

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Madison L.	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Date Received <div style="font-size: 2em; color: red; font-weight: bold; text-align: center;">RECEIVED</div> <div style="font-size: 1.5em; color: black; font-weight: bold; text-align: center;">JUL 15 2025</div> <div style="font-size: 0.8em; color: red; font-weight: bold; text-align: center;">HARRISON COUNTY ELECTIONS OFFICE</div> </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <div style="display: flex; justify-content: space-between;"> Receipt # Amount \$ </div> </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Date Imaged </div> </div>	
	NICKNAME LAST SUFFIX Hood		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE P.O. Box 73, Marshall, Texas 75671		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 926-5467		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Rueben M		
	NICKNAME LAST SUFFIX Mike Smith		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 126 Germantown Circle, Hallsville, Texas 75650		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 235-0662		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 1 / 1 / 25 </div> <div>THROUGH</div> <div> Month Day Year 6 / 30 / 25 </div> </div>		
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 26		
	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		
	13 OFFICE SOUGHT (if known) Harrison County Criminal District Attorney		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	


GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Madison Hood		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,108.54
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,884.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,223.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

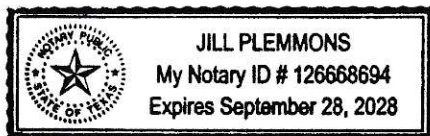
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

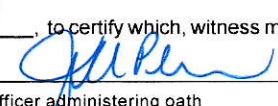
Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Madison Hood this the 15 day of July, 2025, to certify which, witness my hand and seal of office.

 Jill Plemmons Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Madison Hood

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,500.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,608.54
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,276.05
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 100.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)
4 Date 05/14/2025	5 Full name of contributor out-of-state PAC (ID# _____) Brent Goudarzi <hr/> 6 Contributor address; City; State; Zip Code 3522 North Fourth Street, Longview, Texas 75605	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions) Attorneys/Partner		9 Employer (See Instructions) Goudarzi & Young
Date 05/14/2025	Full name of contributor out-of-state PAC (ID# _____) Francis Scott Baldwin Jr. <hr/> Contributor address; City; State; Zip Code P.O. Box 1349, Marshall, Texas 75671	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Baldwin & Baldwin
Date 05/14/2025	Full name of contributor out-of-state PAC (ID# _____) Angela and Ted Huffines <hr/> Contributor address; City; State; Zip Code 1728 Kings Road, Marshall, Texas 75672	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Educators/Retired		Employer (See Instructions)
Date 05/14/2025	Full name of contributor out-of-state PAC (ID# _____) Sam Baxter, McKool Smith <hr/> Contributor address; City; State; Zip Code 104 East Houston Street, Marshall, Texas 75670	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions) Educators/Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)
4 Date 05/11/2025	5 Full name of contributor out-of-state PAC (ID# _____) Rodney Cory <hr/> 6 Contributor address; City; State; Zip Code 1425 West Texas Avenue, Waskom, Texas 75672	7 Amount of contribution (\$) 2,000.00
8 Principal occupation / Job title (See Instructions) Metal Building Builders/Owner		9 Employer (See Instructions) 5 Starr Metal Builders
Date 05/14/2025	Full name of contributor out-of-state PAC (ID# _____) Bruce Abraham <hr/> Contributor address; City; State; Zip Code 37 Cherrywood Circle, Marshall, Texas 75672	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Abraham Law Office
Date 05/14/2025	Full name of contributor out-of-state PAC (ID# _____) Krysta and Matt Coleman <hr/> Contributor address; City; State; Zip Code 400 Henley Perry, Marshall, Texas 75670	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) The Mercantile/Owners		Employer (See Instructions) Marshall Mercantile
Date 05/14/2025	Full name of contributor out-of-state PAC (ID# _____) Wendi and Charles Everingham <hr/> Contributor address; City; State; Zip Code 13441 Davidson Road, Diana, Texas 75640	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) CASA Director/Attorney		Employer (See Instructions) CASA/Ward Law Firm
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)
4 Date 05/14/2025	5 Full name of contributor out-of-state PAC (ID# _____) Jeff Scrivener 6 Contributor address; City; State; Zip Code 678 Julius Davis, Marshall, Texas 75672	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/14/2025	Full name of contributor out-of-state PAC (ID# _____) Amanda Wynn Contributor address; City; State; Zip Code 436 Harrington Road, Marshall, Texas 75672	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Interior Decorator/Owner		Employer (See Instructions) AJ & Company
Date 05/14/2025	Full name of contributor out-of-state PAC (ID# _____) Amanda and Tom Wynn Contributor address; City; State; Zip Code 436 Harrington Road, Marshall, Texas 75672	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/14/2025	Full name of contributor out-of-state PAC (ID# _____) William "Tom" McCool Contributor address; City; State; Zip Code 4530 Cooks Road, Marshall, Texas 75670	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)
4 Date 05/14/2025	5 Full name of contributor out-of-state PAC (ID# _____) Kurt Truelove <hr/> 6 Contributor address; City; State; Zip Code P.O. Box 1409, Marshall, Texas 75671	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/14/2025	Full name of contributor out-of-state PAC (ID# _____) Glennnda Abraham <hr/> Contributor address; City; State; Zip Code 37 Cherrywood Circle, Marshall, Texas 75672	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Pianist		Employer (See Instructions) First Methodist Church
Date 05/14/2025	Full name of contributor out-of-state PAC (ID# _____) Cheri and Hall Reavis <hr/> Contributor address; City; State; Zip Code 18 Pine Burr Circle, Marshall, Texas 75672	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Law Enforcement Officer		Employer (See Instructions) Harrison County Sheriff's Office
Date 05/14/2025	Full name of contributor out-of-state PAC (ID# _____) Charles Westy Meisenheimer <hr/> Contributor address; City; State; Zip Code P.O. Box 465, Scottsville, Texas 75688	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) Harrison County Sheriff's Office
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)
4 Date 05/14/2025	5 Full name of contributor out-of-state PAC (ID# _____) Tonya and Scotty Lovelace <hr/> 6 Contributor address; City; State; Zip Code 2019 Owen George Road, Waskom, Texas 75692	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/13/2025	Full name of contributor out-of-state PAC (ID# _____) Martha Josey <hr/> Contributor address; City; State; Zip Code 8623 State Highway 43 North, Karnack, Texas 75661	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Barrel Racer/Owner		Employer (See Instructions) Josey Ranch
Date 06/20/2025	Full name of contributor out-of-state PAC (ID# _____) Venida and Shane Nafe <hr/> Contributor address; City; State; Zip Code 2512 Grangeway, Marshall, Texas 75672	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Surveyor		Employer (See Instructions) MTX Surveying
Date 06/20/2025	Full name of contributor out-of-state PAC (ID# _____) Robert Stewart <hr/> Contributor address; City; State; Zip Code 5870 Farm Market Road 2625 East, Marshall, Texas 75672	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Oil Field		Employer (See Instructions) C & C Oilfield and Energy Services
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)
4 Date 06/13/2025	5 Full name of contributor out-of-state PAC (ID#: Roger Kirkland 6 Contributor address; City; State; Zip Code 285 Kelly Lane, Tatum, Texas 75691	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Landman		9 Employer (See Instructions) Self Employed
Date 06/13/2025	Full name of contributor out-of-state PAC (ID#: Melissa and Michael Haynes Contributor address; City; State; Zip Code 112 Delores Drive, Marshall, Texas 75672	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Panola Harrison Electric
Date 06/13/2025	Full name of contributor out-of-state PAC (ID#: LeAnn and Bryan Beavers Contributor address; City; State; Zip Code 814 Judge Furrh Road, Marshall, Texas 75672	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Elysian Fields School District
Date 06/20/2025	Full name of contributor out-of-state PAC (ID#: John Ellis Contributor address; City; State; Zip Code 2367 Akin Road, Waskom, Texas 75692	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Self Employed Cattle Rancher		Employer (See Instructions) Self Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)
4 Date 06/13/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Royce Plemmons <hr/> 6 Contributor address; City; State; Zip Code 336 Gainesville Road, Marshall, Texas 75672	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/13/2025	Full name of contributor out-of-state PAC (ID#: _____) Allison and Scott Newton <hr/> Contributor address; City; State; Zip Code 103 Ashwood Terrance, Marshall, Texas 75672	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Union Pacific
Date 06/13/2025	Full name of contributor out-of-state PAC (ID#: _____) Rayford "Bud" McCracken <hr/> Contributor address; City; State; Zip Code 2323 Harris Road, Marshall, Texas 75672	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Rayford Truck & Tractor
Date 06/20/2025	Full name of contributor out-of-state PAC (ID#: _____) Cindy and Pat Holmes <hr/> Contributor address; City; State; Zip Code 1082 Old Highway 80, Hallsville, Texas 75650	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)
4 Date 06/13/2025	5 Full name of contributor out-of-state PAC (ID#: Sandy and Matt Futrell 6 Contributor address; City; State; Zip Code 489 Farm Market Road 3001, Marshall, Texas 75670	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Metal Building Builder		9 Employer (See Instructions) Self Employed
Date 06/13/2025	Full name of contributor out-of-state PAC (ID#: David Kirkland Contributor address; City; State; Zip Code 3702 Karnack Highway, Marshall, Texas 75672	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Tire Sales		Employer (See Instructions) Big Brand Tire & Service
Date 06/13/2025	Full name of contributor out-of-state PAC (ID#: Richard "Blair" Abney Contributor address; City; State; Zip Code P.O. Box 430, Marshall, Texas 75672	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Appraiser		Employer (See Instructions) Abney Valuation Group
Date 06/13/2025	Full name of contributor out-of-state PAC (ID#: Sharon Knoerzer Contributor address; City; State; Zip Code P.O. Box 1746, Marshall, Texas 75671	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)
4 Date 06/13/2025	5 Full name of contributor out-of-state PAC (ID# _____) Cary Mac Abney 6 Contributor address; City; State; Zip Code P.O. Box 1496, Marshall, Texas 75671	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 06/13/2025	Full name of contributor out-of-state PAC (ID# _____) Chad Ellis Contributor address; City; State; Zip Code 1852 Akiin Road, Waskom, Texas 75692	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Oil and Gas Industry		Employer (See Instructions) Ellis Services
Date 06/13/2025	Full name of contributor out-of-state PAC (ID# _____) Wesley Smith Jr. Contributor address; City; State; Zip Code P.O. Box 339, Marshall, Texas 75671	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Oil and Gas Industry		Employer (See Instructions) Self Employed
Date 06/13/2025	Full name of contributor out-of-state PAC (ID# _____) Bryan Beavers Contributor address; City; State; Zip Code 814 Judge Furrh Road, Marshall, Texas 75672	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Fence Company		Employer (See Instructions) Beavers Fence Company
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)
4 Date 06/13/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Debbie and Flint Rogers <hr/> 6 Contributor address; City; State; Zip Code P.O. Box 3, Woodlawn, Texas 75694	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Director of Campus Services		9 Employer (See Instructions) East Texas Baptist University
Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/14/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Josh Maness 7 Contributor address; City; State; Zip Code 480 West Texas Avenue, Waskom, Texas 75692	8 Amount of Contribution \$ 1,467.80	9 In-kind contribution description Signs, Banner and Website <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorney		11 Employer (FOR NON-JUDICIAL) (See Instructions) Maness Law Firm	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jamie and Brad Howlett Contributor address; City; State; Zip Code 2803 Fern Lake Cutoff, Marshall, Texas 75670	Amount of Contribution \$ 500.00	In-kind contribution description Venue <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Edward D. Jones Investment Broker		Employer (FOR NON-JUDICIAL) (See Instructions) Edward D. Jones	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/13/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tiffany Ammerman 7 Contributor address; City; State; Zip Code 2106 Fairway Lane, Marshall, Texas 75672	8 Amount of Contribution \$ 557.24	9 In-kind contribution description Food and Table Rental <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Office Manager		11 Employer (FOR NON-JUDICIAL) (See Instructions) Ammerman Law Firm	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amy and Brad Faucett Contributor address; City; State; Zip Code 2291 Farm Market Road 1793, Marshall, Texas 75672	Amount of Contribution \$ 500.00	In-kind contribution description Venue <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Teacher/Manager		Employer (FOR NON-JUDICIAL) (See Instructions) Marshall I.S.D./Enterprise Products Partners, L.P.	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/14/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jennifer and Kurt Truelove <hr/> 7 Contributor address; City; State; Zip Code P.O. Box 1409, Marshall, Texas 75671	8 Amount of Contribution \$ 1,583.50	9 In-kind contribution description Invites, Postage, <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorneys		11 Employer (FOR NON-JUDICIAL) (See Instructions) McKool Smith/Truelove Law Firm	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule B:	
2 FILER NAME Madison Hood				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES				\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code			8 Amount of Pledge \$	9 In-kind contribution description <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (See Instructions)				11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code			Amount of Pledge \$	In-kind contribution description <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code			Amount of Pledge \$	In-kind contribution description <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code			Amount of Pledge \$	In-kind contribution description <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Madison Hood	3 Filer ID (Ethics Commission Filers)
4 Date 05/15/2025	5 Payee name Goldwing Graphics	
6 Amount (\$) 3,033.80	7 Payee address; City; State; Zip Code 430 Mayfair Drive, Bossier City, Louisiana 71111	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Bumper Stickers, Yard and Large Coro Signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/10/2025	Payee name Deluxe Checks	
Amount (\$) 32.25	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Fee for Check Charge
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/10/2025	Payee name Hallsville Lions Club	
Amount (\$) 210.00	Payee address; City; State; Zip Code P.O. Box 493, Hallsville, Texas 75650	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ad in Football Program
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Madison Hood	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address;	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:	
2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom investment is purchased		
	6 Address of person from whom investment is purchased; City; State; Zip Code		
	7 Description of investment		
	8 Amount of investment (\$)		
Date	Name of person from whom investment is purchased		
	Address of person from whom investment is purchased; City; State; Zip Code		
	Description of investment		
	Amount of investment (\$)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Madison Hood	3 Filer ID (Ethics Commission Filers)
4 Date 05/15/2025	5 Payee name Madison Hood	
6 Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 73, Marshall, Texas 75671	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Initial deposit to Texas National Bank to start campaign account
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Madison Hood	Office sought Harrison County Criminal District Attorney
Date	Payee name	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME Madison Hood	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City	State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code 7 Purpose for which amount is received Check if political contribution returned to filer	8 Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: _____
2 FILER NAME Madison Hood		3 Filer ID (Ethics Commission Filers) _____
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee _____		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel	7 Name of person(s) traveling _____	
	8 Departure city or name of departure location _____	
	9 Destination city or name of destination location _____	
10 Means of transportation _____	11 Purpose of travel (including name of conference, seminar, or other event) _____	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee _____		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling _____	
	Departure city or name of departure location _____	
	Destination city or name of destination location _____	
Means of transportation _____	Purpose of travel (including name of conference, seminar, or other event) _____	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee _____		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling _____	
	Departure city or name of departure location _____	
	Destination city or name of destination location _____	
Means of transportation _____	Purpose of travel (including name of conference, seminar, or other event) _____	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		