

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: 4																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; font-size: 8px;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> </tr> <tr> <td style="font-size: 1.2em;">Mr</td> <td style="font-size: 1.2em;">Weldon</td> <td style="font-size: 1.2em;">W</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td style="font-size: 1.5em;">Hurt</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr	Weldon	W	NICKNAME	LAST	SUFFIX		Hurt		OFFICE USE ONLY							
MS / MRS / MR	FIRST	MI																			
Mr	Weldon	W																			
NICKNAME	LAST	SUFFIX																			
	Hurt																				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">ADDRESS / PO BOX;</td> <td style="width:25%; font-size: 8px;">APT / SUITE #;</td> <td style="width:25%; font-size: 8px;">CITY;</td> <td style="width:25%; font-size: 8px;">STATE;</td> <td style="width:20%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="font-size: 1.2em;">P.O. Box 3516 Abilene TX 79604</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P.O. Box 3516 Abilene TX 79604												
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
P.O. Box 3516 Abilene TX 79604																					
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">AREA CODE</td> <td style="width:50%; font-size: 8px;">PHONE NUMBER</td> <td style="width:25%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td style="font-size: 1.2em;">(325)</td> <td style="font-size: 1.2em;">673-6700</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(325)	673-6700		Date Received											
AREA CODE	PHONE NUMBER	EXTENSION																			
(325)	673-6700																				
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; font-size: 8px;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> </tr> <tr> <td style="font-size: 1.2em;">Mrs</td> <td style="font-size: 1.2em;">Debbie</td> <td style="font-size: 1.2em;">A</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td style="font-size: 1.5em;">Hurt</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mrs	Debbie	A	NICKNAME	LAST	SUFFIX		Hurt		Date Hand-delivered or Date Postmarked	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: 8px;">Receipt #</td> <td style="width:50%; font-size: 8px;">Amount \$</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Receipt #	Amount \$				
MS / MRS / MR	FIRST	MI																			
Mrs	Debbie	A																			
NICKNAME	LAST	SUFFIX																			
	Hurt																				
Receipt #	Amount \$																				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: 8px;">APT / SUITE #;</td> <td style="width:15%; font-size: 8px;">CITY;</td> <td style="width:10%; font-size: 8px;">STATE;</td> <td style="width:20%; font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="font-size: 1.2em;">P.O. Box 3516 Abilene TX 79604</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P.O. Box 3516 Abilene TX 79604												
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
P.O. Box 3516 Abilene TX 79604																					
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">AREA CODE</td> <td style="width:50%; font-size: 8px;">PHONE NUMBER</td> <td style="width:25%; font-size: 8px;">EXTENSION</td> </tr> <tr> <td style="font-size: 1.2em;">(325)</td> <td style="font-size: 1.2em;">673-6700</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(325)	673-6700													
AREA CODE	PHONE NUMBER	EXTENSION																			
(325)	673-6700																				
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																		
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> <td style="width:10%; font-size: 8px;">THROUGH</td> <td style="width:10%; font-size: 8px;">Month</td> <td style="width:10%; font-size: 8px;">Day</td> <td style="width:15%; font-size: 8px;">Year</td> </tr> <tr> <td style="font-size: 1.5em;">04</td> <td style="font-size: 1.5em;">/ 01 /</td> <td style="font-size: 1.5em;">2017</td> <td></td> <td style="font-size: 1.5em;">04</td> <td style="font-size: 1.5em;">/ 28 /</td> <td style="font-size: 1.5em;">2017</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	04	/ 01 /	2017		04	/ 28 /	2017				
Month	Day	Year	THROUGH	Month	Day	Year															
04	/ 01 /	2017		04	/ 28 /	2017															
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px;">ELECTION DATE</td> </tr> <tr> <td style="width:33%; font-size: 8px;">Month</td> <td style="width:33%; font-size: 8px;">Day</td> <td style="width:33%; font-size: 8px;">Year</td> </tr> <tr> <td style="font-size: 1.2em;">05</td> <td style="font-size: 1.2em;">/ 06 /</td> <td style="font-size: 1.2em;">2017</td> </tr> </table>	ELECTION DATE			Month	Day	Year	05	/ 06 /	2017	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="width:33%;"><input type="checkbox"/> Primary</td> <td style="width:33%;"><input type="checkbox"/> Runoff</td> <td style="width:33%;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION TYPE			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
ELECTION DATE																					
Month	Day	Year																			
05	/ 06 /	2017																			
ELECTION TYPE																					
<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description																			
<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Abilene TX City Council / Place #4																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Weldon W Hurt

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

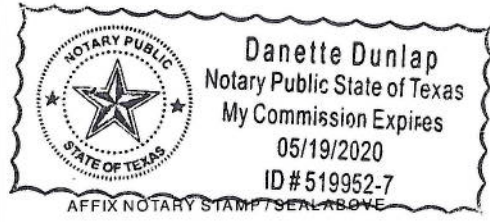
CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,000.00</u>
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,386.43</u>
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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.



Weldon W Hurt
Signature of Candidate or Officeholder

Sworn to, and subscribed before me, by the said Weldon W Hurt, this the 28 day of April, 202017, to certify which, witness my hand and seal of office.

Danette Dunlap Signature of officer administering oath
Danette Dunlap Printed name of officer administering oath
Notary Public Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Weldon W Hurf</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	\$
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 checked="" 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 type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1</i>	2 FILER NAME <i>Weldon W Hurst</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-19-17</i>	5 Payee name <i>Texas Association of Realtors</i>	
6 Amount (\$) <i>\$1,000.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 2246 Austin TX 78768</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution, Political Committee</i>	(b) Description <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

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED