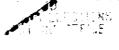
### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE PERDR

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filter ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS MRS (MR) FIRST  MARUIN  NICKNAME LAST	MI SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY; STATE: ZIP CODE	
5 CANDIDATE/ OFFICEHOLDER PHONE	14710 FM 359 Hempstead AREA CODE PHONE NUMBER (832) 359 0086	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MAWIN NICKNAME LAST	M!SUFFIX	Pate Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S  17410 [M 359  AREA CODE PHONE NUMBER	Hemisterd Tx	77 Y Y S
TREASURER PHONE	(832) <b>359</b> 2086		
9 REPORT TYPE	July 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year じみ / U / 16	THROUGH C2/	Day Year / 2 / / / C
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	County Co	mnissioner Pc+#3
	GO TO	FAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



## FORM C/OH COVER SHEET PG 2

-		- 1213 \$ (2) C (11) (1) 44				
14 C/OH NAME  MARUIN HOOD  15 Filer ID (Ethics Commission Filers)						
16 NOTICE FROM POLITICAL COMMITTEE(S)	16 NOTICE FROM POLITICAL 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					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
	[_]SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME	-			
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION						
TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZ				
	2. TOTAL	POLITICAL CONTRIBUTIONS				
	(OTH <b>E</b> R	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2600.00			
EXPENDITURE	3. TOTAL I	\$				
TOTALS	UNLESS	SITEMIZED	* 4			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 655,54			
CONTRIBUTION BALANCE	5. TOTAL F	\$ 655,54 bay \$ 2600.00				
OUTSTANDING		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 1				
LOAN TOTALS	LAST D	AY OF THE REPORTING PERIOD	* <del>- 0</del>			
18 AFFIDAVIT						
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  My Commission Expires						
November 22, 2017 (ford, May UTW)						
Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said Marvin Hod , this the 22rd						
day of February, 20 / 4, to certify which, witness my hand and seal of office.						
Allaeh	Well.	Hilan Aven	Chiel Denutr			
Signature of officer a	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

			<u> </u>
SUBTOTALS -	C/OH	A Park	
00D:01A20	<b>0</b> , <b>0</b>	7916EEB 22	AM 8: 88

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

19	19 FILER NAME 20 Filer ID (Ethics Co				
	MARUIN Hood				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2600,00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	-6		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	-8-		
4.	SCHEDULE E: LOANS	\$	0		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$	ليك		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	SNOITU	0		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	655.54		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	S OF C/OH \$	8		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTI	ons \$	0		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	6		
			<del></del>		

### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**



#### SCHEDULE G

# EXPENDITURE CATEGORIES FOR BO

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)

	i ne instruction Guide explains now	to complete this form.	
1 Total pages Schedule G:	2 FILER NAME MARUIN HOUG		3 Filer ID (Ethics Commission Filers)
4 Date 2//6	5 Payee name Hempstead FFA		
6 Amount (\$) 50 0 0	7 Payee address; City: State: Zip Code  Hem PStc4 d He	gh Schoul	
Reimbursement from political contributions intended	Hemp Stead, Te (a) Category (See Categories listed at the top of this schedule)		5
PURPOSE OF EXPENDITURE	Contributions Mongtions	Check if travel outsid	le of Texas. Complete Schedule T. X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date 2 /11 / 16	Payee name Political La	on Signs	
Amount (\$) 473.56	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	GILB W. d. Avenue Category (See Categories listed at the top of this schedule)	netah,	NI 54956
PURPOSE OF EXPENDITURE	advir tisins	Check if travel outsid	le of Texas. Complete Schedule T. X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 2 / / 6	Payee name Vistagrint Car	ds	
Amount (\$)  131, 98  Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		e of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

### MONETARY POLITICAL CONTRIBUTIONS



	2116 EFB 22 AM 8:	: 00
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	MARUIN Hood	3 Filer ID (Ethics Commission Filers)
4 Date 2/5//6	5 Full name of contributor	7 Amount of contribution (\$) # 2500.00
_	10859 Schmidthd Wallat Tx 77484  upation / Job title (See Instructions)  9 Employer (See Instruc	ctions)
Ked	lired	
2/9//6	Full name of contributor	Amount of contribution (\$)
Principal occuj	pation / Job title (See Instructions)  Henpstead, Tx 77445  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occur	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

,			No. of Street,	_i	OF FIR	OKS ₹ <b>ØF</b>	M	C/O	Н
,	7916	FFD	CO				ET	PG	1

The CIOM Instruction Guide explains how to complete this form.  1 Filter ID Select Commission Filter  3 CANDIDATE/ OFFICENDLDER NAME  4 CANDIDATE/ OFFICENDLDER NAME  4 CANDIDATE/ OFFICENDLDER NAME  4 CANDIDATE/ OFFICENDLDER NAME  5 CANDIDATE/ OFFICENDLDER ADDRESS  Change of Address  144 Up Fn 359 Hcmyster ft Tx 77445  5 CANDIDATE/ OFFICENDLDER PHONE  6 CAMPAIGN  NOCHMANE  14				<u> Callurian</u>
OFFICE HELD CR NAME  OTHER SUFFIX  ODAS FRECENHED  ODAS FRECEN	The C/OH Instruction G	iulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
ACANDIDATE / OFFICEHOLDER ADDRESS : PO BOX APT : BUTE # CITY: STATE: ZIP CODE MAILING CANDIDATE / OFFICEHOLDER ADDRESS   PO BOX APT : BUTE # CITY: STATE: ZIP CODE MAILING CANDIDATE / OFFICEHOLDER PHONE NUMBER EXTENSION Date Mand-delivered or Date Posiminand Phone   Date Mand-delivered or Date Posiminand    6 CAMPAIGN THEASURER NAME   NICKMAME   STREET ADDRESS IND PO BOX PLEASE; APT : SUITE # CITY: STATE. ZIP CODE   Date Imaged    7 CAMPAIGN THEASURER ADDRESS (PRESIDENCE OF PURCHE NUMBER EXTENSION   Date Imaged   Date Imaged    8 CAMPAIGN TREASURER ADDRESS (PRESIDENCE OF PURCHE NUMBER EXTENSION   TX 7 744 5    8 CAMPAIGN TREASURER PHONE   January 15   John day before election   Exceeded \$500 \$mil   response appointment of the property appointment of	OFFICEHOLDER		MI	
OFFICEHOLDER ADDRESS  Change of Address  I YY IV FN 359 Hcm/stcd/Tk 77495  OFFICEHOLDER PHONE NUMBER EXTENSION  Date Hand-delivered or Date Perimanked  PHONE  PHON		NICKNAME LAST	SUFFIX	
S CAMPAIGN TREASURER NAME  AREA CODE (\$32)  359, CC\$6  CAMPAIGN TREASURER NAME  MS /MRS /MR FIRST MHLVJ/V NICKNAME  LAST Hoold  TREASURER ADDRESS (Residence or Business)  REPORT TYPE  January 15  Ja	OFFICEHOLDER MAILING			
S CAMPAIGN TREASURER NAME  AREA CODE (\$32)  359, CC\$6  CAMPAIGN TREASURER NAME  MS /MRS /MR FIRST MHLVJ/V NICKNAME  LAST Hoold  TREASURER ADDRESS (Residence or Business)  REPORT TYPE  January 15  Ja	Change of Address	14410 Fm 359 Hemist	(cd (x 7744)	
NICKNAME  ILST    Date Imaged	OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
NICKNAME  ILST    Date Imaged		MS / MRS / MR FIRST	MI	Receipt # Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  144 O FA 355 Harystad, TX 7 744 5  8 CAMPAIGN TREASURER PHONE  15th day after campaign Treasurer PHONE  15th day after campaign Treasurer appointment (Officended \$500 limit   Final Report (Aftach CiOH - FR)  10 PERIOD COVERED  11 ELECTION  ELECTION DATE Month Day Vear Primary   Runoff   Special  12 OFFICE  OFFICE HELD (If any)  TAMPAIGN TREASURER PHONE  PHONE PHONE NUMBER EXTENSION  FINAl Report (Aftach CiOH - FR)  15th day after campaign Treasurer appointment (Officended \$500 limit   Final Report (Aftach CiOH - FR)  THROUGH  CI 3		1		Date Processed
TREASURER ADDRESS (Residence or Business)    YU   0 FN 35 9		Hood	22	Date Imaged
14 4 10 FK 35 9   Henristend, TX 7 744 5	TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	ITE #: CITY; STATE;	ZIP CODE
TREASURER PHONE  (\$32)  3590086  9 REPORT TYPE  January 15  John day before election  Runoff  Runoff  Runoff  Runoff  Ish day after campaign treasurer appointment (Officeholder Only)  July 15  Bith day before election  Exceeded \$500 limit  Final Report (Attach C/OH-FR)  10 PERIOD  COVERED  Month  Day  Year  THROUGH  THROUGH  I ELECTION TYPE  Month  Day  Year  Primary  Runoff  General  Special  12 OFFICE  OFFICE  OFFICE HELD (if any)  TSh day after campaign  Iterature appointment  Officeholder Only)  Final Report (Attach C/OH-FR)  Final Report (Attach C/OH-FR)  Final Report (Attach C/OH-FR)  Final Report (Attach C/OH-FR)  THROUGH  I Sh day after campaign  Iterature appointment  Officeholder Only)  Final Report (Attach C/OH-FR)  THROUGH  I Sh day after campaign  Iterature appointment  Officeholder Only)  Final Report (Attach C/OH-FR)  THROUGH  I Sh day after campaign  I treasurer appointment  Officeholder Only)  Final Report (Attach C/OH-FR)  THROUGH  I Sh day after campaign  I treasurer appointment  Officeholder Only)  Final Report (Attach C/OH-FR)  THROUGH  I Sh day after campaign  I treasurer appointment  Officeholder Only)  Final Report (Attach C/OH-FR)  THROUGH  I Sh day after campaign  I treasurer appointment  Officeholder Only)  Final Report (Attach C/OH-FR)  THROUGH  I Sh day after campaign  I treasurer appointment  Officeholder Only)  Through  I Sh day after campaign  I treasurer appointment  I Sh day after campaign  I treasurer appointment  Officeholder Only)  Final Report (Attach C/OH-FR)	(Hesidence or Business)	144/0 FA 359 Homest	tend TX 7744	5
January 15  Januar	TREASURER	l e e e e e e e e e e e e e e e e e e e	EXTENSION	
10 PERIOD Month Day Year Month Day Year COVERED  COVERED  THROUGH	9 REPORT TYPE	January 15 30th day before ele	ection Runoff	treasurer appointment
THROUGH  COVERED  COVERED  COVERED  COVERED  COVERED  THROUGH  THROUGH  COVERED  THROUGH  THROUGH  COVERED  THROUGH  THROUGH  COVERED  THROUGH  THR		July 15 Sth day before elect	tion Exceeded \$500 limit	Final Report (Attach C/OH - FR)
Month Day Year Primary Bunoff Other Description  12 OFFICE OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  County Connissional Pcf #3		·		•
Month Day Year Primary Runoff Other Description  General Special  12 OFFICE OFFICE HELD (If any)  13 OFFICE SOUGHT (If known)  Caunty Connission in Part 43	11 ELECTION	ELECTION DATE	ELECTION TYPE	
General Special  12 OFFICE OFFICE HELD (If any)  13 OFFICE SOUGHT (If known)  County Connissional Pcf #3		Month Day Year Primary		
County Connissioner Pct #3		General		
	12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)
			County Con	missioner Pct #3
GO TO PAGE 2		GO TO I	" 1	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



			T-G		
14 C/OH NAME  MARU In HOOCI  15 File ID (Ethics Commission Filers)					
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIS			
		POLITICAL CONTRIBUTIONS THAN PLEDGES. LOANS, OR GUARANTEES OF LOANS)	\$ <u>~~~</u>		
EXPENDITURE TOTALS	i	POLITICAL EXPENDITURES OF \$100 OR LESS.	\$ &		
	4. TOTAL POLITICAL EXPENDITURES \$				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$		
18 AFFIDAVIT					
	HILARY L AVER otary Public, State of My Commission Exp November 22, 2017	true and correct and includes all inf under Title 15, Election Code. Texas	perjury, that the accompanying report is ormation required to be reported by me		
Signature of Candidate or Officeholder					
AFFIX NOTARY STAM					
Sworn to and subsc		by the said Marvin Hood	$\underline{}$ , this the $\underline{22}$		
day of Chrua	1, 20 / U .	to certify which, witness my hand and seal of office.			
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath		