<u>I</u> Car	ndidate/Office	holder name			Office sought		Of	fice held
_	5,511									

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/4 Rpt: 9/12 Lambeth, Betsy F. (The Honorable) 00067638 Date Payee name 10/02/2024 **GODADDY** Amount (\$) Payee address; City; State; Zip Code \$15.98 14455 N. HAYDEN RD. **SUITE 226** Reimbursement from political contributions Х intended SCOTTSDALE, AZ 85260-6993 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** web Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/02/2024 **GODADDY** Amount (\$) Payee address; City; State; Zip Code \$15.98 14455 N. HAYDEN RD. **SUITE 226** Reimbursement from political contributions Х SCOTTSDALE, AZ 85260-6993 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** web Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 11/05/2024 **GODADDY** Payee address; City; State; Zip Code Amount (\$) \$166.17 14455 N. HAYDEN RD. **SUITE 226** Reimbursement from Χ political contributions intended SCOTTSDALE, AZ 85260-6993 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** web Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 4/4 Rpt: 10/12 Lambeth, Betsy F. (The Honorable) 00067638 Date Payee name 12/02/2024 **GODADDY** 6 Amount (\$) Payee address; City; State; Zip Code \$27.71 14455 N. HAYDEN RD. SUITE 226 Reimbursement from political contributions intended SCOTTSDALE, AZ 85260-6993 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** web Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 11/12 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lambeth, Betsy F. (The Honorable) 00067638 Date 8 Amount (\$) 5 Name of person from whom amount is received 07/01/2024 **BETTERMENT** \$123.80 6 Address of person from whom amount is received; City; State; Zip Code DALLAS, TX 75320-7691 Purpose for which amount is received Check if political contribution returned to filer Interest Date Name of person from whom amount is received Amount (\$) 08/01/2024 **BETTERMENT** \$107.77 Address of person from whom amount is received; City; State; Zip Code DALLAS, TX 75320 Purpose for which amount is received Check if political contribution returned to filer Interest Date Name of person from whom amount is received Amount (\$) 09/03/2024 \$108.21 **BETTERMENT** Address of person from whom amount is received; City; State; Zip Code DALLAS, TX 75320 Purpose for which amount is received Check if political contribution returned to filer

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

BETTERMENT

Date

10/01/2024

Amount (\$)

\$101.57

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 12/12 2 FILER NAME Filer ID (Ethics Commission Filers) Lambeth, Betsy F. (The Honorable) 00067638 Date 8 Amount (\$) 5 Name of person from whom amount is received 12/01/2024 **BETTERMENT** \$91.62 6 Address of person from whom amount is received; City; State; Zip Code DALLAS, TX 75320 Purpose for which amount is received Check if political contribution returned to filer Interest Amount (\$) Date Name of person from whom amount is received 08/05/2024 **CHASE BANK** \$0.03 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78265-9754 Purpose for which amount is received Check if political contribution returned to filer **INTEREST** Date Name of person from whom amount is received Amount (\$) 09/05/2024 **CHASE BANK** \$0.03 Address of person from whom amount is received; City; State; Zip Code

San Antonio, TX 78265-9754

Purpose for which amount is received

San Antonio, TX 78265-9754

Purpose for which amount is received

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

INTEREST

INTEREST

CHASE BANK

Date

10/03/2024

Check if political contribution returned to filer

Check if political contribution returned to filer

Amount (\$)

\$0.02