

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
HURD FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	300766.81	1355932.22
(b) Total Contribution Refunds (from Line 20(d))	0.00	1250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	300766.81	1354682.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	130344.15	517212.89
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	8197.01
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	130344.15	509015.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	856333.42	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	2541.87	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

HURD FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	168043.63	747760.03
(ii) Unitemized.....	8223.18	44758.45
(iii) TOTAL of contributions from individuals ▶	176266.81	792518.48
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	124500.00	563413.74
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	300766.81	1355932.22
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	12420.04
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	8197.01
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	7877.75
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	300766.81	1384427.02

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	130344.15	517212.89
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	67458.13
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	67458.13
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	1250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1250.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	130344.15	585921.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	685910.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	300766.81
25. SUBTOTAL (add Line 23 and Line 24).....	986677.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	130344.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	856333.42

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RALPH ADAME

Mailing Address 764 DAHLIA

City State Zip Code
EL PASO TX 79922

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEXUS GROUP PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2015

Transaction ID : SA11AI.13772

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
TREVOR L AHLBERG

Mailing Address 4725 WINDSOR RIDGE DRIVE

City State Zip Code
IRVING TX 75038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COTTONWOOD FINANCIAL PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2015

Transaction ID : SA11AI.13861

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
HERBERT ALLEN III

Mailing Address 711 FIFTH AVE

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALLEN AND CO INVESTMENT BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2015

Transaction ID : SA11AI.13774

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STEPHEN ALLISON

Mailing Address 200 MORNINGSIDE

City State Zip Code
SAN ANTONIO TX 78209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAYNES & BOONES, LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14374

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CHRISTINE E ALMARAZ

Mailing Address 3023 SPIDER LILY

City State Zip Code
SAN ANTONIO TX 78258

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11AI.13751

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ERNESTO ANCIRA JR.

Mailing Address PO BOX 29719

City State Zip Code
SAN ANTONIO TX 78229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANCIRA ENTERPRISES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : SA11AI.13812

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DARCY ANDERSON

Mailing Address 2005 WOOD THRUSH COURT

City State Zip Code
WESTLAKE TX 76262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HILLWOOD EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 30 2015

Transaction ID : SA11AI.14379

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
STANTON D ANDERSON

Mailing Address 1201 N GARFIELD ST
#419

City State Zip Code
ARLINGTON VA 22201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U.S. CHAMBER OF COMMERCE SENIOR COUNSEL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 23 2015

Transaction ID : SA11AI.14301

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. ERNEST ANGELO JR.

Mailing Address 410 N MAIN

City State Zip Code
MIDLAND TX 79701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED PETROLEUM ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 02 2015

Transaction ID : SA11AI.14225

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN BARNEY

Mailing Address 3235 COLE AVE.

City State Zip Code
DALLAS TX 75204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THOMPSON AND KNIGHT IT MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14451

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MARK BARRETT

Mailing Address PO BOX 171190

City State Zip Code
SAN ANTONIO TX 78217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BARRETT BROTHERS OIL & GAS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11AI.14314

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
TZIPORA BARYADIN

Mailing Address 24 KELIAN CT

City State Zip Code
SAN ANTONIO TX 78230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNITED FASHIONS OF TEXAS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14399

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. BRUCE BECKER

Mailing Address 9835 MENARD CIR

City State Zip Code
SAN ANTONIO TX 78245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015

Transaction ID : SA11AI.13796

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR. BRUCE BECKER

Mailing Address 9835 MENARD CIR

City State Zip Code
SAN ANTONIO TX 78245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2015

Transaction ID : SA11AI.13777

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR. BRUCE BECKER

Mailing Address 9835 MENARD CIR

City State Zip Code
SAN ANTONIO TX 78245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
380.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : SA11AI.13848

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

150.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. M B BELDON

Mailing Address **4 WESTELM CIR**

City **SAN ANTONIO** State **TX** Zip Code **78230**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BELDON ROOFING COMPANY** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11A1.14388

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DOYLE N BENEBY

Mailing Address **1248 AUSTIN HIGHWAY 106**

City **SAN ANTONIO** State **TX** Zip Code **78209**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CPS ENERGY** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11A1.13715

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN L BENEDICT

Mailing Address **2252 BUMP GATE ROAD**

City **PIPE CREEK** State **TX** Zip Code **78063**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BEST EFFORTS** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11A1.13713

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMY BENEDIKT

Mailing Address 501 PATTERSON

City State Zip Code
SAN ANTONIO TX 78209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STRGI PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14343

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RICHARD A BEUTEL

Mailing Address 7407 REBECCA DR

City State Zip Code
ALEXANDRA VA 22307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CYRRUS ANALYTICS LLC PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11AI.14297

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DR. SHELDON BRAVERMAN

Mailing Address 3114 IRON STONE LN

City State Zip Code
SAN ANTONIO TX 78230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED OPHTHALMOLOGIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14407

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JUSTIN BURK

Mailing Address **PO BOX 420577**

City **DEL RIO** State **TX** Zip Code **78842**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BURK PROPERTIES** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11AI.13708

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JUSTIN BURK

Mailing Address **PO BOX 420577**

City **DEL RIO** State **TX** Zip Code **78842**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BURK PROPERTIES** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11AI.13795

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. RHETT CAMPBELL

Mailing Address **6358 WAKEFOREST**

City **HOUSTON** State **TX** Zip Code **77005**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JEFFERSON ENERGY** Occupation **MONEY MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11AI.13841

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS. KAY CAUTHORN

Mailing Address 219 PARK AVENUE

City State Zip Code
DEL RIO TX 78840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11AI.13717

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
R SIDNEY CAUTHORN

Mailing Address 230 PARK AVE

City State Zip Code
DEL RIO TX 78840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11AI.13742

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
SID CAUTHORN

Mailing Address 219 PARK AVENUE

City State Zip Code
DEL RIO TX 78840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WESTEX BANCORP, INC BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11AI.13700

Amount of Each Receipt this Period
 700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARKO P CEMOVIC

Mailing Address 10024 LOCHNESS CT

City State Zip Code
VIENNA VA 22181

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INFORMATION TECHNOLOGY & SERVICES

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11AI.14299

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL A COHEN

Mailing Address 5215 URSULA LN

City State Zip Code
DALLAS TX 75229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KELLIS GIFTS FOUNDER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.14220

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JASON M CONLEY

Mailing Address 3802 PINE BROOK RD

City State Zip Code
ALEXANDRIA VA 22310

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MORPHOTRUST USA OPERATIONS DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11AI.14305

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. SHAWN COOPER

Mailing Address 7300 S VIEW CT

City State Zip Code
FAIRFAX STATION VA 22039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PG&E UTILITY EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Transaction ID : SA11AI.13740

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. SHAWN COOPER

Mailing Address 7300 S VIEW CT

City State Zip Code
FAIRFAX STATION VA 22039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PG&E UTILITY EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.14195

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
HARLAN R CROW

Mailing Address 3819 MAPLE AVE

City State Zip Code
DALLAS TX 75219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CROW HOLDINGS CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2015

Transaction ID : SA11AI.14230

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KATHERINE RAYMOND CROW

Mailing Address 4700 PRESTON RD

City State Zip Code
DALLAS TX 75205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11AI.14232

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
EUGENE CULP

Mailing Address 15643 DAWN CRST

City State Zip Code
SAN ANTONIO TX 78248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14135

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
SCOTT DABNEY

Mailing Address 8150 N CENTRAL EXPY
#750

City State Zip Code
DALLAS TX 75206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.14222

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) RUSSELL DAVIS		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 215 PASEO ENCINAL		Transaction ID : SA11AI.14216
City SAN ANTONIO	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer DAVIS, CEDILLO & MENDIGO	Occupation LAWYER	IN-KIND - CATERING
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MARIA G DEMPSEY		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 27 / 2015
Mailing Address 7112 FM 192		Transaction ID : SA11AI.14590
City FORT HANCOCK	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 101.45
Name of Employer RETIRED	Occupation RETIRED	IN-KIND - CATERING
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 101.45	

Full Name (Last, First, Middle Initial) PEGGY DICKERSON		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address P.O. BOX 961		Transaction ID : SA11AI.14448
City OZONA	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer VELERO ENERGY CORPORATION	Occupation STRATEGIC SOURCING DIRECTOR	IN-KIND - CATERING
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	1151.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
YUDA DOLINER

Mailing Address 1 WESTELM PT

City State Zip Code
SAN ANTONIO TX 78230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FENCRETE AMERICA OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14394

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
JOHN EDWARDS

Mailing Address 340 ARCADIA PLACE

City State Zip Code
SAN ANTONIO TX 78209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALAMO ENT ASSOCIATES SURGEON

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.14266

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
LAURA EHRENBERG-CHESLER

Mailing Address 727 CONTOUR DR

City State Zip Code
SAN ANTONIO TX 78212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EHRENBERG CHESLER INVESTMENT BANKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14390

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS. JANNIFER M ELLIOTT

Mailing Address **HC 32 BOX 25**
4539 N.U.S. HIGHWAY 83

City **UVALDE** State **TX** Zip Code **78801**

FEC ID number of contributing federal political committee. **C**

Name of Employer **3E PROPERTIES LLC** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 10 / 2015

Transaction ID : SA11AI.14355

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
MR. DONALD L EVANS

Mailing Address **PO BOX 50990**

City **MIDLAND** State **TX** Zip Code **79710-0990**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PRINCIPAL** Occupation **QUINTANA CAPITAL GROUP**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 23 / 2015

Transaction ID : SA11AI.14319

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
RANDEE KAY FAGAN

Mailing Address **505 GILCHRIST LANE**

City **DEL RIO** State **TX** Zip Code **78840**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BOARD OF ADJUSTMENT** Occupation **MEMBER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11AI.13744

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES D FAIRCLOTH

Mailing Address 4112 SPRINGFIELD CT

City MIDLAND State TX Zip Code 79707

FEC ID number of contributing federal political committee. **C**

Name of Employer JOHNSON MILLER & CO Occupation CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : SA11AI.14147

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JACK FARMER

Mailing Address 1434 SUN MOUNTAIN

City SAN ANTONIO State TX Zip Code 78258

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14384

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MARK FENENBOCK

Mailing Address 405 CAMINO REAL AVE

City EL PASO State TX Zip Code 79922

FEC ID number of contributing federal political committee. **C**

Name of Employer W SILVER INC Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : SA11AI.13695

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) ISRAEL FOGIEL		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2015
Mailing Address 10003 NW MILITARY HWY STE 2201		Transaction ID : SA11AI.14422
City SAN ANTONIO	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GREAT AMERICAN COMPANIES	Occupation PRESIDENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) ISRAEL FOGIEL		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 10003 NW MILITARY HWY STE 2201		Transaction ID : SA11AI.14326
City SAN ANTONIO	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GREAT AMERICAN COMPANIES	Occupation PRESIDENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00	

Full Name (Last, First, Middle Initial) DOUGLAS FOSHEE		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2015
Mailing Address 3504 GEORGETOWN		Transaction ID : SA11AI.14212
City HOUSTON	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer SALLYPORT INVESTMENTS LLC	Occupation CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

SUBTOTAL of Receipts This Page (optional).....	3950.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SARAH FOSHEE

Mailing Address 3504 GEORGETOWN

City HOUSTON State TX Zip Code 77005

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.14214

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
GINGER FRANCIS

Mailing Address 500 N MESA ST

City EL PASO State TX Zip Code 79901

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : SA11AI.13738

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
GINGER FRANCIS

Mailing Address 500 N MESA ST

City EL PASO State TX Zip Code 79901

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : SA11AI.13739

Amount of Each Receipt this Period
 2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) L F FRANCIS		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 19 / 2015
Mailing Address 500 N MESA		Transaction ID : SA11AI.13724
City EL PASO	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer WESTSTAR BANK	Occupation BANKER	EXCESS AMOUNT TO BE REFUNDED
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) L F FRANCIS		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 19 / 2015
Mailing Address 500 N MESA		Transaction ID : SA11AI.13736
City EL PASO	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer WESTSTAR BANK	Occupation BANKER	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8100.00	

Full Name (Last, First, Middle Initial) ROBIN GAMBLE		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 04 / 2015
Mailing Address 555 RIVA AVE		Transaction ID : SA11AI.13721
City EAST BRUNSWICK	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MIRAMAR	Occupation OWNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	5650.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BOBBIE GHITIS

Mailing Address 102 HAPPY TRAIL

City State Zip Code
SAN ANTONIO TX 78231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VOLUNTEER EDUCATOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11AI.14255

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DAVID W GLEESON

Mailing Address 8750 N CENTRAL EXPY
STE 800

City State Zip Code
DALLAS TX 75231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GRAA INVESTMENTS, LLC OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.14254

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KENNETH GOLDBERG

Mailing Address 4 ROBLEDO DR

City State Zip Code
DALLAS TX 75230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.14224

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. HERIBERTO GONZALEZ

Mailing Address 3626 IVORY CRK

City State Zip Code
SAN ANTONIO TX 78258-1621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEST EFFORTS INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14274

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. REAGAN E GREER

Mailing Address 1723 TYPHOON

City State Zip Code
SAN ANTONIO TX 78248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JBGODWIN, REALTORS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14161

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
GARY E GRIFFITH

Mailing Address 6875 CAROLYN CREST DR

City State Zip Code
DALLAS TX 75214

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TODAY FOUNDATION PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.14251

Amount of Each Receipt this Period
2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GRADY GRUBER

Mailing Address 1445 ROSS AVENUE
STE 2500

City DALLAS State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.14241

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
HAROLD W HAHN

Mailing Address 1609 BILLY CASPER

City EL PASO State TX Zip Code 79936

FEC ID number of contributing federal political committee. **C**

Name of Employer ROCKY MOUNTAIN MORTGAGE CO Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2015

Transaction ID : SA11AI.13851

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
DR. PAMELA HALL DUERR

Mailing Address PO BOX 90825

City SAN ANTONIO State TX Zip Code 78209

FEC ID number of contributing federal political committee. **C**

Name of Employer GREATER HOUSTON EMERGENCY PHYSICI Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14166

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. GLENN HARROLD

Mailing Address 234 RED HAWK RIDGE

City SAN ANTONIO State TX Zip Code 78258

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14160

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MICHAEL HAUGHEY

Mailing Address UNIT 7000
BOX 146

City DPO State NY Zip Code 09823

FEC ID number of contributing federal political committee. **C**

Name of Employer DEPARTMENT OF STATE Occupation ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14372

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ALBERT HAWKINS III

Mailing Address 7005 QUILL LEAF CV

City AUSTIN State TX Zip Code 78750

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14118

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JONATHAN M HEAFITZ

Mailing Address 2704 EMMET ROAD

City State Zip Code
SILVER SPRING MD 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FEDERAL AND REGULATORY AFFAIRS SENIOR DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2015

Transaction ID : SA11AI.13859

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL HILL

Mailing Address 516 E ASHBY

City State Zip Code
SAN ANTONIO TX 78212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14278

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
THERESA HOLLAND

Mailing Address 1711 FAWN CREST

City State Zip Code
SAN ANTONIO TX 78248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REALTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14141

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

525.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM L HOLMES

Mailing Address **PO BOX 3728**

City **MIDLAND** State **TX** Zip Code **79702**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **OIL AND GAS ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 10 / 2015

Transaction ID : SA11AI.14149

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LEONARD HOLZMAN

Mailing Address **11803 KELLERS PT**

City **SAN ANTONIO** State **TX** Zip Code **78230**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LIVERPOOL** Occupation **ENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11AI.14257

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MARK HOOD

Mailing Address **5000 MISSION OAKS BLVD., #26**

City **AUSTIN** State **TX** Zip Code **78735**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CROSSROADS SYSTEMS, INC.** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.14328

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. BILLY B HOPPER

Mailing Address **PO BOX 353**

City **MENTONE** State **TX** Zip Code **79754**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11AI.14143

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
E C HOUGHTON JR.

Mailing Address **414 EXECUTIVE CENTER BLVD
STE 205**

City **EL PASO** State **TX** Zip Code **79902**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOUGHTON FINANCIAL ADVISORS** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 19 / 2015

Transaction ID : SA11AI.13733

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ANDREW HOWELL

Mailing Address **5901 JOHNSON AVE**

City **BETHESDA** State **MD** Zip Code **20817**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MONUMENT POLICY GROUP, LLC** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11AI.14403

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 175
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GARY HOYACK

Mailing Address 740 W OAK ESTS

City State Zip Code
SAN ANTONIO TX 78260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BURNSIDE & RISHEBARGER ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11A1.14210

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MS. GAYLE G HUNT

Mailing Address PO BOX 12220

City State Zip Code
EL PASO TX 79913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 08 / 2015

Transaction ID : SA11A1.13769

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
JOSHUA W HUNT

Mailing Address 1101 E BALTIMORE DR

City State Zip Code
EL PASO TX 79902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUNT COMPANIES EXECUTIVE VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 19 / 2015

Transaction ID : SA11A1.13734

Amount of Each Receipt this Period
2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WOODY L HUNT

Mailing Address **PO BOX 12220**

City **ELPASO** State **TX** Zip Code **79913**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HUNT COMPANIES, INC** Occupation **BUILDER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 08 / 2015

Transaction ID : SA11A1.13818

Amount of Each Receipt this Period
2200.00

B. Full Name (Last, First, Middle Initial)
WOODY L HUNT

Mailing Address **PO BOX 12220**

City **ELPASO** State **TX** Zip Code **79913**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HUNT COMPANIES, INC** Occupation **BUILDER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 08 / 2015

Transaction ID : SA11A1.13849

Amount of Each Receipt this Period
-1500.00
 REDESIGNATED TO GENERAL: SEE BELOW

C. Full Name (Last, First, Middle Initial)
WOODY L HUNT

Mailing Address **PO BOX 12220**

City **ELPASO** State **TX** Zip Code **79913**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HUNT COMPANIES, INC** Occupation **BUILDER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 08 / 2015

Transaction ID : SA11A1.13850

Amount of Each Receipt this Period
1500.00
 REDESIGNATED: SEE ABOVE

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WOODY L HUNT

Mailing Address **PO BOX 12220**

City **ELPASO** State **TX** Zip Code **79913**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HUNT COMPANIES, INC** Occupation **BUILDER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4131.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 19 / 2015

Transaction ID : SA11A1.14582

Amount of Each Receipt this Period
1431.71
 IN-KIND - FACILITY RENTAL/CATERING

B. Full Name (Last, First, Middle Initial)
STEPHEN BRIAN HUSEMAN

Mailing Address **328 I ST SE**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C**

Name of Employer **A2Z DEVELOPMENT CENTER, INC.** Occupation **SR PRINCIPAL SDE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : SA11A1.14303

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BOBBY R INMAN

Mailing Address **3200 RIVA RIDGE ROAD**

City **AUSTIN** State **TX** Zip Code **78746**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UT AUSTIN** Occupation **INVESTOR, PROFESSOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11A1.13704

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1931.71

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BEN IVEY III

Mailing Address **PO BOX 640**

City **HONDO** State **TX** Zip Code **78861**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **OIL AND GAS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.14121

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MARVIN G KELFER

Mailing Address **4001 N NEW BRAM
APT 1106**

City **SAN ANTONIO** State **TX** Zip Code **78209**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11AI.14409

Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
JANET KELLEY

Mailing Address **919 CONGRESS AVE
STE 950**

City **AUSTIN** State **TX** Zip Code **78701**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.14413

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5425.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. RUSSELL T KELLEY

Mailing Address **919 CONGRESS AVE**
STE 950

City **AUSTIN** State **TX** Zip Code **78701**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BLACKRIDGE** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.14277

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
SHANNON KELLOGG

Mailing Address **18283 MAPLE SPRING CT**

City **LEESBURG** State **VA** Zip Code **20176**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AMAZON.COM** Occupation **DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 11 / 2015

Transaction ID : SA11AI.14288

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. FRANK H LARSON

Mailing Address **PO BOX 421147**

City **DEL RIO** State **TX** Zip Code **78842**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **TRUCKING WAREHOUSING**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : SA11AI.14154

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CADELL LIEDTKE

Mailing Address PO BOX 1389

City MIDLAND State TX Zip Code 79702

FEC ID number of contributing federal political committee. **C**

Name of Employer COMPASS OPERATING Occupation OIL AND GAS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : SA11AI.14291

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
CADELL LIEDTKE

Mailing Address PO BOX 1389

City MIDLAND State TX Zip Code 79702

FEC ID number of contributing federal political committee. **C**

Name of Employer COMPASS OPERATING Occupation OIL AND GAS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : SA11AI.14292

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
ROBERT LOWRY

Mailing Address 10021 JOHNS RD

City BOERNE State TX Zip Code 78006

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14321

Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DON R MARGO III

Mailing Address 808 BLANCHARD AVE

City State Zip Code
EL PASO TX 79902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUB INTERNATIONAL INSURANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 03 2015

Transaction ID : SA11AI.13723

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DONALD R. MARGO II

Mailing Address 201 E MAIN
STE 1603

City State Zip Code
EL PASO TX 79901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MARGO PARTNERS INC. INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 19 2015

Transaction ID : SA11AI.13735

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
DWAIN MAYFIELD

Mailing Address 2310 HILLVIEW CT

City State Zip Code
WEATHERFORD TX 76087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 30 2015

Transaction ID : SA11AI.14094

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CATHERINE M MCKNIGHT

Mailing Address 4510 NORMANDY AVE

City	State	Zip Code
DALLAS	TX	75205

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
DENTONS USA LLP	COUNSEL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14130

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JOHN T MONTFORD

Mailing Address 1 BUCKINGHAM CT

City	State	Zip Code
SAN ANTONIO	TX	75257

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
JTM CONSULTING, LLC	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
610.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2015

Transaction ID : SA11AI.14583

Amount of Each Receipt this Period
610.47

IN-KIND - FACILITY RENTAL/CATERING

C. Full Name (Last, First, Middle Initial)
MICHAEL MOORE

Mailing Address 17918 TEXAS EMMY LN

City	State	Zip Code
SAN ANTONIO	TX	78258

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SOUTHWEST RESEARCH INSTITUTE	STAFF ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14368

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2610.47

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS. TIFFANY MOORE

Mailing Address 417 QUACKENBOS ST NW

City State Zip Code
WASHINGTON DC 20011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2015

Transaction ID : SA11AI.13768

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
WILEY MOSSY

Mailing Address 1000 UPTOWN PARK STE 223

City State Zip Code
HOUSTON TX 77056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MOSSY HOLDING COMPANY CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14370

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. JOHN MURRAY

Mailing Address 401 BOULDER RIDGE DR

City State Zip Code
DEL RIO TX 78840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED TAX PREP/BOOK KEEPING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11AI.13697

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RET COL JOHN E MURRAY

Mailing Address 10000 RHINELAND #218

City SAN ANTONIO	State TX	Zip Code 78239
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11AI.13745

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
RET COL JOHN E MURRAY

Mailing Address 10000 RHINELAND #218

City SAN ANTONIO	State TX	Zip Code 78239
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11AI.14226

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
ROLANDO PABLOS

Mailing Address 1237 CALLE DEL SUR DR

City EL PASO	State TX	Zip Code 79912
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BORDERPLEX ALLIANCE	Occupation EXECUTIVE
---	-------------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2015

Transaction ID : SA11AI.13781

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TIM PECKINPAUGH

Mailing Address 3206 WHEATLAND FARMS DR

City OAKTON State VA Zip Code 22124

FEC ID number of contributing federal political committee. **C**

Name of Employer K & L GATES LLP Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015

Transaction ID : SA11AI.13798

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
H ROSS PEROT JR.

Mailing Address 2300 W PLANO PKWY

City PLANO State TX Zip Code 75075

FEC ID number of contributing federal political committee. **C**

Name of Employer THE PEROT GROUP Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14416

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
H ROSS PEROT JR.

Mailing Address 2300 W PLANO PKWY

City PLANO State TX Zip Code 75075

FEC ID number of contributing federal political committee. **C**

Name of Employer THE PEROT GROUP Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14417

Amount of Each Receipt this Period
 2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GERALD L PRATHER

Mailing Address 585 PALOMINO RD

City DEL RIO	State TX	Zip Code 78840
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11AI.13698

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JONELLA PRIDE

Mailing Address 108 CENIZA HILLS CIRCLE

City DEL RIO	State TX	Zip Code 78840
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11AI.13699

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BARTON PRIDEAUX

Mailing Address 603 RAINBOW CV

City WEST LAKE HILLS	State TX	Zip Code 78746
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer TEXAS ENERGY ENTERPRISES	Occupation OWNER
--	---------------------

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14114

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JENNIFER PRIDEAUX

Mailing Address 603 RAINBOW CV

City State Zip Code
WEST LAKE HILLS TX 78746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14116

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
DAVID PULLIAM

Mailing Address 21419 BEAR RIDGE

City State Zip Code
SAN ANTONIO TX 78258

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.14265

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
LLOYD L QUINNEY

Mailing Address 20480 TRUMBO RD

City State Zip Code
SAN ANTONIO TX 78264

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
QUINNEY ELECTRIC, INC ELECTRICAL CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14144

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DR. CARL F RABA JR.

Mailing Address 400 E. WILDWOOD DRIVE

City State Zip Code
SAN ANTONIO TX 78212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RABA KISTNER CONSULTANTS, INC. CIVIL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11AI.14162

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PATRICK ODELL RAYES

Mailing Address 4212 LOMO ALTO DR
APT 101

City State Zip Code
DALLAS TX 75219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.14248

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
PATRICK ODELL RAYES

Mailing Address 4212 LOMO ALTO DR
APT 101

City State Zip Code
DALLAS TX 75219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.14249

Amount of Each Receipt this Period
2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REAGAN REAUD

Mailing Address 98 SAN JACINTO BLVD

City State Zip Code
AUSTIN TX 78701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RABA-KISTNER CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14289

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
REAGAN REAUD

Mailing Address 98 SAN JACINTO BLVD

City State Zip Code
AUSTIN TX 78701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RABA-KISTNER CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14290

Amount of Each Receipt this Period
2300.00

C. Full Name (Last, First, Middle Initial)
LONNIE RICKS

Mailing Address 13 PEPPER LANE

City State Zip Code
DEL RIO TX 78840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RICKS FURNITURE COMPANY PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11AI.13749

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HELENE RIKLIN

Mailing Address 122 LABURNUM

City State Zip Code
SAN ANTONIO TX 78209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.14259

Amount of Each Receipt this Period
1125.00

B. Full Name (Last, First, Middle Initial)
ROBIN RITCHIE

Mailing Address PO BOX 990

City State Zip Code
ALPINE TX 79831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : SA11AI.14351

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
DANIEL RITTER

Mailing Address 8815 BELLWOOD RD

City State Zip Code
BETHESDA TX 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2015

Transaction ID : SA11AI.13824

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1825.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TIBOR RITTER

Mailing Address 12715 CRANESMILL

City State Zip Code
SAN ANTONIO TX 78230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14392

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
JUANDELLE LACY ROBERTS

Mailing Address 5 HIALEAH

City State Zip Code
MIDLAND TX 79705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.14267

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CLINTON S ROBINSON

Mailing Address 6209 FOXCROFT RD

City State Zip Code
ALEXANDRIA VA 22307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAPITOL COUNSEL PRINCIPLE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015

Transaction ID : SA11AI.13799

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
J KIRK ROBINSON

Mailing Address 4445 N MESA
STE 100

City State Zip Code
EL PASO TX 79902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PIZZA PROPERTIES INC RESTAURANT FRANCISEE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : SA11AI.13821

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
DANIEL RUNZHEIMER

Mailing Address 3422 BRIDLEGATE DR

City State Zip Code
ARLINGTON TX 76016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACCELERATED PRODUCTION OPERATIONS MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14273

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DARREL RUSNELL

Mailing Address 13238 SPRING RUN

City State Zip Code
HELOTES TX 78023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HYPERION BIOTECHNOLOGY PROGRAM MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : SA11AI.14429

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GEORGE B RYAN

Mailing Address **PO BOX 803447**

City **DALLAS** State **TX** Zip Code **75380**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RYAN & COMPANY** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.14245

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
GEORGE B RYAN

Mailing Address **PO BOX 803447**

City **DALLAS** State **TX** Zip Code **75380**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RYAN & COMPANY** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.14246

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MARK RYLAND

Mailing Address **10103 WALKER WOOD DR**

City **GREAT FALLS** State **VA** Zip Code **22066**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AMDG SYSTEMS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 17 / 2015

Transaction ID : SA11AI.14361

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SOL SCHWARTZ

Mailing Address 1314 SPANISH OAKS DR

City State Zip Code
SAN ANTONIO TX 78213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14396

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
TY SHEEHAN

Mailing Address 111 IRVINGTON

City State Zip Code
SAN ANTONIO TX 78209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HORNBERGER SHEEHAN FULLER & BEITER ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14462

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
EZEQUIEL SILVA III

Mailing Address 3 SHEFFIELD PARK DR

City State Zip Code
SAN ANTONIO TX 78209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SOUTH TEXAS RADIOLOGY GROUP RADIOLOGY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : SA11AI.14354

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JERRY E SIMPTON

Mailing Address 711 ALDERETE LANE

City State Zip Code
DEL RIO TX 78840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DEL RIO BANK PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11AI.13702

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
SICHAN SIV

Mailing Address 119 FOX HALL LN

City State Zip Code
SAN ANTONIO TX 78213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14276

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. DON L SPARKS

Mailing Address 800 N MARIENFELD ST
STE 100

City State Zip Code
MIDLAND TX 79701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DISCOVERY DEPARTING PETROLEUM

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2015

Transaction ID : SA11AI.13782

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1150.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JEFF SPARKS

Mailing Address 2715 HUMMINGBIRD CT

City MIDLAND State TX Zip Code 79705

FEC ID number of contributing federal political committee. **C**

Name of Employer DISCOVERY OPERATING, INC. Occupation ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.14218

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
STANLEY SPIGEL

Mailing Address 70 NE LOOP 410 #185

City SAN ANTONIO State TX Zip Code 78216

FEC ID number of contributing federal political committee. **C**

Name of Employer SPIGEL PROPERTIES Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : SA11AI.14151

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
STANLEY SPIGEL

Mailing Address 70 NE LOOP 410 #185

City SAN ANTONIO State TX Zip Code 78216

FEC ID number of contributing federal political committee. **C**

Name of Employer SPIGEL PROPERTIES Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14344

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MERLE SPRAGUE

Mailing Address 215 N CENTER ST
APT 1501

City SAN ANTONIO State TX Zip Code 78202

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14208

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
WILLIAM D STEPHENS

Mailing Address 6724 PRINCESS ANNE LANE

City FALLS CHURCH State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C**

Name of Employer K & L GATES LLP Occupation GOVERNMENT AFFAIRS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2015

Transaction ID : SA11AI.13857

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
EDWARD STEVES

Mailing Address PO BOX 1866

City SAN ANTONIO State TX Zip Code 78297

FEC ID number of contributing federal political committee. **C**

Name of Employer STEVES DOORS Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14461

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BURT STIDHAM

Mailing Address 222 BEDELL PO BOX 1512

City State Zip Code
DEL RIO TX 78841

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SENTRY SECURITY SERVICE OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11AI.13837

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MS. PATRICIA STOLNACKER

Mailing Address 4645 GREENE PL NW

City State Zip Code
WASHINGTON DC 02007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VMWARE DIRECTOR, GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.14480

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SCOTT STYLES

Mailing Address 3609 N ROCKINGHAM ST

City State Zip Code
ARLINGTON VA 22213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AMERICA'S HEALTH INSURANCE EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : SA11AI.13779

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMY SUGARMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2015	
Mailing Address 1646 FAWN BLUFF		Transaction ID : SA11AI.14386	
City SAN ANTONIO	State TX	Zip Code 78248	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer JEWISH COMMUNITY CENTER	Occupation PARENT EDUCATOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) B. RAY SULLIVAN		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2015	
Mailing Address 4029 TEXAS WILDLIFE TRL		Transaction ID : SA11AI.14348	
City AUSTIN	State TX	Zip Code 78735	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SULLIVAN PUBLIC AFFAIRS	Occupation OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) C. CRAIG TAYLOR		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 600 N MARIENFELD STE 1020		Transaction ID : SA11AI.14197	
City MIDLAND	State TX	Zip Code 79701	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer TAYLOR NATURAL RESOURCES, INC.	Occupation ENGINEER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1500.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAY TAYLOR

Mailing Address **PO BOX 1657**

City State Zip Code
DEL RIO TX 78841

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11AI.13753

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
THOMAS H TAYLOR

Mailing Address **221 PRIVATE ROAD 4910**

City State Zip Code
DEL RIO TX 78840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AMISTAD DENTISTRY DENTIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11AI.13710

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WAYNE THORBURN

Mailing Address **8717 WILDRIDGE DR**

City State Zip Code
AUSTIN TX 78759

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.14122

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

625.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LEWIS E TOPPER
 Mailing Address 3605 CAMP MINEOLA ROAD
 City State Zip Code
MATTITUCK NY 11952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
FAST FOOD SYSTEMS, INC. EXECUTIVE
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 11 2015
Transaction ID : SA11AI.13758
 Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MR. KENNETH TRAIN
 Mailing Address 4242 BROADWAY
 #506
 City State Zip Code
SAN ANTONIO TX 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
SWIFF TRAIN COMPANY OWNER
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 29 2015
Transaction ID : SA11AI.14397
 Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KEITH TUCKER
 Mailing Address 3831 TURTLE CREEK BLVD
 14A
 City State Zip Code
DALLAS TX 75219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
CENTURY BANK DIRECTOR
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 30 2015
Transaction ID : SA11AI.14472
 Amount of Each Receipt this Period
2700.00

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

5900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KEITH TUCKER

Mailing Address 3831 TURTLE CREEK BLVD
14A

City State Zip Code
DALLAS TX 75219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CENTURY BANK DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14473

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
LAURA B TUCKER

Mailing Address 3831 TURTLE CREEK BLVD
14A

City State Zip Code
DALLAS TX 75219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14470

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
LAURA B TUCKER

Mailing Address 3831 TURTLE CREEK BLVD
14A

City State Zip Code
DALLAS TX 75219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14471

Amount of Each Receipt this Period
2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ERIN VELTMAN

Mailing Address 1400 SOUTH JOYCE STREET

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C**

Name of Employer RSLC Occupation EXECUTIVE DIRECTOR, RLCC

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14447

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MR. THOMAS WAGNER

Mailing Address 15 CENTRAL PARK WEST
4D

City NEW YORK State NY Zip Code 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer KNIGHTHEAD CAPITAL MANAGEMENT Occupation FINANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14198

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
CLINTON W WHITE

Mailing Address PO BOX 761029

City SAN ANTONIO State TX Zip Code 78245

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2015

Transaction ID : SA11AI.13767

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES WHITE

Mailing Address **PO BOX 761029**

City **SAN ANTONIO** State **TX** Zip Code **78245**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BEST EFFORTS** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 05 / 2015

Transaction ID : SA11AI.13765

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
KAREN WHITE

Mailing Address **PO BOX 761029**

City **SAN ANTONIO** State **TX** Zip Code **78245**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BEST EFFORTS** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 05 / 2015

Transaction ID : SA11AI.13828

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MARION WILLIAMS

Mailing Address **104 BUSHNELL AVE**

City **SAN ANTONIO** State **TX** Zip Code **78212**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.14467

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PETE WINSTEAD

Mailing Address 79 PASCAL LN

City State Zip Code
AUSTIN TX 78746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WINSTEAD PC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14608

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. BRANDON WOLF

Mailing Address 18320 HELOTES SPRINGS

City State Zip Code
HELOTES TX 78023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
USAA ACTUARY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : SA11AI.13783

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. BRANDON WOLF

Mailing Address 18320 HELOTES SPRINGS

City State Zip Code
HELOTES TX 78023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
USAA ACTUARY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14464

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 175
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RUSSELL T WONG

Mailing Address 13803 BALMORE CIR

City HOUSTON State TX Zip Code 77069

FEC ID number of contributing federal political committee. **C**

Name of Employer BLANK ROME LLP Occupation PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14609

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
LAURA WOODALL

Mailing Address 5956 SHERRY LN
STE 727

City DALLAS State TX Zip Code 75225

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14469

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
REUBEN BAR YADIN

Mailing Address 4629 MACRO DR

City SAN ANTONIO State TX Zip Code 78218

FEC ID number of contributing federal political committee. **C**

Name of Employer UNITED FASHIONS Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.14206

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 175
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FRED ZEIDMAN

Mailing Address 2104 CHILTON RD

City HOUSTON State TX Zip Code 77019

FEC ID number of contributing federal political committee. **C**

Name of Employer LUCAS ENERGY INC Occupation CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.14284

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

168043.63

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 175
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACCENTURE INC. POLITICAL ACTION COMMITTEE

Mailing Address 800 CONNECTICUT AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00300707

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14102

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)

Mailing Address 101 CONSTITUTION AVE NW
SUITE 400W

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14601

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
AMAZON CORPORATE LLC SEPARATE SEGREGATED FUND (AMAZON PAC)

Mailing Address 126 C STREET, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00360354

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14124

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 175
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICA'S NATURAL GAS ALLIANCE POLITICAL ACTION COMMITTEE

Mailing Address 701 EIGHTH STREET NW
SUITE 800

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00485250**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 24 / 2015

Transaction ID : SA11C.13801

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : SA11C.14156

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
ARCH COAL INC. POLITICAL ACTION COMMITTEE (ARCHPAC)

Mailing Address CITYPLACE ONE

City ST. LOUIS State MO Zip Code 63141

FEC ID number of contributing federal political committee. **C C00167668**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11C.13706

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 175
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARCHIPAC -THE AMERICAN INSTITUTE OF ARCHITECTS

Mailing Address 1735 NEW YORK AVENUE, NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00139071

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2015

Transaction ID : SA11C.13763

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
BEST BUY CO., INC EMPLOYEE POLITICAL FORUM

Mailing Address 7601 PENN AVENUE SOUTH

City State Zip Code
RICHFIELD MN 55423

FEC ID number of contributing federal political committee. **C** C00405076

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015

Transaction ID : SA11C.13853

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
BILL PAC

Mailing Address P.O. BOX 4528

City State Zip Code
BRYAN TX 77805

FEC ID number of contributing federal political committee. **C** C00527275

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14441

Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 175
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CGI TECHNOLOGIES AND SOLUTIONS INC. PAC

Mailing Address 11325 RANDOM HILLS ROAD

City State Zip Code
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C** C00354241

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11C.14421

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
CHAMBER OF COMMERCE OF THE UNITED STATES OF AMERICA PAC (US CHAMBER PAC)

Mailing Address 1615 H STREET NORTHWEST

City State Zip Code
WASHINGTON DC 20062

FEC ID number of contributing federal political committee. **C** C00082040

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015

Transaction ID : SA11C.13805

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
CHESAPEAKE ENERGY CORPORATION FED PAC

Mailing Address PO BOX 18496

City State Zip Code
OKLAHOMA CITY OK 73154

FEC ID number of contributing federal political committee. **C** C00389288

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015

Transaction ID : SA11C.13803

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHESAPEAKE ENERGY CORPORATION FED PAC

Mailing Address PO BOX 18496

City State Zip Code
OKLAHOMA CITY OK 73154

FEC ID number of contributing federal political committee. **C C00389288**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11C.13838

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2015

Transaction ID : SA11C.13829

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14082

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

9000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 175
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 1701 JFK BLVD, 49TH FLOOR
City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date 6500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11C.14112

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
COMMITTEE FOR/ADV OF SE COTTON (CASC) SOUTHERN COTTONGROWERS INC/SE COTTON GINNERS ASSN

Mailing Address 139 PROMINENCE COURT STE. 110
City DAWSONVILLE State GA Zip Code 30534

FEC ID number of contributing federal political committee. **C** C00300426

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11C.14096

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
COMPETITIVE CARRIERS ASSOCIATION PAC (CCA PAC)

Mailing Address 805 15TH STREET NW SUITE 401
City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00490698

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
Election Cycle-to-Date 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : SA11C.13760

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... 5500.00
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CONAWAY FOR CONGRESS
 Mailing Address PO BOX 51272
 City State Zip Code
 MIDLAND TX 79710
 FEC ID number of contributing federal political committee. **C C00383828**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11C.14089
 Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
CONAWAY FOR CONGRESS
 Mailing Address PO BOX 51272
 City State Zip Code
 MIDLAND TX 79710
 FEC ID number of contributing federal political committee. **C C00383828**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11C.14110
 Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPORTUNITIES FOR A NEW AMERICA PAC
 Mailing Address 110 W LOUISIANA AVENUE
 SUITE 312
 City State Zip Code
 MIDLAND TX 79701
 FEC ID number of contributing federal political committee. **C C00409458**
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11C.14088
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

9000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPORTUNITIES FOR A NEW AMERICA PAC

Mailing Address 110 W LOUISIANA AVENUE
SUITE 312

City MIDLAND State TX Zip Code 79701

FEC ID number of contributing federal political committee. **C** C00409458

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14107

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
CONSUMER ELECTRONICS ASSOCIATION PAC

Mailing Address 1919 SOUTH EADS STREET

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00375048

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015

Transaction ID : SA11C.13810

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CONSUMER ELECTRONICS ASSOCIATION PAC

Mailing Address 1919 SOUTH EADS STREET

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00375048

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA11C.13762

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 175
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEVON ENERGY CORPORATION POLITICAL ACTION COMMITTEE (DEC PAC)

Mailing Address 333 WEST SHERIDAN

City	State	Zip Code
OKLAHOMA CITY	OK	73102

FEC ID number of contributing federal political committee. **C C00354753**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14126

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
EDISON INTERNATIONAL PAC

Mailing Address 515 S. FIGUEROA ST., STE. 1110

City	State	Zip Code
LOS ANGELES	CA	90071

FEC ID number of contributing federal political committee. **C C00019653**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14128

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
ENERGY POLITICAL ACTION COMMITTEE OF ENERGY FUTURE HOLDINGS CORP.

Mailing Address 1601 BRYAN STREET

City	State	Zip Code
DALLAS	TX	75201

FEC ID number of contributing federal political committee. **C C00226548**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11C.14411

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EXCELSIOR PAC

Mailing Address 2470 DANIELLS BR RD STE 121

City Athens State GA Zip Code 30606

FEC ID number of contributing federal political committee. **C** C00541078

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2015

Transaction ID : SA11C.13863

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)

Mailing Address ONE EXPRESS WAY

City ST. LOUIS State MO Zip Code 63121

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : SA11C.14153

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVE NW SUITE 900

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14594

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 175
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GLOVER PARK GROUP LLC PAC (GLOVER PARK GROUP PAC)

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00466094**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14443

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GOOGLE INC. NETPAC

Mailing Address 1101 NEW YORK AVENUE, NW
SECOND FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00428623**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14098

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
GULF STATES TOYOTA INC FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 1375 ENCLAVE PARKWAY

City HOUSTON State TX Zip Code 77077

FEC ID number of contributing federal political committee. **C C00349373**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14415

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 175
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ICE PAC

Mailing Address **PO BOX 752**

City **LONG LAKE** State **MN** Zip Code **55356**

FEC ID number of contributing federal political committee. **C C00484667**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : SA11C.14306

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
INDEPENDENT BANKERS ASSOCIATION OF TEXAS (IBAT FEDPAC)

Mailing Address **1700 RIO GRANDE ST., STE. 100**

City **AUSTIN** State **TX** Zip Code **78701**

FEC ID number of contributing federal political committee. **C C00332841**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 16 / 2015

Transaction ID : SA11C.14272

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)

Mailing Address **20 F STREET, NW SUITE 610**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11C.14084

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 175
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
INFORMATION TECHNOLOGY INDUSTRY COUNCIL POLITICAL ACTION COMMITTEE (ITI PAC)

Mailing Address 1101 K STREET, NW
SUITE 610

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00419036

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11C.14435

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
INTEL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1155 F STREET N.W. #1025

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00125641

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11C.14337

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
INTEL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1155 F STREET N.W. #1025

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00125641

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14599

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
K&L GATES LLP POLITICAL ACTION COMMITTEE (DC)

Mailing Address 1601 K STREET, NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2015

Transaction ID : SA11C.13831

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 600 14TH STREET, NW
SUITE 800

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : SA11C.13770

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 600 14TH STREET, NW
SUITE 800

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14600

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICRON TECHNOLOGY, INC. PAC

Mailing Address 8000 S. FEDERAL WAY MS 1-407

City State Zip Code
BOISE ID 83707

FEC ID number of contributing federal political committee. **C** C00443671

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11C.14202

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 16011 NE 36TH WAY
BOX 97017

City State Zip Code
REDMOND WA 98073

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14100

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)

Mailing Address 7525 RED RIVER ROAD

City State Zip Code
WAHPETON ND 58075

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015

Transaction ID : SA11C.13807

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 175
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MOTOROLA SOLUTIONS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1455 PENNSYLVANIA AVENUE, NW
SUITE 900

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00075341**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11C.14426

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11C.14104

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)

Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00010082**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : SA11C.14312

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 DAINGERFIELD ROAD

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14106

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICAS FREE ENTERPRISE TRUST

Mailing Address 1201 F ST. NW
SUITE 200

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14439

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11C.14316

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPAC

Mailing Address 1605 KING STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : SA11C.14158

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL TURKEY FEDERATION POLITICAL ACTION COMMITTEE/TURPAC

Mailing Address 1225 NEW YORK AVE NW
STE 400

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00076182**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11C.14419

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
ORACLE AMERICA, INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)

Mailing Address 1015 15TH ST. NW SUITE 200

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00323048**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11C.14424

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
POWERPAC OF THE EDISON ELECTRIC INSTITUTE

Mailing Address 701 PENNSYLVANIA AVENUE NW

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00095869**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11C.14431

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PROSPERITY ACTION INC.

Mailing Address 1006 PENDLETON STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00377689**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14086

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
RELIGHT AMERICA PAC

Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C C00577676**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14595

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)

Mailing Address 4800 W. GATES PASS ROAD

City State Zip Code
TUCSON AZ 85745

FEC ID number of contributing federal political committee. **C C00122101**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14109

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
SAP AMERICA INC PAC

Mailing Address 3999 WEST CHESTER PIKE

City State Zip Code
NEWTOWN SQUARE PA 19703

FEC ID number of contributing federal political committee. **C C00367375**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14437

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY POLITICAL ACTION COMMITTEE

Mailing Address 1710 SAIC DRIVE

City State Zip Code
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C C00300418**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14477

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SOUTHERN COMPANY EMPLOYEES PAC

Mailing Address 241 RALPH MCGILL BLVD, NE
BIN 10111

City ATLANTA State GA Zip Code 30308

FEC ID number of contributing federal political committee. **C C00144774**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11C.14588

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500

City RENVILLE State MN Zip Code 56284

FEC ID number of contributing federal political committee. **C C00166348**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 21 / 2015

Transaction ID : SA11C.13855

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SPRINT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address KSOPHN0314-3B211
6450 SPRINT PARKWAY

City OVERLAND PARK State KS Zip Code 66251

FEC ID number of contributing federal political committee. **C C00089342**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : SA11C.14433

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 175
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SUGAR CANE GROWERS COOPERATIVE OF FLORIDA (PAC)

Mailing Address PO BOX 666

City State Zip Code
BELLE GLADE FL 33430

FEC ID number of contributing federal political committee. **C** C00254656

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11C.14204

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
SUPPORT AND DEFEND PAC

Mailing Address PO BOX 576

City State Zip Code
HAVERTOWN PA 19083

FEC ID number of contributing federal political committee. **C** C00552521

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14589

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
SYMANTEC CORP POLITICAL ACTION COMMITTEE

Mailing Address 700 13TH STREET NW, SUITE 1150

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00394031

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1635.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11C.14335

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 175
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TESORO PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 19100 RIDGEWOOD PARKWAY

City State Zip Code
SAN ANTONIO TX 78259

FEC ID number of contributing federal political committee. **C C00358366**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11C.14405

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
TESORO PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 19100 RIDGEWOOD PARKWAY

City State Zip Code
SAN ANTONIO TX 78259

FEC ID number of contributing federal political committee. **C C00358366**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 12500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11C.14406

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
TIME WARNER CABLE INC. FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 901 F STREET, NW
SUITE 800

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00431551**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11C.14308

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... 6000.00
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 175
(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TOYOTA MOTOR NORTH AMERICA INC PAC AKA TOYOTA/LEXUS PAC

Mailing Address **601 THIRTEENTH STREET NW
STE 910 S**

City WASHINGTON	State DC	Zip Code 20005
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00542365**

Name of Employer	Occupation
------------------	------------

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00
---	---

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		10		2015

Transaction ID : SA11C.13840

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
TOYOTA MOTOR NORTH AMERICA INC PAC AKA TOYOTA/LEXUS PAC

Mailing Address **601 THIRTEENTH STREET NW
STE 910 S**

City WASHINGTON	State DC	Zip Code 20005
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00542365**

Name of Employer	Occupation
------------------	------------

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3000.00
---	---

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

Transaction ID : SA11C.14603

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
TRINITY INDUSTRIES EMPLOYEE POLITICAL ACTION COMMITTEE (SF) INC.

Mailing Address **2525 STEMMONS FREEWAY**

City DALLAS	State TX	Zip Code 75207
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00268904**

Name of Employer	Occupation
------------------	------------

Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3000.00
---	---

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		28		2015

Transaction ID : SA11C.14243

Amount of Each Receipt this Period
 _____ 3000.00

SUBTOTAL of Receipts This Page (optional).....	_____ 5000.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
U.S. TRAVEL ASSOCIATION PAC

Mailing Address 1100 NEW YORK AVENUE
SUITE 450W

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00457754**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14479

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 700 13TH STREET NW, SUITE 350

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2015

Transaction ID : SA11C.13809

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City State Zip Code
ATLANTA GA 30328

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14475

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 175
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VIACOM INTERNATIONAL, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1501 M STREET
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00167759

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11C.14310

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
YAHOO! INC. POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE., NW
SUITE 800 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00380535

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11C.14597

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

124500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 175			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

A. 101 CONSTITUTION

Full Name (Last, First, Middle Initial)
Mailing Address 101 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
BURKE REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 30 / 2015

Amount of Each Disbursement this Period: 28.00

Transaction ID : SB17.13935

[MEMO ITEM]

B. ABM PARKING SERVICES

Full Name (Last, First, Middle Initial)
Mailing Address 2901 EMPLOYEE AVE #200

City AUSTIN State TX Zip Code 78719

Purpose of Disbursement
CREDIT CARD PAYMENT 8/23: PARKING SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 23 / 2015

Amount of Each Disbursement this Period: 21.00

Transaction ID : SB17.14024

[MEMO ITEM]

C. AUSTIN AGRELLA

Full Name (Last, First, Middle Initial)
Mailing Address 18 OLD CASTLE CT

City THE WOODLANDS State TX Zip Code 77382

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 02 / 2015

Amount of Each Disbursement this Period: 454.67

Transaction ID : SB17.13869

SUBTOTAL of Disbursements This Page (optional) 454.67

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AUSTIN AGRELLA			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015	
Mailing Address 18 OLD CASTLE CT			Amount of Each Disbursement this Period 454.67	
City THE WOODLANDS	State TX	Zip Code 77382	Transaction ID : SB17.13870	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) B. AUSTIN AGRELLA			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015	
Mailing Address 18 OLD CASTLE CT			Amount of Each Disbursement this Period 454.67	
City THE WOODLANDS	State TX	Zip Code 77382	Transaction ID : SB17.13871	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) C. AUSTIN AGRELLA			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2015	
Mailing Address 18 OLD CASTLE CT			Amount of Each Disbursement this Period 454.67	
City THE WOODLANDS	State TX	Zip Code 77382	Transaction ID : SB17.13872	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	1364.01
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AUSTIN AGRELLA			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015		
Mailing Address 18 OLD CASTLE CT			Amount of Each Disbursement this Period 454.67		
City THE WOODLANDS	State TX	Zip Code 77382	Transaction ID : SB17.13873		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. AUSTIN AGRELLA			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015		
Mailing Address 18 OLD CASTLE CT			Amount of Each Disbursement this Period 454.67		
City THE WOODLANDS	State TX	Zip Code 77382	Transaction ID : SB17.14482		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. ALAMO CAR RENTAL			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015		
Mailing Address 600 CORPORATE PARK DR			Amount of Each Disbursement this Period 53.08		
City ST LOUIS	State MO	Zip Code 63105	Transaction ID : SB17.14062		
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: CAR RENTAL		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	909.34
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 9.95
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: INSURANCE	
Candidate Name	Category/Type	Transaction ID : SB17.13971 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 9.95
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: INSURANCE	
Candidate Name	Category/Type	Transaction ID : SB17.13975 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 9.95
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: INSURANCE	
Candidate Name	Category/Type	Transaction ID : SB17.13976 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 175			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 9.95
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: INSURANCE	
Candidate Name		Transaction ID : SB17.13997 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 9.95
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: INSURANCE	
Candidate Name		Transaction ID : SB17.14002 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 95.00
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: BANK FEES	
Candidate Name		Transaction ID : SB17.14013 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	9.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 175			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 3682.71
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	
Candidate Name		Transaction ID : SB17.13867
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 5928.52
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	
Candidate Name		Transaction ID : SB17.13868
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 9.95
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: INSURANCE	
Candidate Name		Transaction ID : SB17.14036
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	9611.23
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 9.95
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: INSURANCE	
Candidate Name		Transaction ID : SB17.14037 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 9.95
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: INSURANCE	
Candidate Name		Transaction ID : SB17.14067 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 9.95
City NEW YORK State NY Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: INSURANCE	
Candidate Name		Transaction ID : SB17.14077 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 3376.32
City NEW YORK	State NY	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES		Transaction ID : SB17.14481
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 9.95
City NEW YORK	State NY	
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: INSURANCE		Transaction ID : SB17.14508
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: _____	District: _____	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 9.95
City NEW YORK	State NY	
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: INSURANCE		Transaction ID : SB17.14510
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: _____	District: _____	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	3376.32
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 175			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 9.95
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: INSURANCE	Transaction ID : SB17.14511
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 60 MASSACHUSETTS AVE NW		Amount of Each Disbursement this Period 158.00
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: RAIL	Transaction ID : SB17.14070
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 60 MASSACHUSETTS AVE NW		Amount of Each Disbursement this Period 158.00
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: RAIL	Transaction ID : SB17.14075
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANSON 11		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 303 N OREGON ST STE 110		Amount of Each Disbursement this Period 1431.71
City EL PASO State TX Zip Code 79901	Purpose of Disbursement HUNT IN-KIND: FACILITY RENTAL/CATERING	Transaction ID : SB17.14586 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AUSTIN-BERGSTROM INTERNATIONAL AIRPORT		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 3600 PRESIDENTIAL BLVD		Amount of Each Disbursement this Period 17.64
City AUSTIN State TX Zip Code 78719	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: MEETING EXPENSE: MEALS	Transaction ID : SB17.13980 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AUSTIN-BERGSTROM INTERNATIONAL AIRPORT		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 3600 PRESIDENTIAL BLVD		Amount of Each Disbursement this Period 19.17
City AUSTIN State TX Zip Code 78719	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: MEETING EXPENSE: MEALS	Transaction ID : SB17.13989 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AUSTIN-BERGSTROM INTERNATIONAL AIRPORT		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 3600 PRESIDENTIAL BLVD		Amount of Each Disbursement this Period 17.04
City AUSTIN State TX Zip Code 78719	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.14045 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT A CAR		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 5225 W BROADWAY ST		Amount of Each Disbursement this Period 85.39
City MISSOULA State MT Zip Code 59808	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: CAR RENTAL	
Candidate Name	Category/Type	Transaction ID : SB17.13959 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BASECAMP		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address INFORMATION REQUESTED		Amount of Each Disbursement this Period 49.00
City CHICAGO State IL Zip Code 60601	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: ONLINE SUBSCRIPTIONS	
Candidate Name	Category/Type	Transaction ID : SB17.14012 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BASECAMP		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address INFORMATION REQUESTED		Amount of Each Disbursement this Period 49.00
City CHICAGO	State IL	
Zip Code 60601	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: ONLINE SUBSCRIPTIONS	Transaction ID : SB17.14071
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. BASECAMP		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address INFORMATION REQUESTED		Amount of Each Disbursement this Period 49.00
City CHICAGO	State IL	
Zip Code 60601	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: ONLINE SUBSCRIPTIONS	Transaction ID : SB17.14564
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. BELL LIMOUSINE		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 5757 WAYNE NEWTON BLVD		Amount of Each Disbursement this Period 408.00
City LAS VEGAS	State NV	
Zip Code 89119	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.14547
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BUC-EE'S		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 2760 N INTERSTATE 35		Amount of Each Disbursement this Period 46.87
City NEW BRAUNFELS	State TX	
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: FUEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. BULLFEATHERS		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 410 FIRST ST SE		Amount of Each Disbursement this Period 20.84
City WASHINGTON	State DC	
Purpose of Disbursement BURKE REIMBURSEMENT: MEETING EXPENSE: MEALS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. STONEY BURKE		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015
Mailing Address 1009 9TH ST NE		Amount of Each Disbursement this Period 562.55
City WASHINGTON	State DC	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	562.55
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 175			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STONEY BURKE			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 1009 9TH ST NE			Amount of Each Disbursement this Period 465.46 Transaction ID : SB17.13900
City WASHINGTON	State DC	Zip Code 20002	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 300 FIRST ST SE			Amount of Each Disbursement this Period 95.10 Transaction ID : SB17.13988 [MEMO ITEM]
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: MEETING EXPENSE: MEALS		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 300 FIRST ST SE			Amount of Each Disbursement this Period 238.10 Transaction ID : SB17.14050 [MEMO ITEM]
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: MEETING EXPENSE: MEALS		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	465.46
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 49.99
City WASHINGTON	State DC	
Zip Code 20003		Transaction ID : SB17.14563
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: MEETING EXPENSE: MEALS		
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) B. CHEVRON		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1901 SW FRONTAGE RD		Amount of Each Disbursement this Period 45.50
City VAN HORN	State TX	
Zip Code 79885		Transaction ID : SB17.14514
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: FUEL		
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) C. CHEVRON		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1901 SW FRONTAGE RD		Amount of Each Disbursement this Period 34.27
City VAN HORN	State TX	
Zip Code 79885		Transaction ID : SB17.14557
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: FUEL		
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHICK-FIL-A		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 18310 BLANCO RD		Amount of Each Disbursement this Period 6.30
City SAN ANTONIO State TX Zip Code 78258	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: MEALS	
Candidate Name		Transaction ID : SB17.14543 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CHILI'S		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 2415 VETERANS BLVD		Amount of Each Disbursement this Period 101.33
City DEL RIO State TX Zip Code 78840	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: MEETING EXPENSE: MEALS	
Candidate Name		Transaction ID : SB17.14562 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHILI'S GRILL & BAR		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 4300 GLUMACK DR ROOM 312		Amount of Each Disbursement this Period 27.85
City ST PAUL State MN Zip Code 55111	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: FOOD	
Candidate Name		Transaction ID : SB17.14058 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CLUB GIRAUD		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address NAVARRO ST		Amount of Each Disbursement this Period 610.47
City SAN ANTONIO	State TX Zip Code 78205	
Purpose of Disbursement MONTFORD IN-KIND - FACILITY RENTAL/CATERING		Transaction ID : SB17.14581
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CORCORAN CATERERS		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 2401 MONTGOMERY ST		Amount of Each Disbursement this Period 367.95
City SILVER SPRING	State MD Zip Code 20910	
Purpose of Disbursement FACILITY RENTAL/CATERING		Transaction ID : SB17.13875
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CORNER STORE		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 16555 HUEBNER RD		Amount of Each Disbursement this Period 30.03
City SAN ANTONIO	State TX Zip Code 78248	
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: MEALS		Transaction ID : SB17.14533
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	367.95
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COURTYARD		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 916 DALLAS ST		Amount of Each Disbursement this Period 216.14
City HOUSTON	State TX	
Zip Code 77002	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: LODGING	Transaction ID : SB17.14011
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 7702 MAIN ST		Amount of Each Disbursement this Period 218.59
City HOUSTON	State TX	
Zip Code 77030	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: LODGING	Transaction ID : SB17.14559
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. COURTYARD MINNEAPOLIS		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 11391 VIKING DR		Amount of Each Disbursement this Period 181.29
City EDEN PRAIRIE	State MN	
Zip Code 55344	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: LODGING	Transaction ID : SB17.14060
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COURTYARD MINNEAPOLIS		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 11391 VIKING DR		Amount of Each Disbursement this Period 18.97
City EDEN PRAIRIE	State MN	
Zip Code 55344	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: PARKING SERVICES	Transaction ID : SB17.14061
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. CURB		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 5904 RICHMOND HWY STE 600		Amount of Each Disbursement this Period 9.01
City ALEXANDRIA	State VA	
Zip Code 22303	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.14008
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 695.10
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: AIR	Transaction ID : SB17.14039
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DELTA		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 724.10
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: AIR		Transaction ID : SB17.14040
Candidate Name		
Office Sought:	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 5.00
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: FOOD		Transaction ID : SB17.14047
Candidate Name		
Office Sought:	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 29.00
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: BAGGAGE		Transaction ID : SB17.14063
Candidate Name		
Office Sought:	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARIA G DEMPSEY		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 7112 FM 192		Amount of Each Disbursement this Period 101.45 Transaction ID : SB17.14592
City FORT HANCOCK	State TX Zip Code 79839	
Purpose of Disbursement IN-KIND - CATERING: SEE MEMO ENTRY		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DIAL CAB		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 2838 BLADENSBURG RD NE		Amount of Each Disbursement this Period 18.75 Transaction ID : SB17.13942 [MEMO ITEM]
City WASHINGTON	State DC Zip Code 20018	
Purpose of Disbursement BURKE REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DISTRICT TACO		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1309 F ST NW		Amount of Each Disbursement this Period 115.28 Transaction ID : SB17.13991 [MEMO ITEM]
City WASHINGTON	State DC Zip Code 20004	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: MEETING EXPENSE: MEALS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	101.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DISTRICT TACO		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1309 F ST NW		Amount of Each Disbursement this Period 0.00
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.14074
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. EASY INSIGHT LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 621 17TH ST STE 825		Amount of Each Disbursement this Period 50.00
City DENVER State CO Zip Code 80202	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: ONLINE SUBSCRIPTIONS	
Candidate Name	Category/Type	Transaction ID : SB17.13966
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. EASY INSIGHT LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 621 17TH ST STE 825		Amount of Each Disbursement this Period 50.00
City DENVER State CO Zip Code 80202	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: ONLINE SUBSCRIPTIONS	
Candidate Name	Category/Type	Transaction ID : SB17.14035
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EASY INSIGHT LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 621 17TH ST STE 825		Amount of Each Disbursement this Period 50.00
City DENVER	State CO Zip Code 80202	
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: ONLINE SUBSCRIPTIONS		Transaction ID : SB17.14513
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. EC CONSULTING, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 526 6TH ST, SE		Amount of Each Disbursement this Period 27566.53
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement FUNDRAISING CONSULTING		Transaction ID : SB17.13878
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C. EC CONSULTING, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 526 6TH ST, SE		Amount of Each Disbursement this Period 6797.21
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement FUNDRAISING CONSULTING		Transaction ID : SB17.13879
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	34363.74
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EXXONMOBIL		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 5959 LAS COLINAS BLVD		Amount of Each Disbursement this Period 15.01
City IRVING State TX Zip Code 95039	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.14507 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FROST BANK		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 10915 PECAN PARK BLVD		Amount of Each Disbursement this Period 9.00
City AUSTIN State TX Zip Code 78750	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: PARKING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.14535 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period 70.00
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.13960 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period 1.99
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.13985 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period 70.00
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.14022 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period 1.99
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: ONLINE SUBSCRIPTIONS	
Candidate Name	Category/Type	Transaction ID : SB17.14044 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period 70.00
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.14512 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period 1.99
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.14527 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GORDON RAMSAY BURGR		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 3667 LAS VEGAS BLVD S		Amount of Each Disbursement this Period 43.67
City LAS VEGAS State NV Zip Code 89109	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.14526 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 200 SAN JACINTO BLVD		Amount of Each Disbursement this Period 30.31
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.14041 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. HARD ROCK		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 4455 PARADISE RD		Amount of Each Disbursement this Period 275.13
City LAS VEGAS State NV Zip Code 89169	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.14505 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. HARD ROCK		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 4455 PARADISE RD		Amount of Each Disbursement this Period 21.29
City LAS VEGAS State NV Zip Code 89169	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.14523 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HARD ROCK		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 4455 PARADISE RD		Amount of Each Disbursement this Period 559.09
City LAS VEGAS	State NV	
Zip Code 89169	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: LODGING	Transaction ID : SB17.14524
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. HAWK'N'DOVE		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 329 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 16.88
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement BURKE REIMBURSEMENT: MEETING EXPENSE: MEALS	Transaction ID : SB17.13947
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. HERTZ CAR RENTAL		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 14501 HERTZ QUAIL SPRINGS PARKWAY		Amount of Each Disbursement this Period 177.20
City OKLAHOMA CITY	State OK	
Zip Code 73134	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: CAR RENTAL	Transaction ID : SB17.14031
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HITCH		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 1133 15TH ST NW 12TH FLOOR		Amount of Each Disbursement this Period 4,000.00 19.27
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement BURKE REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.13939 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. JUSTIN HOLLIS		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 8918 RACHELS BRANCH		Amount of Each Disbursement this Period 2,244.31
City SAN ANTONIO State TX Zip Code 78254	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.13887
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. JUSTIN HOLLIS		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015
Mailing Address 8918 RACHELS BRANCH		Amount of Each Disbursement this Period 2,244.31
City SAN ANTONIO State TX Zip Code 78254	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.13888
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4488.62
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JUSTIN HOLLIS			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015		
Mailing Address 8918 RACHELS BRANCH			Amount of Each Disbursement this Period 2244.31		
City SAN ANTONIO	State TX	Zip Code 78254	Transaction ID : SB17.13889		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. JUSTIN HOLLIS			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2015		
Mailing Address 8918 RACHELS BRANCH			Amount of Each Disbursement this Period 2244.33		
City SAN ANTONIO	State TX	Zip Code 78254	Transaction ID : SB17.13890		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. JUSTIN HOLLIS			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015		
Mailing Address 8918 RACHELS BRANCH			Amount of Each Disbursement this Period 2244.31		
City SAN ANTONIO	State TX	Zip Code 78254	Transaction ID : SB17.13891		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	6732.95
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JUSTIN HOLLIS			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015		
Mailing Address 8918 RACHELS BRANCH			Amount of Each Disbursement this Period 2244.31		
City SAN ANTONIO	State TX	Zip Code 78254	Transaction ID : SB17.14484		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. WOODY L HUNT			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015		
Mailing Address PO BOX 12220			Amount of Each Disbursement this Period 1431.71		
City ELPASO	State TX	Zip Code 79913	Transaction ID : SB17.14584		
Purpose of Disbursement IN-KIND - FACILITY RENTAL/CATERING: SEE MEMO ENTRY		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. I360, LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015		
Mailing Address P.O. BOX 37046			Amount of Each Disbursement this Period 200.00		
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SB17.13880		
Purpose of Disbursement ONLINE SUBSCRIPTIONS		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	3876.02
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. I360, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address P.O. BOX 37046		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.13881
City BALTIMORE	State MD	
Zip Code 21297	Purpose of Disbursement ONLINE SUBSCRIPTIONS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. INSPERITY		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR.		Amount of Each Disbursement this Period 884.95 Transaction ID : SB17.13882
City KINGSWOOD	State TX	
Zip Code 77339	Purpose of Disbursement PAYROLL TAXES & FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. INSPERITY		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR.		Amount of Each Disbursement this Period 884.95 Transaction ID : SB17.13883
City KINGSWOOD	State TX	
Zip Code 77339	Purpose of Disbursement PAYROLL TAXES & FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1969.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INSPERITY		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR.		Amount of Each Disbursement this Period 884.95 Transaction ID : SB17.13884
City KINGSWOOD	State TX	
Zip Code 77339	Purpose of Disbursement PAYROLL TAXES & FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. INSPERITY		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR.		Amount of Each Disbursement this Period 884.91 Transaction ID : SB17.13885
City KINGSWOOD	State TX	
Zip Code 77339	Purpose of Disbursement PAYROLL TAXES & FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. INSPERITY		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR.		Amount of Each Disbursement this Period 884.95 Transaction ID : SB17.13886
City KINGSWOOD	State TX	
Zip Code 77339	Purpose of Disbursement PAYROLL TAXES & FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2654.81
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INSPERITY			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR.			Amount of Each Disbursement this Period 881.95 Transaction ID : SB17.14483
City KINGSWOOD	State TX	Zip Code 77339	
Purpose of Disbursement PAYROLL TAXES & FEES		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. JEDEDIAHS AT THE AIRPORT			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 5225 W BROADWAY ST			Amount of Each Disbursement this Period 16.24 Transaction ID : SB17.13956 [MEMO ITEM]
City MISSOULA	State MT	Zip Code 59808	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: MEETING EXPENSE: MEALS		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. JSP ENTERTAINMENT			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 166 BABCOCK RD			Amount of Each Disbursement this Period 227.34 Transaction ID : SB17.13962 [MEMO ITEM]
City SAN ANTONIO	State TX	Zip Code 78201	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: EQUIPMENT RENTAL		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	881.95
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JUNCTION COUNTRY STORE		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 2416 N MAIN ST		Amount of Each Disbursement this Period 51.48
City JUNCTION	State TX	
Zip Code 76849	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: FUEL	Transaction ID : SB17.14518 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JW MARRIOTT AUSTIN		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 110 E 2ND ST		Amount of Each Disbursement this Period 352.27
City AUSTIN	State TX	
Zip Code 78701	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: LODGING	Transaction ID : SB17.13978 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JW MARRIOTT AUSTIN		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 110 E 2ND ST		Amount of Each Disbursement this Period 45.14
City AUSTIN	State TX	
Zip Code 78701	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: MEETING EXPENSE: MEALS	Transaction ID : SB17.13984 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JW MARRIOTT AUSTIN		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 110 E 2ND ST		Amount of Each Disbursement this Period 24.57
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: PARKING SERVICES	
Candidate Name		Transaction ID : SB17.14015 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. JW MARRIOTT AUSTIN		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 110 E 2ND ST		Amount of Each Disbursement this Period 305.25
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: LODGING	
Candidate Name		Transaction ID : SB17.14016 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. LUCKY CAB		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 4195 W DIABLO DR		Amount of Each Disbursement this Period 12.80
City LAS VEGAS State NV Zip Code 89118	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name		Transaction ID : SB17.14529 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LUPE TORTILLA MEXICAN RESTAURANTS		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 21103 US HWY 281		Amount of Each Disbursement this Period 55.28
City SAN ANTONIO State TX Zip Code 78258	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: MEETING EXPENSE: MEALS	
Candidate Name		Transaction ID : SB17.13974 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MAC LOT		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 200 N MAIN AVE		Amount of Each Disbursement this Period 7.00
City SAN ANTONIO State TX Zip Code 78205	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: PARKING SERVICES	
Candidate Name		Transaction ID : SB17.14542 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MAILCHIMP		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 675 PONCE DE LEON AVE NE STE 5000		Amount of Each Disbursement this Period 75.00
City ATLANTA State GA Zip Code 30308	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: ONLINE SUBSCRIPTIONS	
Candidate Name		Transaction ID : SB17.13964 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MAILCHIMP		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 675 PONCE DE LEON AVE NE STE 5000		Amount of Each Disbursement this Period 75.00
City ATLANTA State GA Zip Code 30308	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: ONLINE SUBSCRIPTIONS	
Candidate Name	Category/Type	Transaction ID : SB17.14034 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MAILCHIMP		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 675 PONCE DE LEON AVE NE STE 5000		Amount of Each Disbursement this Period 75.00
City ATLANTA State GA Zip Code 30308	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: ONLINE SUBSCRIPTIONS	
Candidate Name	Category/Type	Transaction ID : SB17.14516 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MANUELS MEXICAN RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 310 CONGRESS AVE		Amount of Each Disbursement this Period 68.29
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.14539 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 175			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DANIEL MEZZA			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015	
Mailing Address 13755 MORNINGBLUFF			Amount of Each Disbursement this Period 7500.00	
City SAN ANTONIO	State TX	Zip Code 78216	Transaction ID : SB17.13877	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. MICHELLE LUPTON CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015	
Mailing Address 8700 FRITSCH DR			Amount of Each Disbursement this Period 1985.66	
City AUSTIN	State TX	Zip Code 78717	Transaction ID : SB17.13894	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. MICHELLE LUPTON CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015	
Mailing Address 8700 FRITSCH DR			Amount of Each Disbursement this Period 18025.00	
City AUSTIN	State TX	Zip Code 78717	Transaction ID : SB17.13895	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	27510.66
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MISSION BAR & GRILL		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address SAN FRANCISCO INTERNATIONAL AIRPOR		Amount of Each Disbursement this Period 610.47 Transaction ID : SB17.14029
City SAN FRANCISCO State CA Zip Code 94128	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: FOOD	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JOHN T MONTFORD		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1 BUCKINGHAM CT		Amount of Each Disbursement this Period 610.47 Transaction ID : SB17.14587
City SAN ANTONIO State TX Zip Code 75257	Purpose of Disbursement IN-KIND - FACILITY RENTAL/CATERING: SEE MEMO ENTRY	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MOSCONE CENTER		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 747 HOWARD ST		Amount of Each Disbursement this Period 603.68 Transaction ID : SB17.14026
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	610.47
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 131 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MOSCONE CENTER		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 747 HOWARD ST		Amount of Each Disbursement this Period 123.35
City SAN FRANCISCO	State CA	
Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: EVENT REGISTRATION FEE	Transaction ID : SB17.14033
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. MPLS PARKING		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1001 2ND AVE S		Amount of Each Disbursement this Period 7.00
City MINNEAPOLIS	State MN	
Zip Code 55403	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: PARKING SERVICES	Transaction ID : SB17.14053
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. MYFAX SERVICES		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 6922 HOLLYWOOD BLVD #500		Amount of Each Disbursement this Period 10.00
City LOS ANGELES	State CA	
Zip Code 90028	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: ONLINE SUBSCRIPTIONS	Transaction ID : SB17.14020
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 132 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MYFAX SERVICES		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 6922 HOLLYWOOD BLVD #500		Amount of Each Disbursement this Period 10.00
City LOS ANGELES	State CA Zip Code 90028	
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: ONLINE SUBSCRIPTIONS		Transaction ID : SB17.14076 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 10624 CULEBRA RD		Amount of Each Disbursement this Period 108.24
City SAN ANTONIO	State TX Zip Code 78251	
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: OFFICE SUPPLIES		Transaction ID : SB17.14038 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 10624 CULEBRA RD		Amount of Each Disbursement this Period 99.55
City SAN ANTONIO	State TX Zip Code 78251	
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: OFFICE SUPPLIES		Transaction ID : SB17.14515 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PARKMOBILE DC		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 3200 COBB GALLERIA PKWY STE 100		Amount of Each Disbursement this Period 116.95
City ATLANTA	State GA Zip Code 30339	
Purpose of Disbursement BURKE REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Transaction ID : SB17.13944
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. PRICELINE		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 800 CONNECTICUT AVE		Amount of Each Disbursement this Period 205.40
City NORWALK	State CT Zip Code 06854	
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: GROUND TRANSPORTATION		Transaction ID : SB17.14078
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. RACKSPACE		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1 FANATICAL PL		Amount of Each Disbursement this Period 31.81
City WINDCREST	State TX Zip Code 78218	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: WEB HOSTING		Transaction ID : SB17.13986
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 175			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RACKSPACE		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1 FANATICAL PL		Amount of Each Disbursement this Period 4,981.56 Transaction ID : SB17.14048
City WINDCREST	State TX	
Zip Code 78218	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: WEB HOSTING	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RACKSPACE		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1 FANATICAL PL		Amount of Each Disbursement this Period 31.80 Transaction ID : SB17.14548
City WINDCREST	State TX	
Zip Code 78218	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: WEB HOSTING	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 4981.56 Transaction ID : SB17.13896
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4981.56
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 175			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015	
Mailing Address 138 CONANT STREET 2ND FLOOR			Amount of Each Disbursement this Period 2419.84	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.13897	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015	
Mailing Address 138 CONANT STREET 2ND FLOOR			Amount of Each Disbursement this Period 1387.51	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.13898	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. RENAISSANCE DALLAS HOTEL			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015	
Mailing Address 2222 N STEMMONS FWY			Amount of Each Disbursement this Period 229.37	
City DALLAS	State TX	Zip Code 75207	Transaction ID : SB17.14553	
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: LODGING		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	3807.35
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 136 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SAT INTERNATIONAL AIRPORT		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 9800 AIRPORT BLVD		Amount of Each Disbursement this Period 22.00
City SAN ANTONIO State TX Zip Code 78216	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: PARKING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.14561 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. SONOMA RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 223 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 43.40
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement BURKE REIMBURSEMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.13950 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. SOUTHWEST		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 2702 LOVE FIELD DR		Amount of Each Disbursement this Period 299.00
City DALLAS State TX Zip Code 75235	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: AIR	
Candidate Name	Category/Type	Transaction ID : SB17.13972 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SOUTHWEST			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 2702 LOVE FIELD DR			Amount of Each Disbursement this Period 214.00
City DALLAS	State TX	Zip Code 75235	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: AIR			Transaction ID : SB17.13995
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 2702 LOVE FIELD DR			Amount of Each Disbursement this Period 40.00
City DALLAS	State TX	Zip Code 75235	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: BAGGAGE			Transaction ID : SB17.14004
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 2702 LOVE FIELD DR			Amount of Each Disbursement this Period 3.99
City DALLAS	State TX	Zip Code 75235	
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: BROADBAND SERVICES			Transaction ID : SB17.14017
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 175			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SOUTHWEST			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 2702 LOVE FIELD DR			Amount of Each Disbursement this Period 351.01
City DALLAS	State TX	Zip Code 75235	
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: AIR		Category/ Type	Transaction ID : SB17.14068 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. SOUTHWEST			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 2702 LOVE FIELD DR			Amount of Each Disbursement this Period 345.00
City DALLAS	State TX	Zip Code 75235	
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: AIR		Category/ Type	Transaction ID : SB17.14073 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. SOUTHWEST			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 2702 LOVE FIELD DR			Amount of Each Disbursement this Period 95.00
City DALLAS	State TX	Zip Code 75235	
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: AIR		Category/ Type	Transaction ID : SB17.14501 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SOUTHWEST			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 2702 LOVE FIELD DR			Amount of Each Disbursement this Period 0.00
City DALLAS	State TX	Zip Code 75235	
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: AIR		Category/ Type	Transaction ID : SB17.14502 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. SOUTHWEST			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 2702 LOVE FIELD DR			Amount of Each Disbursement this Period 141.00
City DALLAS	State TX	Zip Code 75235	
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: AIR		Category/ Type	Transaction ID : SB17.14509 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. SOUTHWEST			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 2702 LOVE FIELD DR			Amount of Each Disbursement this Period 119.00
City DALLAS	State TX	Zip Code 75235	
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: AIR		Category/ Type	Transaction ID : SB17.14549 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SOUTHWEST			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 2702 LOVE FIELD DR			Amount of Each Disbursement this Period 63.00
City DALLAS	State TX	Zip Code 75235	
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: AIR			Transaction ID : SB17.14555
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) B. STANTON & GREENE			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 319 PENNSYLVANIA AVE SE			Amount of Each Disbursement this Period 95.00
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement BURKE REIMBURSEMENT: MEETING EXPENSE: MEALS			Transaction ID : SB17.13933
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) C. STAR TAXI			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 8309 MCCULLOUGH AVE			Amount of Each Disbursement this Period 65.14
City SAN ANTONIO	State TX	Zip Code 78216	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION			Transaction ID : SB17.14001
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 73.45
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.13901
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 348.23
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.13902
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 200.97
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.13903
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	622.65
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 175			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 1.75
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94110	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 16.55
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94110	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 1.75
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94110	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	20.05
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 7.55
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES		
Candidate Name		Category/ Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 1.03
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES		
Candidate Name		Category/ Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 3.50
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES		
Candidate Name		Category/ Type
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	12.08
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.13910
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 29.30 Transaction ID : SB17.13911
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 78.60 Transaction ID : SB17.13912
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	109.65
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 81.80
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.13913
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 29.30
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.13914
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 14.80
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.13915
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	125.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 175			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 29.30
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94110	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 1.03
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94110	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 4.95
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94110	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	35.28
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 29.30
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94110	Category/ Type
Candidate Name		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 29.30
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94110	Category/ Type
Candidate Name		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 14.80
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94110	Category/ Type
Candidate Name		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:

SUBTOTAL of Disbursements This Page (optional).....	73.40
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015		
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 18.00		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.13922		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015		
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 1.75		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.13923		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015		
Mailing Address 3180 18TH ST			Amount of Each Disbursement this Period 6.40		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.14485		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	26.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.14486
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 29.30 Transaction ID : SB17.14487
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 7.55 Transaction ID : SB17.14488
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	38.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 175			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 14.80
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.14489
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 7.55
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.14490
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 3.20
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.14491
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	25.55
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 48.52
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.14492
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 10.33
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.14493
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 18.00
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.14494
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	76.85
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.14495
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 157.20 Transaction ID : SB17.14496
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 58.60 Transaction ID : SB17.14497
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	217.55
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 153 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 108.98
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.14498
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPES		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 805 N CROCKETT AVE		Amount of Each Disbursement this Period 56.22
City SONORA	State TX	
Zip Code 76950	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: FUEL	Transaction ID : SB17.14056
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. SUPERAMERICA		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 801 W LAKE ST		Amount of Each Disbursement this Period 9.68
City MINNEAPOLIS	State MN	
Zip Code 55408	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: FOOD	Transaction ID : SB17.14055
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	108.98
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE CAPITAL GRILLE		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 601 PENNSYLVANIA AVE NW		Amount of Each Disbursement this Period 65.00
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement BURKE REIMBURSEMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.13948 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. THE HAMILTON		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 600 14TH ST NW DC		Amount of Each Disbursement this Period 65.58
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.13963 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE MCINTOSH COMPANY, INC.		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 5310 HARVEST HILL RD SUITE 209		Amount of Each Disbursement this Period 6299.20
City DALLAS State TX Zip Code 75230	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.13924
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	6299.20
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 155 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THOMAS GRAPHICS, INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address PO BOX 142226		Amount of Each Disbursement this Period 688.88 Transaction ID : SB17.13925
City AUSTIN State TX Zip Code 78714	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THOMAS GRAPHICS, INC.		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address PO BOX 142226		Amount of Each Disbursement this Period 687.65 Transaction ID : SB17.13926
City AUSTIN State TX Zip Code 78714	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TORCHYS TACOS		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 11521 RANCH RD 620 N		Amount of Each Disbursement this Period 6.87 Transaction ID : SB17.14537 [MEMO ITEM]
City AUSTIN State TX Zip Code 78726	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: MEALS	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1376.53
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 16.10
City SAN FRANCISCO State CA Zip Code 94103	Transaction ID : SB17.13981	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 7.91
City SAN FRANCISCO State CA Zip Code 94103	Transaction ID : SB17.13982	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 6.45
City SAN FRANCISCO State CA Zip Code 94103	Transaction ID : SB17.13983	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 22.51
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.13992 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 22.25
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.13993 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 15.06
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.13994 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 5.05
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.13996 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 14.93
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.13998 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 36.32
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14003 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 8.44
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14006 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 14.03
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14009 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 9.02
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14010 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 160 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 32.00
City SAN FRANCISCO	State CA Zip Code 94103	
Purpose of Disbursement BURKE REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Transaction ID : SB17.13945
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 36.65
City SAN FRANCISCO	State CA Zip Code 94103	
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: GROUND TRANSPORTATION		Transaction ID : SB17.14014
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 5.25
City SAN FRANCISCO	State CA Zip Code 94103	
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: GROUND TRANSPORTATION		Transaction ID : SB17.14019
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 31.18
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14032 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 5.21
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14042 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 5.05
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14064 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 5.29
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14065 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 17.76
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14072 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 12.35
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14500 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 6.26
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14503 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 14.04
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14540 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 8.82
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14550 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 23.32
City SAN FRANCISCO State CA Zip Code 94103	Transaction ID : SB17.14551	
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: GROUND TRANSPORTATION	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1455 MARKET ST 4TH FLOOR		Amount of Each Disbursement this Period 9.49
City SAN FRANCISCO State CA Zip Code 94103	Transaction ID : SB17.14554	
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: GROUND TRANSPORTATION	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. UNISOURCE DIRECT, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address PO BOX 82		Amount of Each Disbursement this Period 11794.44
City WATERTOWN State WI Zip Code 53094	Transaction ID : SB17.13927	
Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11794.44
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 165 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 233 S WACKER DR		Amount of Each Disbursement this Period 592.20
City CHICAGO	State IL Zip Code 60606	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: AIR		Transaction ID : SB17.13999 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 233 S WACKER DR		Amount of Each Disbursement this Period 6.99
City CHICAGO	State IL Zip Code 60606	
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: BROADBAND SERVICES		Transaction ID : SB17.14027 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 387.10
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: AIR		Transaction ID : SB17.13968 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 515.10
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: AIR		Transaction ID : SB17.13969
Candidate Name		
Office Sought:	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period -515.10
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: AIR		Transaction ID : SB17.13987
Candidate Name		
Office Sought:	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1 POST OFFICE DR		Amount of Each Disbursement this Period 441.00
City SAN ANTONIO	State TX Zip Code 78284	
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: POSTAGE		Transaction ID : SB17.14043
Candidate Name		
Office Sought:	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 167 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1 POST OFFICE DR		Amount of Each Disbursement this Period 67.00
City SAN ANTONIO	State TX	
Zip Code 78284	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: POSTAGE	Transaction ID : SB17.14051
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015
Mailing Address PO BOX 25505		Amount of Each Disbursement this Period 562.55
City LEHIGH VALLEY	State PA	
Zip Code 18002	Purpose of Disbursement BURKE REIMBURSEMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.13930
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. WADDELL SOLUTIONS GROUP		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address P.O. BOX 18691		Amount of Each Disbursement this Period 156.56
City ERLANGER	State KY	
Zip Code 41018	Purpose of Disbursement BROADBAND SERVICES	Transaction ID : SB17.13929
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	156.56
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 12550 LESLIE RD		Amount of Each Disbursement this Period 16.57
City HELOTES State TX Zip Code 78023	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.13965 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 12550 LESLIE RD		Amount of Each Disbursement this Period 101.45
City HELOTES State TX Zip Code 78023	Purpose of Disbursement DEMPSEY IN-KIND: CATERING	
Candidate Name		Transaction ID : SB17.14593 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. WESTERN CAB		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 801 S MAIN ST		Amount of Each Disbursement this Period 14.48
City LAS VEGAS State NV Zip Code 89101	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name		Transaction ID : SB17.14532 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. YELLOW CAB		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 9600 IH 35 N		Amount of Each Disbursement this Period 53.39
City SAN ANTONIO	State TX	
Zip Code 78233	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.13954
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. YELLOW CAB		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 9600 IH 35 N		Amount of Each Disbursement this Period 50.00
City SAN ANTONIO	State TX	
Zip Code 78233	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.13970
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. YELLOW CAB		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 1636 BLADENBURG RD NE		Amount of Each Disbursement this Period 9.37
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement BURKE REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.13937
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. YELLOW CAB		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 1636 BLADENBURG RD NE		Amount of Each Disbursement this Period 11.71
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14049 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. YELLOW CHECKER STAR TRANSPORTATION		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 5225 W POST RD		Amount of Each Disbursement this Period 16.79
City LAS VEGAS State NV Zip Code 89118	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14520 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. YELLOW CHECKER STAR TRANSPORTATION		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 5225 W POST RD		Amount of Each Disbursement this Period 15.98
City LAS VEGAS State NV Zip Code 89118	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.14521 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. YELLOW CHECKER STAR TRANSPORTATION		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 5225 W POST RD		Amount of Each Disbursement this Period 17.58
City LAS VEGAS	State NV	
Zip Code 89118	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.14522
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. YELLOW CHECKER STAR TRANSPORTATION		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 5225 W POST RD		Amount of Each Disbursement this Period 14.14
City LAS VEGAS	State NV	
Zip Code 89118	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.14530
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. YESWARE		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 75 KNEELAND ST FLOOR 15		Amount of Each Disbursement this Period 15.00
City BOSTON	State MA	
Zip Code 02111	Purpose of Disbursement CREDIT CARD PAYMENT 7/23: ONLINE SUBSCRIPTIONS	Transaction ID : SB17.14005
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 172 OF 175	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. YESWARE		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 75 KNEELAND ST FLOOR 15		Amount of Each Disbursement this Period 15.00
City BOSTON	State MA Zip Code 02111	
Purpose of Disbursement CREDIT CARD PAYMENT 8/23: ONLINE SUBSCRIPTIONS		Transaction ID : SB17.14066
Candidate Name		
Office Sought:	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. YESWARE		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 75 KNEELAND ST FLOOR 15		Amount of Each Disbursement this Period 15.00
City BOSTON	State MA Zip Code 02111	
Purpose of Disbursement CREDIT CARD PAYMENT 9/23: ONLINE SUBSCRIPTIONS		Transaction ID : SB17.14556
Candidate Name		
Office Sought:	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ZAPIER.COM		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 821 CASTRO ST		Amount of Each Disbursement this Period 15.00
City MOUNTAIN VIEW	State CA Zip Code 94105	
Purpose of Disbursement CREDIT CARD PAYMENT 7/23: ONLINE SUBSCRIPTIONS		Transaction ID : SB17.13953
Candidate Name		
Office Sought:	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 175			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
HURD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ZAPIER.COM		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 821 CASTRO ST		Amount of Each Disbursement this Period 15.00
City MOUNTAIN VIEW State CA Zip Code 94105	Purpose of Disbursement CREDIT CARD PAYMENT 8/23: ONLINE SUBSCRIPTIONS	
Candidate Name		Transaction ID : SB17.14018 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ZAPIER.COM		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 821 CASTRO ST		Amount of Each Disbursement this Period 15.00
City MOUNTAIN VIEW State CA Zip Code 94105	Purpose of Disbursement CREDIT CARD PAYMENT 9/23: ONLINE SUBSCRIPTIONS	
Candidate Name		Transaction ID : SB17.14499 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		Transaction ID : [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	130210.43

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **HURD FOR CONGRESS** Transaction ID : **SC/10.5582**

LOAN SOURCE Full Name (Last, First, Middle Initial) WILLIAM HURD	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 761029		

City	State	ZIP Code
San Antonio	TX	78245

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	17458.13	2541.87

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 24 / Y 2014	M M / D D / Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="2541.87"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="2541.87"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.5582

Terms of the loan have been modified to a new due date of 12/31/2015.

Form/Schedule:

Transaction ID: