#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR MRS. JANE MARIE OFFICE USE ONLY **OFFICEHOLDER** NAME ADDRESS / PO BOX; APT / SUITE #; CITY; STATE-Date Received Received on 4 CANDIDATE/ 01-07-2022 OFFICEHOLDER 404 South Avenue M **Elections Office** MAILING Marble Falls, TX 78654 **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ Date Hand-delivered or Date Postmarked (830) 798-0200 MS/MRS/MR FIRST MR. JAMES **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** NAME Date Processed PAYNE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; Date Imaged 7 CAMPAIGN STATE: ZIP CODE TREASURER 904 South Avenue M **ADDRESS** Marble Falls, TX 78654 (Residence or Business) 8 CAMPAIGN TREASURER PHONE (832) 606-5634 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 07/01/2021 THROUGH 12/31/2021 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff \_\_\_ Other Description 03/01/2022 General OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) JP#3, Burnet co. THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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, **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

#### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT FORM JC/OH **COVER SHEET PG 2** 15 JC/OH NAME JANE MARIE HURST 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** 74.00 TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD 434,560 OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD \$ 18 SIGNATURE 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. Signature of Candidate/Officeholder Please complete either option below: (1) Affidavit Shannon Del Bello ID #128850554 My Commission Expires January 16, 2024 NOTARY STAMP/SEAL Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration My name is \_\_\_ \_\_\_\_\_, and my date of birth is \_\_\_ My address is \_\_\_\_

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_ , on the \_\_\_\_ day of \_

(country)

(state)

Signature of Candidate/Officeholder (Declarant)

(zip code)

# SUBTOTALS - JC/OH

#### FORM JC/OH COVER SHEET PG 3

19	TANE MARIE HURST 20 Filer ID (Ethic	Commission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	AMOUNT	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
3.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
•	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 174.00	
	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OR	H \$	
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	S	

## POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

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

Credit Card Payment	tical Committee Legal Services Salar	ies/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.	, and a second and a second
1 Total pages Schedule G:	2 FILER NAME JANE MARIE H	UR5T	3 Filer ID (Ethics Commission Filers)
July thru Dec. 2021	5 Payee name Campaign Partner		gy LLC
6 Amount (\$)	7 Payee address;	City;	
Reimbursement from political contributions intended	P.O.BOX 118, Still Ra	•	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	advertising		website
9	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			Lip dode
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	officeholder living expense
expenditure to benefit C/O		omce sought	Office held
Date	Payee name		
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Chest MA III -	
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, Office sought	officeholder living expense Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	
rms provided by Texas Ethic			