

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Karen Hood		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 39700.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13000.00

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.

Karen Hood
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Karen Hood and my date of birth is 3/3/1958
 My address is 2960 Ann Dr, MIDLAND, TX, 79705 MIDLAND
 Executed in MIDLAND County, State of TEXAS, on the 15th day of January, 2026
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 26700.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 9789.16
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 13000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 12167.55
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 4
2 FILER NAME Karen Hood		3 Filer ID (Ethics Commission Filers)
4 Date 11/25/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Patsy N. Hoelscher 6 Contributor address; City; State; Zip Code 8612 S County Road 1210 Midland, TX 79706-7818	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Blue Bonnet Estate Sales
Date 11/25/2025	Full name of contributor out-of-state PAC (ID#: _____) Carl O. Brininstool, Jr. Contributor address; City; State; Zip Code 3101 Palo Verde Glen, Midland, TX 79710	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) Oil & Gas		Employer (See Instructions) Retired
Date 11/25/2025	Full name of contributor out-of-state PAC (ID#: _____) Dorota S. Anderson Contributor address; City; State; Zip Code 2568 Hughes St, Midland, TX 79705	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Domestic		Employer (See Instructions) Self
Date 11/25/2025	Full name of contributor out-of-state PAC (ID#: _____) C.H. Brockett, Jr. Contributor address; City; State; Zip Code P.O. Box 1841, Midland, TX 79702	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Brockett, McNeal & Pocsik, LLP
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 4
2 FILER NAME Karen Hood		3 Filer ID (Ethics Commission Filers)
4 Date 11/25/2025	5 Full name of contributor out-of-state PAC (ID#: _____) B. Decker 6 Contributor address; City; State; Zip Code 3503 Cedar Prairie Dr., League City, TX 77573	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Doug Johnson Contributor address; City; State; Zip Code 3610 Bermuda Ct., Midland, TX 79707	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Midland College
Date 12/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Cathie D Broten Contributor address; City; State; Zip Code 6100 Dunbarton Oaks Blvd, Midland, TX 79705-1810	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Domestic		Employer (See Instructions) Retired
Date 12/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Gary Covington Contributor address; City; State; Zip Code P.O. Box 1311, Midland, TX 79702	Amount of contribution (\$) 20,000.00
Principal occupation / Job title (See Instructions) Oil & Gas		Employer (See Instructions) Self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Karen Hood		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Linda Melson 6 Contributor address; City; State; Zip Code PO Box 4936, Midland, TX 79704	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Financial Advisor		9 Employer (See Instructions) Melson & Assoc
Date 12/12/2025	Full name of contributor out-of-state PAC (ID#: _____) John R. Bumpers Contributor address; City; State; Zip Code 4909 Los Alamitos Dr., Midland, TX 79705	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) Retired
Date 12/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Lynn A James Contributor address; City; State; Zip Code 1706 Country Club Dr., Midland, TX 79701	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 12/12/2025	Full name of contributor out-of-state PAC (ID#: _____) DeLaura Gammage Contributor address; City; State; Zip Code 4400 N. Big Spring St. Midland, TX 79705	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Legacy Real Estate
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Karen Hood		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Robert R. Donnelly 6 Contributor address; City; State; Zip Code P.O. Box 3488, Midland, TX 79702	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Oil & Gas - President		9 Employer (See Instructions) Eastland Oil Company
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 4	
2 FILER NAME Karen Hood		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date 11/05/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Miller 7 Pledgor address; City; State; Zip Code 2204 Whitney Dr. Midland, TX 79705	8 Amount of Pledge \$ 104.10	9 In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) Retired		11 Employer (See Instructions) Retired	
Date 11/05/2025	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Heineman Pledgor address; City; State; Zip Code 3712 Jordan Ave., Midland, TX 79707	Amount of Pledge \$ 104.10	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) Mgr		Employer (See Instructions) ARC	
Date 11/05/2025	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kely Cooke Pledgor address; City; State; Zip Code 2307 Camarie, Midland, TX 79705	Amount of Pledge \$ 104.10	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 11/05/2025	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindy Cummings Pledgor address; City; State; Zip Code 10200 E County Rd 105, Midland, TX 79706	Amount of Pledge \$ 100.00	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 4	
2 FILER NAME Karen Hood		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date 11/05/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin Wall 7 Pledgor address; City; State; Zip Code 3625 Hyde Park Ave., Midland, TX 79707	8 Amount of Pledge \$ 52.05	9 In-kind contribution description
10 Principal occupation / Job title (See Instructions) CEO		11 Employer (See Instructions) Op Tribe	
11/05/2025	Mark Wagner 2806 Ann Dr., Midland, TX 79705	100.00	
Retired		Retired	
11/06/2025	Jo Douglas 2508 Legacy Oaks, Midland, TX 79705	1,000.00	
Retired		Retired	
11/09/2025	Mark Matson 3508 Sagecrest Terrace, Ft Worth, TX 76109	1,041.02	
Retired		Retired	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 4	
2 FILER NAME Karen Hood		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendell Olson	8 Amount of Pledge \$	9 In-kind contribution description
11/21/2025	7 Pledgor address; City; State; Zip Code 1109 150th Street West, Rosemount, MN 55068	208.20	
Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (See Instructions) Director of Operations		11 Employer (See Instructions) St Paul Festival Heritage	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Smith	Amount of Pledge \$	In-kind contribution description
11/28/2025	Pledgor address; City; State; Zip Code 6329 Weatherby Rd, Grandbury, TX 76049	1,000.00	
Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh Guinn	Amount of Pledge \$	In-kind contribution description
12/03/2025	Pledgor address; City; State; Zip Code 10308 Hernandez Ave., Midland, TX 79707	520.51	
Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions) Oil Gad		Employer (See Instructions) Flat Rock Consulting	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Hodges	Amount of Pledge \$	In-kind contribution description
12/03/2025	Pledgor address; City; State; Zip Code 2600 I St., Midland, TX 79705	2,602.54	
Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions) Corporate		Employer (See Instructions) TCS	

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 4	
2 FILER NAME Karen Hood		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date 12/04/2025	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austella Berry	8 Amount of Pledge \$ 250.00	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code 9901 S. County Rd 1218, Midland, TX 79706		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions) Retail		11 Employer (See Instructions) Self	
Date 12/24/2025	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell Potter Jr.	Amount of Pledge \$ 2,602.54	In-kind contribution description
Pledgor address; City; State; Zip Code 2903 Ann Dr., Midland TX 79705		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions) Landscape		Employer (See Instructions) Turf Specialties	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Karen Hood		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10-3-2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Hood	9 Loan Amount (\$) 13000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code Box 51304 Midland, TX 79710-1304	10 Interest rate 0
		11 Maturity date 11/30/2026
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions) Retired
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 10/18/2025	6 Payee name CAZ Consulting
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7 Amount (\$) 400.00	8 Payee address; City; State; Zip Code 5049 Edwards Ranch Road, Ft. Worth, TX 76109 <small>Check if individual's residence address.</small>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Logo Design
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/30/2025	Payee name CAZ Consulting
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Amount (\$) 1000.00	Payee address; City; State; Zip Code 5049 Edwards Ranch Road, Ft. Worth, TX 76109 <small>Check if individual's residence address.</small>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:		2 FILER NAME Karen Hood		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				\$	
5 Date 12/01/2025		6 Payee name CAZ Consulting			
7 Amount (\$) 1500.00		8 Payee address; 5049 Edwards Ranch Road, Ft. Worth, TX 76109		City; State; Zip Code	
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political		<input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Political Consulting	
		(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date 12/31/2025		Payee name CAZ Consulting			
Amount (\$) 1500.00		Payee address; 5049 Edwards Ranch Road, Ft. Worth, TX 76109		City; State; Zip Code	
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political		<input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description Political Consulting	
		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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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

1 Total pages Schedule F2:	2 FILER NAME Karen Hood	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 11/09/2025	6 Payee name CAZ Consulting
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7 Amount (\$) 1779.50	8 Payee address; 5049 Edwards Ranch Road, Ft. Worth, TX 76109 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Texting - MMS
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

11 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 CAZ Consulting
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Amount (\$) 400.00	Payee address; 5049 Edwards Ranch Road, Ft. Worth, TX 76109 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Palm Card Design
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Karen Hood	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 11/01/2025	6 Payee name CAZ Consulting
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7 Amount (\$) 1,500.00	8 Payee address; 5049 Edwards Ranch Road, Ft. Worth, TX 76109 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Political Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/04/2025	Payee name CAZ Consulting
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Amount (\$) 250.00	Payee address; 5049 Edwards Ranch Road, Ft. Worth, TX 76109 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Hosting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Karen Hood	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 11/18/2025	6 Payee name CAZ Consulting
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7 Amount (\$) 100.00	8 Payee address; 5049 Edwards Ranch Road, Ft. Worth, TX 76109 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Political Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/04/2025	Payee name A-1 Embrodery
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Amount (\$) 37.84	Payee address; P.O. Box 2636, Midland, TX 79702 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Apparel
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Karen Hood	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 11/19/2025	6 Payee name A-1 Sign Engravers
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7 Amount (\$) 3,020.00	8 Payee address; PO Box 2641, Midland, TX 79702 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/08/2025	Payee name A-1 Sign Engravers
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Amount (\$) 253.50	Payee address; PO Box 2641, Midland, TX 79702 <small>Check if individual's residence address.</small>	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Palm Cards & Labels
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Karen Hood	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 12/31/2025	6 Payee name WinRed		
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7 Amount (\$) 426.71	8 Payee address;	City;	State;	Zip Code
<small>Check if individual's residence address.</small>				

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Payment Processing Fees
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
<small>Check if individual's residence address.</small>				

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

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