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 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Betsy F. NAME Date Received **ELECTRONICALLY FILED** 07/06/2025 NICKNAME LAST **SUFFIX** Lambeth CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address 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); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 550-4605 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge Place 425th District 425 Williamson District Judge Place 425th District 425th

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Lambeth, Betsy F. (T	ne Honorable)	14 Filer ID 00067638	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made without officeholders are required to report this informat	it the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
 16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OTHER TH	AN PLEDGES, LOANS,	
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE EL	ECTRONICALLY)	\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	.NS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 692.36
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 26,937.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t	
		The Hor	orable Betsy F. Lambo	eth
	lder			
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
		aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 9
18 FILER NAME19 Filer ID(Ethics CoLambeth, Betsy F. (The Honorable)00067638	mmission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTALS	FOTAL AMOUNT
1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	
4. SCHEDULE E(J): LOANS (JUDICIAL)	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	468.75
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$	223.61
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$	518.64

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

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 4/9	Lambeth, Betsy F. (The Honorable) 00067638
4	Date	5 Payee name
	03/12/2025	CAPITOL AREA SCOUT COUNCIL
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	12500 North IH 35
		AUSTIN, TX 78753
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		DONATION TO SCOUTS
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/12/2025	Williamson County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$218.75	P.O.B. 393
	Ψ210.10	1.0.5. 000
		D I D. I TV 70000
		Round Rock, TX 78680
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reagan Day Dinner
		Reagan Day Dillie
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_		

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: 1/3 Rpt: 5/9 Lambeth, Betsy F. (The Honorable) 00067638 Date Payee name 06/02/2025 **GODADDY** Payee address; Amount (\$) City; State; Zip Code \$27.72 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** webpage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/02/2025 **GODADDY** Amount (\$) Payee address; City; State; Zip Code \$27.71 14455 N. HAYDEN RD. **SUITE 226** Reimbursement from political contributions Χ 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** webpage Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 04/02/2025 **GODADDY** Payee address; City; State; Zip Code Amount (\$) \$27.71 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** webpage

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

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 Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
L	Creak Sara r aymont		The Instruction Guide explains	how to co	omplete this form.	_			
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers)		
	Sch: 2/3 Rpt: 6/9	Lambeth, E	Betsy F. (The Honorable)				00067638		
4	Date	5 Payee name)						
	03/21/2025	GODADDY							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$57.34	l	IAYDEN RD.						
	Reimbursement from	SUITE 226 SCOTTSDALE, AZ 85260-6993							
	X political contributions intended								
8	PURPOSE			andula)	(b) Description C	Che	eck if travel outside of Texas. Complete Schedule T.		
	OF	1	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living expen						
	EXPENDITURE	, wverusing	LAPONSO	technology service		and device repair			
									
9		<u> </u> Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit C/OH								
	Date	Payee name	· · · · · · · · · · · · · · · · · · ·						
	03/02/2025	GODADDY							
	Amount (\$)	nt (\$) Payee address; City; State; Zip Code							
	\$27.71	14455 N. F	IAYDEN RD.						
	Reimbursement from	SUITE 226							
	x political contributions intended	SCOTTSD	ALE, AZ 85260-6993						
	PURPOSE	Category (s	See Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Advertising	Expense			Che	eck if Austin, TX, officeholder living expense		
	LAI LINDITURE				webpage				
L									
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit C/OH								
\vdash	Data								
	Date	Payee name							
_	02/02/2025	GODADDY		_, .					
	Amount (\$)	Payee addre		; Zip Co	ode				
	\$27.71		IAYDEN RD.						
	Reimbursement from political contributions	SUITE 226							
L	intended	SCOTTSD	ALE, AZ 85260-6993						
	PURPOSE	Category (S	See Categories listed at the top of this sch	nedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Advertising Expense Check if Austin, TX, officeholder living expense					еск іт Austin, ТХ, officeholder living expense		
					webpage				
	Complete ONLY if direct	 Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit				ZZZ ZZZZ		255514		
	C/OH								

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 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. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 7/9 Lambeth, Betsy F. (The Honorable) 00067638 Date Payee name 01/02/2025 **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** webpage Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

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

SCHEDULE K

The Instruction Guide explains how to complete this form.						ages Schedule K: /2 Rpt: 8/9	
2	FILER NAME				r ID	(Ethics Commission F	ilers)
	Lambeth, Be	Lambeth, Betsy F. (The Honorable))67	638	
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	01/02/2025	BETTERMENT					\$92.82
	0=/0=/=0=0						+02.02
		6 Address of person from whom amount is received; City; State; Zip Code					
		DALLAS TV 75220					
		DALLAS, TX 75320					
			olitic	cal c	ontr	ibution returned to filer	
		interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	02/03/2025	BETTERMENT				;	\$88.84
		Address of person from whom amount is received; City; State; Zip Code					
		Address of person from whom amount is received, Gity, State, 21p code					
		DALLAS, TX 75320					
		_	olitic	cal c	ontr	ibution returned to filer	
		interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	03/02/2025	BETTERMENT				:	\$80.50
		Address of person from whom amount is received; City; State; Zip Code					
		Address of person from whom amount is reserved, Gity, Glate, Elp Gode					
		DALLAS, TX 75320					
			litic	sal c	ontr	ibution returned to filer	
		interest	JIILIC	ai C	OHU	ibulion returned to mer	
		interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	04/01/2025	BETTERMENT				;	\$86.27
		Address of person from whom amount is received; City; State; Zip Code					
		DALLAS, TX 75320					
		Purpose for which amount is received Check if po	litic	ral c	ontri	ibution returned to filer	
		Check ii pu	muc	Jai C	OTILI	ibution returned to mer	
					_		
	Date	Name of person from whom amount is received				Amount (\$)	
	05/01/2025	BETTERMENT				;	\$83.57
		Address of person from whom amount is received; City; State; Zip Code					
		DALLAS, TX 75320					
			litic	cal c	ontr	ibution returned to filer	
		interest			J. 161	to more	

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: 9/9 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lambeth, Betsy F. (The Honorable) 00067638 5 Name of person from whom amount is received 8 Amount (\$) 06/02/2025 **BETTERMENT** \$86.64 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