

# 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: <div style="text-align: center; font-size: 24px; margin-top: 5px;">2</div>												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:20%; font-size: 8px;">MI</td> </tr> <tr> <td style="text-align: center;"><i>MV</i></td> <td style="text-align: center;"><i>Weldon</i></td> <td style="text-align: center;"><i>W</i></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 colspan="3" style="text-align: center; padding-top: 10px;"><i>Hurt</i></td> </tr> </table>	MS / MRS / MR	FIRST	MI	<i>MV</i>	<i>Weldon</i>	<i>W</i>	NICKNAME	LAST	SUFFIX	<i>Hurt</i>			<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>OFFICE USE ONLY</b>                   Date Received   <div style="border: 2px solid blue; padding: 5px; margin: 5px auto; width: 80%;">                     Abilene City Secretary   <span style="color: red; font-weight: bold; font-size: 18px;">JUL 17 2017</span>                       Filed for Record                 </div> </div>	
MS / MRS / MR	FIRST	MI													
<i>MV</i>	<i>Weldon</i>	<i>W</i>													
NICKNAME	LAST	SUFFIX													
<i>Hurt</i>															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 3516 Abilene TX 79604</i>														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 673-6700</i>														
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:20%; font-size: 8px;">MI</td> </tr> <tr> <td style="text-align: center;"><i>Mrs</i></td> <td style="text-align: center;"><i>Debbie</i></td> <td style="text-align: center;"><i>A</i></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 colspan="3" style="text-align: center; padding-top: 10px;"><i>Hurt</i></td> </tr> </table>	MS / MRS / MR	FIRST	MI	<i>Mrs</i>	<i>Debbie</i>	<i>A</i>	NICKNAME	LAST	SUFFIX	<i>Hurt</i>			Receipt #	Amount \$
MS / MRS / MR	FIRST	MI													
<i>Mrs</i>	<i>Debbie</i>	<i>A</i>													
NICKNAME	LAST	SUFFIX													
<i>Hurt</i>															
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 3516 Abilene TX 79604</i>													
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 673-6700</i>														
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input 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 checked="" type="checkbox"/> July 15	<input 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 checked="" type="checkbox"/> July 15	<input 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%; text-align: center; font-size: 8px;">Month Day Year</td> <td style="width:25%;"></td> <td style="width:25%; text-align: center; font-size: 8px;">Month Day Year</td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align: center;"><i>04 / 29 / 2017</i></td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;"><i>07 / 15 / 2017</i></td> <td></td> </tr> </table>				Month Day Year		Month Day Year		<i>04 / 29 / 2017</i>	THROUGH	<i>07 / 15 / 2017</i>				
Month Day Year		Month Day Year													
<i>04 / 29 / 2017</i>	THROUGH	<i>07 / 15 / 2017</i>													
11 ELECTION	ELECTION DATE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: 8px;">Month</td> <td style="width:25%; font-size: 8px;">Day</td> <td style="width:25%; font-size: 8px;">Year</td> </tr> <tr> <td style="text-align: center;"><i>05</i></td> <td style="text-align: center;"><i>06</i></td> <td style="text-align: center;"><i>2017</i></td> </tr> </table>	Month	Day	Year	<i>05</i>	<i>06</i>	<i>2017</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
Month	Day	Year													
<i>05</i>	<i>06</i>	<i>2017</i>													
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Abilene TX City Council Place #4</i>													
<b>GO TO PAGE 2</b>															

# 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)

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

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
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) \$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$

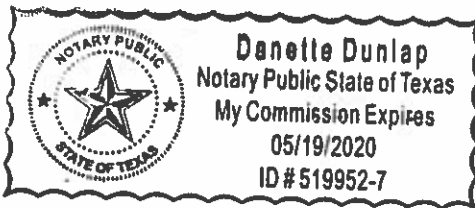
CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ *1386.43*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 Hurt*, this the *17* day of *July*, 20 *17*, 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