

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission filers)

2 Total pages filed **8**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MRS.</b>	FIRST <b>JANE</b>	MI <b>MARIE</b>	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST <b>HURST</b>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>404 South Avenue M</b>	APT / SUITE #: <b>Marble Falls, TX</b>	CITY: <b>78654</b>	STATE: <b>TX</b>	ZIP CODE: <b>78654</b>
	Date Received <b>RECEIVED</b> <b>JAN 31 2022</b> <b>BURNET CO ELECTIONS</b>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(830)</b>	PHONE NUMBER <b>798-0200</b>	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>JAMES</b>	MI <b>L.</b>	Receipt #	Amount \$
	NICKNAME	LAST <b>PAYNE</b>	SUFFIX	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <b>404 South Avenue M</b>				CITY: <b>Marble Falls, TX</b>
	STATE: <b>TX</b>				ZIP CODE: <b>78654</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(832)</b>	PHONE NUMBER <b>606-5634</b>	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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"/> out day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach JC/OH-FR)				
10 PERIOD COVERED	Month    Day    Year <b>01 / 01 / 2022</b>		THROUGH	Month    Day    Year <b>01 / 20 / 2022</b>	
11 ELECTION	ELECTION DATE Month    Day    Year <b>03 / 01 / 22</b>		ELECTION TYPE		
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description		<input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <b>Justice of the Peace #3</b>	13 OFFICE SOUGHT (if known) <b>Justice of the Peace #3</b>			
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

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# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME <b>JANE MARIE HURST</b>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,526.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,934.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Jane Marie Hurst  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jane Marie Hurst this the 31<sup>st</sup> day of January, 2022, to certify which, witness my hand and seal of office.

Shannon Del Bello Shannon Del Bello Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME <i>JANE MARIE HURST</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2500.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>2520.60</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>4,005.47</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>2</b>
2 FILER NAME <b>JANE MARIE HURST</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-10-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>JOHN CROUCHET</b>	7 Amount of contribution (\$) <b>1,000<sup>-</sup></b>
6 Contributor address; City; State; Zip Code <b>5828 E. RR 1431, Marble Falls, TX 78654</b>		
8 Contributor's principal occupation <b>retired</b>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>1-12-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>MIKE LUCKSINGER</b>	Amount of contribution (\$) <b>200<sup>-</sup></b>
Contributor address; City; State; Zip Code <b>P.O. Box 130, Burnet, TX 78611</b>		
Contributor's principal occupation <b>attorney</b>		Contributor's job title <b>attorney</b>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>1-14-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>GREG HALEY</b>	Amount of contribution (\$) <b>750<sup>-</sup></b>
Contributor address; City; State; Zip Code <b>3109 W. Oak Ridge Dr, Marble Falls, TX 78654</b>		
Contributor's principal occupation <b>engineer</b>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>2</b>
2 FILER NAME <b>JANE MARIE HURST</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-16-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>SCOTT DAVIS</b>	7 Amount of contribution (\$) <b>\$100<sup>-</sup></b>
6 Contributor address; City; State; Zip Code <b>402 Pheasant Meadow, Liberty Hill, TX 78642</b>		
8 Contributor's principal occupation <b>law enforcement</b>		9 Contributor's job title <b>Investigator</b>
10 Contributor's employer/law firm <b>District Attorney, 33/424 Distict</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>1-17-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>CINDY MORPHEW</b>	Amount of contribution (\$) <b>\$100<sup>-</sup></b>
Contributor address; City; State; Zip Code <b>210 Bellagio Dr, Lakeway, TX 78734</b>		
Contributor's principal occupation <b>retired</b>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>1-18-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>FREDERICK ZIMMERMAN</b>	Amount of contribution (\$) <b>\$350<sup>-</sup></b>
Contributor address; City; State; Zip Code <b>5 Corkr Houston, TX 77024</b>		
Contributor's principal occupation <b>unknown</b>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <i>1</i>	<b>2</b> FILER NAME <i>JANE MARIE HURST</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date <i>1-3-22</i>	<b>6</b> Payee name <i>One More Thing- Sign Shop</i>	
<b>7</b> Amount (\$) <i>2,520.60</i>	<b>8</b> Payee address; City; State; Zip Code <i>1844 W. Hwy 29, Burnet, TX 78611</i>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE <i>SIGNS</i>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <i>signs</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

<b>1</b> Total pages Schedule G: <i>2</i>	<b>2</b> FILER NAME <i>JANE MARIE HURST</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1-20-22</i>	<b>5</b> Payee name <i>STRIPE</i>	
<b>6</b> Amount (\$) <i>116.85</i> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Accounting</i>	<b>(b)</b> Description <i>e-commerce payment processing</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>1-20-22</i>	Payee name <i>One More Thing - Sign Shop</i>	
Amount (\$) <i>\$1523.62</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1844 W. Hwy 29, Burnet, TX 78611</i>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>1-12-22</i>	Payee name <i>Burnet County Republican Club</i>	
Amount (\$) <i>100.00</i> <input type="checkbox"/> political contributions intended	Payee address; City; State; Zip Code <i>282 Turkey Run, Meadowlakes, TX 78654</i>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>chili cook-off</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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                        | 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 (make by)          | Gift Certificate/Donation 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.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>JANE MARIE HURST</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1-14-22</b>	5 Payee name <b>Victory Media</b>
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6 Amount (\$) <b>\$865</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>P.O. Box 10, Marble Falls, TX 78654</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>advertising</b>	(b) Description <b>radio</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-14-22</b>	Payee name <b>VICTORY MEDIA</b>
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Amount (\$) <b>\$1500</b> <input type="checkbox"/> political contributions intended	Payee address; City; State; Zip Code <b>P.O. Box 10, Marble Falls, TX 78654</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising</b>	Description <b>Picayune &amp; e-blast</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED