

COPY  
COPY

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	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:			CITY:	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount \$
9 REPORT TYPE	Date Processed				
10 PERIOD COVERED	Date Imaged				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				

Additional Pages

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

RECEIVED

JAN 15 2026

HARRISON COUNTY ELECTIONS OFFICE

Hallsville, Texas 75650

235-0662

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded Modified Reporting Limit     Final Report (Attach C/OH - FR)

Month Day Year    Month Day Year  
7 / 1 / 25    THROUGH    12 / 31 / 25

ELECTION DATE: Month Day Year    ELECTION TYPE:  Primary     Runoff     Other Description  
 General     Special

Harrison County Criminal District Attorney

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)	\$ 800.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33,558.54
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,098.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 38,975.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

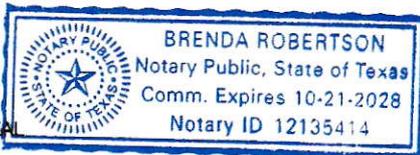
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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<sup>th</sup> day of January, 2020, to certify which, witness my hand and seal of office.

Brenda Robertson  
Signature of officer administering oath

Brenda Robertson  
Printed name of officer administering oath

Notary  
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		20 Filer ID (Ethics Commission Filers)
Madison Hood		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 30,750.00
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		\$ 7,361.18
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		\$ 1,737.00
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: 18

2 FILER NAME  
Madison Hood

3 Filer ID (Ethics Commission Filers)

4 Date  
09/21/2025

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Richele Langley

7 Amount of contribution (\$)

100.00

6 Contributor address; City: State: Zip Code  
Marshall, Texas 75672

8 Principal occupation / Job title (See Instructions)  
School Superintendent

9 Employer (See Instructions)  
Marshall I.S.D.

Date  
09/22/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Stuart and Patti Agnor

Amount of contribution (\$)

100.00

Contributor address; City: State: Zip Code  
Marshall, Texas 75672

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)

Date  
09/24/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Victoria Everton

Amount of contribution (\$)

500.00

Contributor address; City: State: Zip Code  
Waskom, Texas 75692

Principal occupation / Job title (See Instructions)  
Doctor

Employer (See Instructions)

Date  
09/24/2025

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Gay Jordan

Amount of contribution (\$)

50.00

Contributor address; City: State: Zip Code  
Marshall, Texas 75672

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

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1 Total pages Schedule A1: 18

2 FILER NAME

Madison Hood

3 Filer ID (Ethics Commission Filers)

4 Date

09/25/2025

5 Full name of contributor

Richard and Tere Roark

out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

Marshall, Texas 75672

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Martex Well Services

Date

09/27/2025

Full name of contributor

Doug and Lynn Waldman

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Bastrop, Texas 78602

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Doctor

Employer (See Instructions)

Date

09/29/2025

Full name of contributor

Donald and Sharon Broadus

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Marshall, Texas 75672

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

09/29/2025

Full name of contributor

Alan and Natalie Grantham

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Marshall, Texas 75672

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Banker and Accountant

Employer (See Instructions)

Keith Feille

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **18**

2 FILER NAME  
**Madison Hood**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/04/2025**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Susan Marshall**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**Marshall, Texas 75672**

**100.00**

8 Principal occupation / Job title (See Instructions)  
**Owner**

9 Employer (See Instructions)  
**EI Tec**

Date  
**09/27/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Allen and Cheryl Stagers**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**, Marshall, Texas 75672**

**500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
**Martex Drilling**

Date  
**10/07/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Pierce Ponder**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**Marshall, Texas 75672**

**1,000.00**

Principal occupation / Job title (See Instructions)  
**Accountant**

Employer (See Instructions)  
**Ponder Victory Enterprises**

Date  
**09/25/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**William and Jan Whitis**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**Marshall, Texas 75672**

**250.00**

Principal occupation / Job title (See Instructions)  
**Owners**

Employer (See Instructions)  
**The Print Shop**

**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: **18****2** FILER NAME  
**Madison Hood****3** Filer ID (Ethics Commission Filers)**4** Date  
**09/25/2025****5** Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Charles and Kathy Bradshaw****7** Amount of contribution (\$)**6** Contributor address; City; State; Zip Code  
**Marshall, Texas 75672****100.00****8** Principal occupation / Job title (See Instructions)  
**Retired****9** Employer (See Instructions)Date  
**09/25/2025**Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Luis and Katharine Balbuena**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**Marshall, Texas 75672****250.00**Principal occupation / Job title (See Instructions)  
**Doctors**

Employer (See Instructions)

Date  
**09/25/2025**Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Betty Smith-Henigsmith**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**P.O. Box 117, Marshall, Texas 75671****250.00**Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date  
**09/25/2025**Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Ed and Rhonda Perkins**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**Marshall, Texas 75672****200.00**Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **18**

2 FILER NAME  
**Madison Hood**

3 Filer ID (Ethics Commission Filers)

4 Date  
**09/25/2025**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Ed and Kathy Hoffman**

7 Amount of contribution (\$)

6 Contributor address: City: State: Zip Code

**Marshall, Texas 75672**

**200.00**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)

Date  
**10/09/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**R. Michael Hallum**

Amount of contribution (\$)

Contributor address: City: State: Zip Code

**Marshall, Texas 75672**

**250.00**

Principal occupation / Job title (See Instructions)  
**Accountant**

Employer (See Instructions)

Date  
**09/25/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Jeffrey Ponder**

Amount of contribution (\$)

Contributor address: City: State: Zip Code

**Marshall, Texas 75672**

**250.00**

Principal occupation / Job title (See Instructions)  
**Real Estate**

Employer (See Instructions)

Date  
**09/25/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Ernie and Cathy Marshall**

Amount of contribution (\$)

Contributor address: City: State: Zip Code

**Marshall, Texas 75672**

**250.00**

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**

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The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1: **18****2** FILER NAME

Madison Hood

**3** Filer ID (Ethics Commission Filers)**4** Date

09/25/2025

**5** Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Richard and Beverly Lambert

**7** Amount of contribution (\$)**300.00****6** Contributor address;

City;

State;

Zip Code

P.O. Box 1179, Lindale, Texas 75771

**8** Principal occupation / Job title (See Instructions)

Retired

**9** Employer (See Instructions)

## Date

09/25/2025

## Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Scotty and Tonya Lovelace

## Amount of contribution (\$)

**150.00**

## Contributor address;

City;

State;

Zip Code

Waskom, Texas 75692

## Principal occupation / Job title (See Instructions)

Retired

## Employer (See Instructions)

## Date

09/30/2025

## Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Richard Hurlburt

## Amount of contribution (\$)

**1,000.00**

## Contributor address;

City;

State;

Zip Code

P.O. Box 3732, Longview, Texas 75606

## Principal occupation / Job title (See Instructions)

Attorney

## Employer (See Instructions)

## Date

10/03/2025

## Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Billy and Rhonda Westbrook

## Amount of contribution (\$)

**200.00**

## Contributor address;

City;

State;

Zip Code

Hallsville, Texas 75650

## Principal occupation / Job title (See Instructions)

Doctor

## Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **18**

2 FILER NAME  
**Madison Hood**

3 Filer ID (Ethics Commission Filers)

4 Date  
**09/08/2025**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Rex and Gail Brown**

7 Amount of contribution (\$)

6 Contributor address: City: State: Zip Code  
**Marshall, Texas 75672**

**100.00**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)

Date  
**09/13/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Bonnie Spangler Strauss**

Amount of contribution (\$)

Contributor address: City: State: Zip Code

**Marshall, Texas 75672**

**100.00**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date  
**09/15/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Wayne and Sandra Walker**

Amount of contribution (\$)

Contributor address: City: State: Zip Code

**Hallsville, Texas 75650**

**100.00**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date  
**09/17/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Steve and Penny Carlile**

Amount of contribution (\$)

Contributor address: City: State: Zip Code

**Marshall, Texas 75672**

**1,000.00**

Principal occupation / Job title (See Instructions)  
**Real Estate**

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

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1 Total pages Schedule A1: 18

2 FILER NAME

Madison Hood

3 Filer ID (Ethics Commission Filers)

4 Date

09/19/2025

5 Full name of contributor

Texie Nash

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address:

City: State: Zip Code

Marshall, Texas 75672

7 Amount of contribution (\$)

1,000.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

09/21/2025

Full name of contributor

Jack Cargill

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City: State: Zip Code

Marshall, Texas 75670

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

09/22/2025

Full name of contributor

Carlile Law Firm

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City: State: Zip Code

P.O. Box 1146, Marshall, Texas 75670

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

09/23/2025

Full name of contributor

Jim and Winnie Davis

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City: State: Zip Code

Marshall, Texas 75672

Amount of contribution (\$)

1,500.00

Principal occupation / Job title (See Instructions)

Davis Chemical

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **18**

2 FILER NAME  
**Madison Hood**

3 Filer ID (Ethics Commission Filers)

4 Date  
**09/24/2025**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**J. Blair and Michelle Blackburn**

7 Amount of contribution (\$)

6 Contributor address: City: State: Zip Code  
**Marshall, Texas 75670**

**250.00**

8 Principal occupation / Job title (See Instructions)  
**President**

9 Employer (See Instructions)  
**East Texas Baptist University**

Date  
**09/24/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Jim and Nina Bates**

Amount of contribution (\$)

Contributor address: City: State: Zip Code  
**Marshall, Texas 75670**

**50.00**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date  
**09/24/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Patty Lovelace**

Amount of contribution (\$)

Contributor address: City: State: Zip Code  
**Marshall, Texas 75672**

**250.00**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date  
**09/24/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Albert and Linda Purnell**

Amount of contribution (\$)

Contributor address: City: State: Zip Code  
**P.O. Box 125, Woodlawn, Texas 75694**

**250.00**

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.

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**1** Total pages Schedule A1: **18****2** FILER NAME

Madison Hood

**3** Filer ID (Ethics Commission Filers)**4** Date

09/05/2025

**5** Full name of contributor

Julianna Snider Brewer

out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)**1,000.00****6** Contributor address:

P.O. Box 668, Marshall, Texas 75671

City:

State:

Zip Code

**8** Principal occupation / Job title (See Instructions)

Owner

**9** Employer (See Instructions)

Snider Industries

## Date

10/06/2025

## Full name of contributor

Robert Gene and Colby Ponder

out-of-state PAC (ID#: \_\_\_\_\_)

## Amount of contribution (\$)

**1,000.00**

## Contributor address:

Marshall, Texas 75672

City:

State:

Zip Code

## Principal occupation / Job title (See Instructions)

Real Estate

## Employer (See Instructions)

Self Employed

## Date

09/05/2025

## Full name of contributor

Kimberly Wright Ponder

out-of-state PAC (ID#: \_\_\_\_\_)

## Amount of contribution (\$)

**500.00**

## Contributor address:

Marshall, Texas 75672

City:

State:

Zip Code

## Principal occupation / Job title (See Instructions)

Lawyer

## Employer (See Instructions)

Self

## Date

09/30/2025

## Full name of contributor

Beckie and Brian Bates

out-of-state PAC (ID#: \_\_\_\_\_)

## Amount of contribution (\$)

**500.00**

## Contributor address:

Marshall, Texas 75672

City:

State:

Zip Code

## Principal occupation / Job title (See Instructions)

Pharmacist

## Employer (See Instructions)

Matthewson Drug

**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: **18****2** FILER NAME**Madison Hood****3** Filer ID (Ethics Commission Filers)**4** Date**09/25/2025****5** Full name of contributor**Glenn and Karen Bickerdike**

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address:

City: State: Zip Code

**Marshall, Texas 75672****7** Amount of contribution (\$)**250.00****8** Principal occupation / Job title (See Instructions)**Banker****9** Employer (See Instructions)

## Date

**09/25/2025**

## Full name of contributor

**Mark and Julie Trexler**

out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address:

City: State: Zip Code

**Hallsville, Texas 75650**

## Amount of contribution (\$)

**1,000.00**

## Principal occupation / Job title (See Instructions)

**Consultant**

## Employer (See Instructions)

**Cabinet Companies**

## Date

**09/25/2025**

## Full name of contributor

**Bradley Faucett**

out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address:

City: State: Zip Code

**P.O. Box 459, Scottsville, Texas 75688**

## Amount of contribution (\$)

**1,000.00**

## Principal occupation / Job title (See Instructions)

**Manger**

## Employer (See Instructions)

**Enterprise Products Operations**

## Date

**09/24/2025**

## Full name of contributor

**Cynthia "Cindy" McCreary**

out-of-state PAC (ID#: \_\_\_\_\_)

## Contributor address:

City: State: Zip Code

**P.O. Box 564, Jefferson, Texas 75657**

## Amount of contribution (\$)

**250.00**

## 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: **18**

2 FILER NAME  
**Madison Hood**

3 Filer ID (Ethics Commission Filers)

4 Date  
**10/10/2025**

5 Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Diane P. Taylor**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

**Marshall, Texas 75672**

**250.00**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**10/13/2025**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Jim and Beverly Harris**

Amount of contribution (\$)

Contributor address; City; State; Zip Code

**Marshall, Texas 75672**

**100.00**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date  
**08/31/2025**

Full name of contributor out-of-state PAC (ID# \_\_\_\_\_)  
**Ken and Nancy Conwell**

Amount of contribution (\$)

Contributor address; City; State; Zip Code

**Marshall, Texas 75670**

**250.00**

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: **18**

2 FILER NAME  
**Madison Hood**

3 Filer ID (Ethics Commission Filers)

4 Date  
**08/31/2025**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Randall Mays**

7 Amount of contribution (\$)

6 Contributor address: City: State: Zip Code  
**Marshall, Texas 75672**

**50.00**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)

Date  
**09/03/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Robert and Laura King**

Amount of contribution (\$)

Contributor address: City: State: Zip Code  
**Marshall, Texas 75672**

**100.00**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date  
**09/04/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Jean Taylor**

Amount of contribution (\$)

Contributor address: City: State: Zip Code  
**P.O. Box 8515, Marshall, Texas 75671**

**250.00**

Principal occupation / Job title (See Instructions)  
**Lawyer**

Employer (See Instructions)  
**Self**

Date  
**09/05/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Wes White**

Amount of contribution (\$)

Contributor address: City: State: Zip Code  
**Tyler, Texas 75703**

**250.00**

Principal occupation / Job title (See Instructions)  
**Banker**

Employer (See Instructions)  
**Texas National Bank**

**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: **18**2 FILER NAME  
**Madison Hood**

3 Filer ID (Ethics Commission Filers)

4 Date  
**09/09/2025**5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Dana and Andy Brune**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**Marshall, Texas 75672****500.00**8 Principal occupation / Job title (See Instructions)  
**Ranch**9 Employer (See Instructions)  
**Rocking B Ranch**Date  
**09/11/2025**Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Jim and Laurel McNatt**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**P.O. Box 332, Marshall, Texas 75671****100.00**Principal occupation / Job title (See Instructions)  
**Lumber Business**Employer (See Instructions)  
**McNatt Lumber**Date  
**11/03/2025**Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Kurt and Jennifer Truelove**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**P.O. Box 1409, Marshall, Texas 75671****1,000.00**Principal occupation / Job title (See Instructions)  
**Attorneys**Employer (See Instructions)  
**Self and McKool Smith**Date  
**11/07/2025**Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Shirley Copeland**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**Hallsville, Texas 75650****100.00**

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.

# 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: **18**

2 FILER NAME

**Madison Hood**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/17/2025**

5 Full name of contributor

**Susan and Danny Goode**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**750.00**

6 Contributor address;

City;

State;

Zip Code

**P.O. Box 98, Waskom, Texas 75692**

8 Principal occupation / Job title (See Instructions)

**Hay and Cattle Business**

9 Employer (See Instructions)

**4 Bar**

Date

**10/21/2025**

Full name of contributor

**Luanne and Horace Neely**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**200.00**

Contributor address;

City;

State;

Zip Code

**Hallsville, Texas 75650**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**06/19/2025**

Full name of contributor

**Brad Burris**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**250.00**

Contributor address;

City;

State;

Zip Code

**Marshall, Texas 75670**

Principal occupation / Job title (See Instructions)

**Realtor**

Employer (See Instructions)

**Century 21**

Date

**06/21/2025**

Full name of contributor

**Kay and Sam Moseley**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**250.00**

Contributor address;

City;

State;

Zip Code

**Marshall, Texas 75672**

Principal occupation / Job title (See Instructions)

**Attorney**

Employer (See Instructions)

**Sam R. Moseley**

**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: **18****2 FILER NAME**

Madison Hood

3 Filer ID (Ethics Commission Filers)

**4 Date**

09/12/2025

**5 Full name of contributor**

Les and Angie Rhoades

out-of-state PAC (ID#: \_\_\_\_\_)

**6 Contributor address:**

City: State: Zip Code

Marshall, Texas 75670

**7 Amount of contribution (\$)****250.00****8 Principal occupation / Job title (See Instructions)**

Insurance

**9 Employer (See Instructions)**

Brownrigg

**Date**

09/10/2025

**Full name of contributor**

Linda Ware

out-of-state PAC (ID#: \_\_\_\_\_)

**Contributor address:**

City: State: Zip Code

P.O. Box 72, Elysian Fields, Texas 75642

**Amount of contribution (\$)****100.00****Principal occupation / Job title (See Instructions)**

Retired

**Employer (See Instructions)****Date**

09/10/2025

**Full name of contributor**

George and Barbara Hickey

out-of-state PAC (ID#: \_\_\_\_\_)

**Contributor address:**

City: State: Zip Code

Marshall, Texas 75672

**Amount of contribution (\$)****100.00****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**

09/14/2025

**Full name of contributor**

Charlie and Marty Parker

out-of-state PAC (ID#: \_\_\_\_\_)

**Contributor address:**

City: State: Zip Code

Marshall, Texas 75670

**Amount of contribution (\$)****250.00****Principal occupation / Job title (See Instructions)**

Dentist

**Employer (See Instructions)**

Self

**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: <b>18</b>
2 FILER NAME <b>Madison Hood</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/11/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Michael Nash</b>	<b>2,000.00</b>
	6 Contributor address; City; State; Zip Code <b>P.O. Box 277, Woodlawn, Texas 75694</b>	
8 Principal occupation / Job title (See Instructions) <b>Rock and Dirt Business</b>		9 Employer (See Instructions) <b>Top Rocks</b>
Date <b>09/11/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Blayne Knox</b>	<b>1,200.00</b>
	Contributor address; City; State; Zip Code <b>Marshall, Texas 75672</b>	
Principal occupation / Job title (See Instructions) <b>Student</b>		Employer (See Instructions)
Date <b>10/20/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Dolly Moore</b>	<b>250.00</b>
	Contributor address; City; State; Zip Code <b>Marshall, Texas 75672</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>09/11/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jim Davis</b>	<b>2,500.00</b>
	Contributor address; City; State; Zip Code <b>Marshall, Texas 75672</b>	
Principal occupation / Job title (See Instructions) <b>Oil and Gas</b>		Employer (See Instructions) <b>Davis Energy</b>

**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: **18**

2 FILER NAME  
**Madison Hood**

3 Filer ID (Ethics Commission Filers)

4 Date  
**11/13/2025**

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Martha Roberts**

7 Amount of contribution (\$)

**100.00**

6 Contributor address: City: State: Zip Code  
**P.O. Box 460, Scottsville, Texas 75688**

8 Principal occupation / Job title (See Instructions)  
**Nurse**

9 Employer (See Instructions)

Date  
**11/23/2025**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Carl and JoAnn Roth**

Amount of contribution (\$)

**500.00**

Contributor address: City: State: Zip Code  
**Marshall, Texas 75670**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)  
**Roth Law Firm**

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address: City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address: City: State: Zip Code

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: <b>1</b>	
2 FILER NAME <b>Madison Hood</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>3,608.54</b>	
5 Date <b>09/25/2025</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Annette and Gene Ponder</b>	8 Amount of Contribution \$	9 In-kind contribution description <b>3,608.54</b>
	7 Contributor address; City; State; Zip Code <b>arshall, Texas 75672</b>	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Retired</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T.	
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.

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Madison Hood	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/16/2025	<b>5</b> Payee name Mavette Booster Club	
<b>6</b> Amount (\$) 100.00	<b>7</b> Payee address; City: State: Zip Code Marshall I.S.D., Marshall, Texas 75670	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Advertising
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 07/23/2025	<b>Payee name</b> Hallsville Gold Hall	
<b>Amount (\$)</b> 100.00	<b>Payee address; City: State: Zip Code</b> 101 Elm Street, Hallsville, Texas 75650	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Other-Building Rental	<b>Description</b> Rental of Building for Meet and Greet
	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
<b>Date</b> 07/23/2025	<b>Payee name</b> Waskom High School Cheerleaders	
<b>Amount (\$)</b> 120.00	<b>Payee address; City: State: Zip Code</b> Waskom ISD, 255 School Avenue, Waskom, Texas 75692	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> Ad in Football Program
	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

# 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                        | 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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Madison Hood	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/30/2025	<b>5</b> Payee name Harleton Athletic Boosters	
<b>6</b> Amount (\$) 350.00	<b>7</b> Payee address; City; State; Zip Code Harleton I.S.D., Harleton, Texas 75651	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Advertising
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>Date</b> 07/30/2025	<b>Payee name</b> Kirbie Munden Photography	
<b>Amount (\$)</b> 350.00	<b>Payee address; City; State; Zip Code</b> 6902 U.S. Highway 59 North, Marshall, Texas 75672	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Other	<b>Description</b> Photographs for Campaign
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>Date</b> 07/30/2025	<b>Payee name</b> The Print Shop	
<b>Amount (\$)</b> 400.00	<b>Payee address; City; State; Zip Code</b> 214 South Bolivar, Marshall, Texas 75670	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing	<b>Description</b> Maverick Football Program
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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	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.

<b>1</b> Total pages Schedule F1: <b>12</b>	<b>2</b> FILER NAME <b>Madison Hood</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>08/04/2025</b>	<b>5</b> Payee name <b>Intuit</b>	
<b>6</b> Amount (\$) <b>107.15</b>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Deposit Book</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> <b>08/09/2025</b>	<b>Payee name</b> <b>United State Post Office</b>	
<b>Amount (\$)</b> <b>78.00</b>	<b>Payee address; City; State; Zip Code</b> <b>Marshall, Texas 75672</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Event Expense</b>	<b>Description</b> <b>Postage</b>
	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
<b>Date</b> <b>08/18/2025</b>	<b>Payee name</b> <b>Marshall Junior High School Parent Teacher Association</b>	
<b>Amount (\$)</b> <b>300.00</b>	<b>Payee address; City; State; Zip Code</b> <b>2710 East Travis, Marshall, Texas 75670</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Donation</b>	<b>Description</b>
	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**

# 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                        | 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.

<b>1</b> Total pages Schedule F1: <b>12</b>	<b>2</b> FILER NAME <b>Madison Hood</b>	<b>3</b> Filer ID (Ethics Commission Filers)
------------------------------------------------	--------------------------------------------	----------------------------------------------

<b>4</b> Date <b>08/20/2025</b>	<b>5</b> Payee name <b>Greater Chamber of Commerce</b>
------------------------------------	-----------------------------------------------------------

<b>6</b> Amount (\$) <b>150.00</b>	<b>7</b> Payee address; <b>110 South Bolivar, Marshall, Texas 75670</b>	City:	State:	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Other</b>	<b>(b)</b> Description <b>Membership</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX. officeholder living expense</span>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> <b>08/21/2025</b>	<b>Payee name</b> <b>Rotary Club of Marshall</b>
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<b>Amount (\$)</b> <b>50.00</b>	<b>Payee address;</b> <b>Marshall, Texas 75672</b>	City:	State:	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Other</b>	<b>Description</b> <b>Membership</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX. officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> <b>08/22/2025</b>	<b>Payee name</b> <b>East Texas Chili POD</b>
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<b>Amount (\$)</b> <b>100.00</b>	<b>Payee address;</b> <b>1112 FM-450 North, Hallsville, Texas 75650</b>	City:	State:	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Advertising</b>	<b>Description</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX. officeholder living expense</span>	

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

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# 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.

<b>1</b> Total pages Schedule F1: <b>12</b>	<b>2</b> FILER NAME <b>Madison Hood</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>08/27/2025</b>	<b>5</b> Payee name <b>Marshall Symphony League</b>	
<b>6</b> Amount (\$) <b>125.00</b>	<b>7</b> Payee address; <b>Marshall, Texas 75671</b>	City: State: Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Donation</b>	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> <b>09/01/2025</b>	<b>Payee name</b> <b>Marshall Harrison County Literacy Council</b>	
<b>Amount (\$)</b> <b>50.00</b>	<b>Payee address;</b> <b>114 East Grand Avenue, Marshall, Texas 75670</b>	City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Donation</b>	<b>Description</b>
	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
<b>Date</b> <b>09/16/2025</b>	<b>Payee name</b> <b>Graphics Plus</b>	
<b>Amount (\$)</b> <b>500.00</b>	<b>Payee address;</b> <b>5773 TX-300, Longview, Texas 75604</b>	City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Advertising</b>	<b>Description</b>
	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

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# 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	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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Madison Hood	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/30/2025	<b>5</b> Payee name Taylor Coe	
<b>6</b> Amount (\$) 120.00	<b>7</b> Payee address; City: State: Zip Code Marshall, Texas 75672	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food	<b>(b)</b> Description Charcuterie Board for Fundraiser
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 09/30/2025	Payee name Sylvia Duette	
Amount (\$) 75.00	Payee address; City: State: Zip Code Marshall, Texas 75672	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Fundraiser
	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 10/08/2025	Payee name Hallsville Hall Facebook.com	
Amount (\$) 25.00	Payee address; City: State: Zip Code 616 Cal Young Road, Hallsville, Texas 75650	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	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

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# 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                        | 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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Madison Hood	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/21/2025	<b>5</b> Payee name Hallsville Chamber of Commerce
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<b>6</b> Amount (\$) 250.00	<b>7</b> Payee address; City: State: Zip Code 115 West Main Street, Hallsville, Texas 75650
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Veteran's Day Banquet
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/2025	Payee name Boys & Girls Club
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Amount (\$) 150.00	Payee address; City: State: Zip Code 1500 Charleston Street, Marshall, Texas 75670
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Banquet
	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
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Date 10/28/2025	Payee name Sam Houston Elementary
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Amount (\$) 496.00	Payee address; City: State: Zip Code 2905 E. Travis Street, Marshall, Texas 75670
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Donation	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
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# 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	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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Madison Hood	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11/03/2025	<b>5</b> Payee name Donut Palace
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<b>6</b> Amount (\$) 28.31	<b>7</b> Payee address: 1276 S. Odell Avenue, Marshall, Texas 75670	City:	State:	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Donation	<b>(b)</b> Description Soccer Team
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 11/09/2025	<b>Payee name</b> Cypress Junior Women's Club
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<b>Amount (\$)</b> 100.00	<b>Payee address:</b> P.O. Box 4042 Marshall, Texas 75671	City:	State:	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising	<b>Description</b> Supper with Santa
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 11/10/2025	<b>Payee name</b> Marshall High School Parent Teacher Organization
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<b>Amount (\$)</b> 100.00	<b>Payee address:</b> 1900 Maverick Drive, Marshall, Texas 75670	City:	State:	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Donation	<b>Description</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: 12		<b>2</b> FILER NAME Madison Hood		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11/11/2025		<b>5</b> Payee name Light Up the Park			
<b>6</b> Amount (\$) 100.00		<b>7</b> Payee address; City; State; Zip Code 300 North Central Street, Hallsville, Texas 75650			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Donation		<b>(b)</b> Description		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

<b>Date</b> 11/12/2025		<b>Payee name</b> Harrison County Republican Party			
<b>Amount (\$)</b> 1,250.00		<b>Payee address; City; State; Zip Code</b> P.O. Box 2028, Marshall, Texas 75671			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fee		<b>Description</b> Filing Fee		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>					
Candidate / Officeholder name		Office sought		Office held	

<b>Date</b> 11/13/2025		<b>Payee name</b> Pizzeria by Pietros			
<b>Amount (\$)</b> 133.66		<b>Payee address; City; State; Zip Code</b> 101 West Austin, Marshall, Texas 75670			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food		<b>Description</b> Campaign Committee Meeting		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>					
Candidate / Officeholder name		Office sought		Office held	

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# 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                        | 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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Madison Hood	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11/18/2025	<b>5</b> Payee name Hallsville I.S.D.
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<b>6</b> Amount (\$) 16.50	<b>7</b> Payee address; City; State; Zip Code 2 Bobcat, Hallsville, Texas 75650
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 11/26/2025	<b>Payee name</b> Walmart
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<b>Amount (\$)</b> 694.51	<b>Payee address; City; State; Zip Code</b> Marshall, Texas 75670
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Other	<b>Description</b> Basketball and Gift Cards for Teachers.
	<b>Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span></b>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 12/08/2025	<b>Payee name</b> Harrison County Republican Women
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<b>Amount (\$)</b> 35.00	<b>Payee address; City; State; Zip Code</b> Marshall, Texas 75671
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fee	<b>Description</b> Dues
	<b>Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span></b>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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                        | 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.

<b>1</b> Total pages Schedule F1: 12	<b>2</b> FILER NAME Madison Hood	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12/09/2025	<b>5</b> Payee name Harrison County Soil and Water Conservation District
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<b>6</b> Amount (\$) 125.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 201, Marshall, Texas 75671
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Donation	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/09/2025	Payee name Community Advisory Committee
--------------------	--------------------------------------------

Amount (\$) 180.00	Payee address; City; State; Zip Code Marshall, Texas 75670
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fee	Description Dues
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/15/2025	Payee name United States Post Office
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Amount (\$) 367.85	Payee address; City; State; Zip Code Marshall, Texas 75671
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Postage	Description Fundraising Expense
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>12</b>	<b>2</b> FILER NAME <b>Madison Hood</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/17/2025</b>	<b>5</b> Payee name <b>Walgreens</b>	
<b>6</b> Amount (\$) <b>234.20</b>	<b>7</b> Payee address; City; State; Zip Code <b>309 East End Blvd. South, Marshall, Texas 75671</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Other</b>	<b>(b)</b> Description <b>Gift Cards for Teachers</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<b>Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span></b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<b>Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span></b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Madison Hood	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/22/2025	<b>5</b> Payee name Madison Hood	
<b>6</b> Amount (\$) 1,080.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P.O. Box 73, Marshall, Texas 75671	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description P.O. Box, Cake, Stamps, Cookies, Misc. Fundraising Event Expenses
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Madison Hood	Office sought Harrison County Criminal District Attorney
<b>4</b> Date 10/21/2025	<b>5</b> Payee name Madison Hood	
<b>6</b> Amount (\$) 257.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P.O. Box 73, Marshall, Texas 75671	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Fundraising and Snacks for Jr. High
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>4</b> Date 12/08/2025	<b>5</b> Payee name Madison Hood	
<b>6</b> Amount (\$) 400.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P.O. Box 73, Marshall, Texas 75671	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED