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:
3 CANDIDATE / OFFICEHOLDER	Mrs, Jane	· Mark	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	HURST	%	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; C ADA South Ave	CITY; STATE; ZIP CODE	MAY 1 6 2018
Change of Address	Marble Falls,	TX 78654	Burnet Co Elections
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (830) 798-02	EXTENSION OO	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI La	Receipt # Amount \$
NAME	Mr. James	SUFFIX	Date Processed
	Payne	·4	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	•	ZIP CODE
ADDRESS (Residence or Business)	, , , , , , , , , , , , , , , , , , , ,		
	Marble Falls,	1X TOGST	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (830) 693-33	EXTENSION 44	
9 REPORT TYPE	January 15 30th day before ele	ection X Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before elect	stion Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 2/6/18	THROUGH 5	Day Year 19/18
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Numoff Other	
	Month Day Year Primary 5/22/18 General	Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	n to v
		Burnet Cour Justice of t Precinct #	the feare
	GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Jane N	larie Hurst	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANI	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. DISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE URES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	ED \$ C		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 950,00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$4,171,73				
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES \$4,171,73 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$434.56				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT					
	SHANNON DEL BE Notary ID # 12885	true and correct and includes all infor LLO under Title 15, Election Code. 50554	rjury, that the accompanying report is mation required to be reported by me		
	My Commission E. January 16, 20	20 JaneMarie	durst		
ATE OF THE	-	Signature of Candi	date or Officeholder		
AFFIX NOTARY STAMP	/SEALABOVE		Hh		
Sworn to and subscril	, cm3	the said Jane Marie Hust	, this the		
day of May	, 20 <u>1 \</u> to	o certify which, witness my hand and seal of office.			
Channan Del Bello Shannon Del Bello Wary					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERNAME Jane Marie Hurst 20 Filer ID (Ethics Con	mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 950,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 2,242.24
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,242,24 \$ 3,232,28
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 939,45
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7.55
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jone Marie Hurst 4 Date 7 Amount of contribution (\$) 2-16-18 6 Contributor address; City; State; Zip Code 1000,00 575 Ebeling Simon Rd, Bertram TX 786 05 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Justice of the Peace out-of-state PAC (ID#:_____ Date 2-28-18 Contributor address; City; State; Zip Code All Avenue E Marble Falls, TX 78654 Employer (S Amount of contribution (\$) 100,00 Amount of contribution (\$) 250,00 Av 51/n, TX 78732 Principal occupation / Job title (See Instructions) Emp Employer (See Instructions) retired banker Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E	
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 2	
2 FILER NAME	Jame Mariettur	st	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	ITEMIZED LOANS		\$	
5 Date of loan 5-9-18	7 Name of lender out-of-state of Jane Mark Hist	PAC (ID#:)	9 Loan Amount (\$) 849,22	
6 Is lender a financial Institution?	8 Lender address; City; S D. D. ADV 1062	State; Zip Code	10 Interest rate 7 11 Maturity date	
	n/Job title (See Instructions) OKER REALTOR	13 Employer (See Instructions)		
14 Description of Colla		15 Check if personal funds were account (See Instructions)	deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address; City; S		19 Amount Guaranteed (\$)	
20 Principal Occupati	on (See Instructions)	21 Employer (See Instructions)		
Date of loan 5 - 11 - 18	Jane Marie Hu	PAC (ID#:) (State; Zip Code	Loan Amount (\$) 393.02 Interest rate	
a financial DD BDY 642		11/s, TX 78654	Maturity date	
Principal occupatio	n / Job title (See Instructions) Noker Realtor	Employer (See Instructions)		
Description of Colle		Check if personal funds were account (See Instructions)	deposited into political	
GUARANTOR INFORMATION	Name of guarantor	**	Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable Principal Occupation	on (See Instructions)	Employer (See Instructions)		
If le	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS			SCHEDULE E
The In:	1 Total pages Schedule E: 2		
2 FILER NAME	Jane Marie Hur	st	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNIT	FEMIZED LOANS		\$
5 Date of loan 7	Name of lender out-of-state F		9 Loan Amount (\$) 1,000,00
n financial	P, O, BOX lele Z, Marble	State; Zip Code E Falls, TX 78654	10 Interest rate Ø 11 Maturity date
	Job title (See Instructions) Hale Broker Realtor	13 Employer (See Instructions)	
14 Description of Collate	eral	15 Check if personal funds were account (See Instructions)	deposited into political
INFORMATION .	7 Name of guarantor 8 Guarantor address; City; S	State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation	n (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City; S	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	/ Job title (See Instructions)	Employer (See Instructions)	
Description of Collate	ral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	
not applicable Principal Occupation	(See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Food/Beverage Exp	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	now to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Jane Maria	= Hurst	3 Filer ID (Ethics Commission Filers)		
4 Date 2-12-18	5 Payee name Wal - Mar	rt			
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
40.04		Marble F	alls, TX		
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	The second secon		
PURPOSE OF EXPENDITURE	Food/Beverage Byent Bypense	<u> </u>	utside of Texas. Complete Schedule T.		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 2-16-18	Payee name Office 1	Depot			
Amount (\$)	Payee address; City; State; Zip (Code			
Amount (\$) 650,00	Payee address; City; State; Zip (115, TX 78654		
	Payee address; City; State; Zip C Category (See Categories listed at the top of this sched Mailing postage	Marble Fa	Ils, TX 78654 skide of Texas. Complete Schedule T. TX, officeholder living expense		
650,00 PURPOSE OF	Category (See Categories listed at the top of this schero Mailing postage Candidate / Officeholder name	Marble Fa	skie of Texas. Complete Schedule T.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheroman and an arrange of the category (See Categories listed at the top of this scheroman arrange) Candidate / Officeholder name	Marble fa	side of Texas. Complete Schedule T. TX, officeholder living expense Office held		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Category (See Categories listed at the top of this sched Mailing postage Candidate / Officeholder name	Marble fa	side of Texas. Complete Schedule T. TX, officeholder living expense Office held		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Category (See Categories listed at the top of this scheroman and an arrange of the category (See Categories listed at the top of this scheroman arrange) Candidate / Officeholder name	Marble Fa dule) Description Check if travel outs Check if Austin, Office sought	side of Texas. Complete Schedule T. TX, officeholder living expense Office held		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 2-10-18	Category (See Categories listed at the top of this sched Mailing postage Candidate / Officeholder name Payee name Bunch Coun Payee address; City; State; Zip C	Marble Fa dule) Description Check if travel outs Check if Austin, Office sought	side of Texas. Complete Schedule T. TX, officeholder living expense Office held		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 2-10-18 Amount (\$)	Category (See Categories listed at the top of this sched Mailing postage Candidate / Officeholder name Payee name Bunch Coun Payee address; City; State; Zip C	Marble Fa dule) Description Check if travel outs Check If Austin, Office sought A Republican Code Onet Tx dule) Description Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense Office held		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 2-10-18 Amount (\$) 300,00	Category (See Categories listed at the top of this scheen Mailing postage Candidate / Officeholder name Payee name Burnet Count Payee address; City; State; Zip Count Category (See Categories listed at the top of this scheen	Marble Fa dule) Description Check if travel outs Check If Austin, Office sought A Republican Code Onet Tx dule) Description Check if travel outs	Side of Texas. Complete Schedule T. TX, officeholder living expense Office held CIOD Side of Texas. Complete Schedule T.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense 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) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Jane Marie Hurst 3 Filer ID (Ethics Commission Filers) 4 Date 3-31-18 7 Payee address; City; State; Zip Code Marble Falls, TX 78654 1,000,00 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** advertising Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name United States Postal Service 5-11-19 Payee address; City; State; Zip Code

1212 N. US Highway 28/

Marble Falls, TX 78654 Amount (\$) 393,02 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense postage OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Office Depot 5-9-18 Payee address; City: State: Zip Code

Mormon Mill Rd

Marble Falls, TX 78654

Category (See Categories listed at the top of this schedule)

Description Amount (\$) 9,49,72 Check if travel outside of Texas. Complete Schedule T. printing expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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

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)

Gredit Card Payment	The instruction Guide explains how	to complete this form.			
1 Total pages Schedule G:	2 FILER NAME Jane Marie	Hurst	3 Filer ID (Ethics Commission Filers)		
4 Date 4-11-18	5 Payee name Rush Order Tes	T.S			
6 Amount (\$) 2 86.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2727 Commerce Philadelphia, PA	Way	4		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) $Adverh(s)/g$		ie of Texas. Complete Schedule T. X, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held		
Date 4-11-18	Payee name 5/GN5ZG0				
Amount (\$) 157.83 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 813 12th 5th Marble Fally,	reet TX 7365	5 A		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) QdVerh(silng)	r=	e of Texas. Complete Schedule T.		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
Date 3-30-18	Payee name Burnet Cham	ber of C	ommerce		
Amount (\$) 10.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 101 N. Pierce Burnet, TX		, J		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	l —	of Texas. Complete Schedule T. , officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE 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

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

Credit Card Payment	The Instruction Guide explains how	to complete this form.	Carlor (Griter a category not hateo above)		
1 Total pages Schedule G:	2 FILER NAME Jane Marie	Hurst	3 Filer ID (Ethics Commission Filers)		
4 Date 3-20-18	5 Payee name Home Depu	Å			
6 Amount (\$)	7 Payee address; City, State; Zip Code				
25.64	1307 Mormon				
Reimbursement from political contributions intended	Marble Falls,	TX 7865	4		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	e of Texas. Complete Schedule T.		
OF EXPENDITURE	sign material		e or rexas. Complete Schedule 1. X, officeholder fiving expense		
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held		
Date 3-1-18	Payee name Volce Broade	cashing Co	RP		
Amount (\$)	Payee address; City; State; Zip Code	١ سيم			
43,98	15 27 South	Cooper St	reel		
Reimbursement from political contributions intended	Arlington, TX	76010			
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	of Tayon Complete School de T		
OF EXPENDITURE	advertising	l —	of Texas. Complete Schedule T. , officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
5-6-18 5-13-18	Payee name Facebook				
Amount (\$) 250,00	Payee address; City; State; Zip Code I Facebook Wax	4			
Reimbursement from political contributions intended	Menlo Park,	•	2.5		
DUDDOOF	Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	a dvertising expense		of Texas. Complete Schedule T. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE 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

Event Expense Fees Food/Beverage Expense Gift/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

، ا	Candidate/Officeholder/Politi Credit Card Payment	ical Committee	Legal Service The Instru			ies/Wages/Contract Labor to complete this form.	Other (ent	ter a category not listed above)
1	Total pages Schedule G:	2 FILER NA	Tan	ie Ma	rrie	Hurst	3 Filer I	D (Ethics Commission Filers)
4	Date March Feb April Mad	5 Payee nar	ne	Cam	paig	hurst n Partne	er	
6	Amount (\$) 11 (, OD) Reimbursement from	7 Payee add	Data	600	dogy	410		
	political contributions intended	<u> </u>				Rapids,	M	01461
8	PURPOSE OF EXPENDITURE			websited at the top of the websites of the web			side of Texas. Com	
9	Complete ONLY if direct expenditure to benefit C/C	Candid	late / Officeh			Office sought		Office held
	Date	Payee nan	ne	ode >				
	Amount (\$)	Payee add	dress;	City; State;	Zip Code			
	Reimbursement from political contributions intended							
	PURPOSE OF EXPENDITURE	Category (See Categories I	listed at the top of t	:his schedule)		side of Texas. Com	
	Complete ONLY if direct expenditure to benefit C/C		ate / Officeho	older name		Office sought		Office held
	Date	Payee nan	ne	*		*		
	Amount (\$)	Payee add	iress;	City; State;	Zip Code			
	Reimbursement from political contributions intended							
	PURPOSE OF EXPENDITURE	Category (See Categories I	listed at the top of t	his schedule)		side of Texas. Com	
	Complete ONLY if direct expenditure to benefit C/C		ate / Officeho	older name		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	Jane Marie Hu	3 Filer ID (Ethics Commission Filers)				
4 Date 2 - 9 - 18	Jane Marie Hu 5 Payee name Stripe Trans	5 Er				
6 Amount (\$) 7.55	7 Payee address; City: State; Zip Code 185 Berry Street, San Francisco, CA	Suite 550 94107				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) accountly / banking	(b) Description (See instructions regarding type of information required.) Rnds Hansfer Fee				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Рауее пате					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED