



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

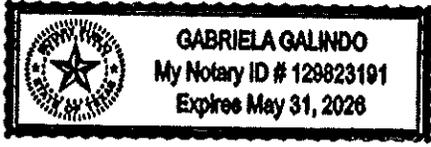
15 C/OH NAME Karen Hood		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14913.77
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 16254.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 37933.15
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 Karen Hood this the 2 day of February 2026, to certify which, witness my hand and seal of office.  
Gabriela Galindo Gabriela Galindo Notary  
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 3/3/58  
My address is P.O. Box 51304, Midland TX 79710 USA  
(street) (city) (state) (zip code) (country)  
Executed in Midland County, State of TX, on the 2nd day of February, 2026  
(month) (year)  
Karen Hood  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Karen Hood

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14913.77
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 13,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16254.11
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 4,620.74
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: <i>6</i>
2 FILER NAME Karen Hood		3 Filer ID (Ethics Commission Filers)
4 Date 1/2/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Dennis Miller 6 Contributor address; City; State; Zip Code 2204 Whitney Dr., Midland, TX 79705	7 Amount of contribution (\$)  <b>104.10</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 1/2/2026	Full name of contributor out-of-state PAC (ID#: _____) Scott Heineman Contributor address; City; State; Zip Code 3712 Jordan Ave., Midland, TX 79707	Amount of contribution (\$)  <b>104.10</b>
Principal occupation / Job title (See Instructions) Mgr		Employer (See Instructions) ARC
Date 1/2/2026	Full name of contributor out-of-state PAC (ID#: _____) Kely Cooke Contributor address; City; State; Zip Code 2307 Camarie, Midland, TX 79705	Amount of contribution (\$)  <b>104.10</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 1/2/2026	Full name of contributor out-of-state PAC (ID#: _____) Mindy Cummings Contributor address; City; State; Zip Code 10200 E. County Rd 105, Midland, TX 79706	Amount of contribution (\$)  <b>100.00</b>
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.

# 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: <i>10</i>
2 FILER NAME Karen Hood		3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Benjamin Wall ..... 6 Contributor address; City; State; Zip Code 3625 Hyde Park Ave., Midland, TX 79707	7 Amount of contribution (\$)  <b>52.05</b>
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Op Tribe
Date 01/02/2026	Full name of contributor out-of-state PAC (ID#: _____) Mark Wagner ..... Contributor address; City; State; Zip Code 2806 Ann Dr., Midland, TX 79705	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/02/2026	Full name of contributor out-of-state PAC (ID#: _____) Jo Douglas ..... Contributor address; City; State; Zip Code 2508 Legacy Oaks, Midland, TX 79705	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/02/2026	Full name of contributor out-of-state PAC (ID#: _____) Mark Matson ..... Contributor address; City; State; Zip Code 3508 Sagecrest Terrace, Ft Worth, TX 76109	Amount of contribution (\$)  <b>1,041.02</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>6</b>
2 FILER NAME Karen Hood		3 Filer ID (Ethics Commission Filers)
4 Date 1/2/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Kendell Olson	7 Amount of contribution (\$)  <b>208.20</b>
	6 Contributor address; City; State; Zip Code 1109 150th Street West, Rosemount, MN 55068	
8 Principal occupation / Job title (See Instructions) Director of Operations		9 Employer (See Instructions) St. Paul Festival Heritage
Date 1/2/2026	Full name of contributor out-of-state PAC (ID#: _____) Jimmy Smith	Amount of contribution (\$)  <b>1000.00</b>
	Contributor address; City; State; Zip Code 6329 Weatherby Rd, Grandbury, TX 76049	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 1/2/2026	Full name of contributor out-of-state PAC (ID#: _____) Josh Guinn	Amount of contribution (\$)  <b>520.51</b>
	Contributor address; City; State; Zip Code 10308 Hernandez ave., Midland, TX 79707	
Principal occupation / Job title (See Instructions) Oil Gad		Employer (See Instructions) Flat Rock Consulting
Date 1/2/2026	Full name of contributor out-of-state PAC (ID#: _____) Brandon Hodges	Amount of contribution (\$)  <b>2602.54</b>
	Contributor address; City; State; Zip Code 2600 I St., Midland, TX 79705	
Principal occupation / Job title (See Instructions) Corporate		Employer (See Instructions) TCS

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# 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.		<b>1</b> Total pages Schedule A1: <span style="font-size: 1.5em;">6</span>
<b>2</b> FILER NAME Karen Hood		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/02/2026	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Austella Berry <hr/> <b>6</b> Contributor address; City; State; Zip Code 9901 S County Rd 1218 Midland, TX 79706	<b>7</b> Amount of contribution (\$)  <span style="font-size: 2em;">250.00</span>
<b>8</b> Principal occupation / Job title (See Instructions) Retail		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 01/02/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Russell Potter Jr. <hr/> <b>Contributor address;</b> City; State; Zip Code 2903 Ann Dr. Midland, TX 79705	<b>Amount of contribution (\$)</b>  <span style="font-size: 2em;">2,602.54</span>
<b>Principal occupation / Job title (See Instructions)</b> Landscape		<b>Employer (See Instructions)</b> Turf Specialties
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <hr/> <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <hr/> <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

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# 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>6</b>
2 FILER NAME Karen Hood		3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Rebecca Young 6 Contributor address; City; State; Zip Code 2702 W County Rd 130, Midland, TX 79706	7 Amount of contribution (\$)  <b>2,500.00</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/12/2026	Full name of contributor out-of-state PAC (ID#: _____) Richard Hatchett Contributor address; City; State; Zip Code 4913 Rustic Trail, Midland TX 79707	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) WTG
Date 01/12/2026	Full name of contributor out-of-state PAC (ID#: _____) Dee K. Carter Contributor address; City; State; Zip Code 1030 Andrews Hwy, Ste 105, Midland, TX 79701	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Carter Financial
Date 01/16/2026	Full name of contributor out-of-state PAC (ID#: _____) Kathleen Young Contributor address; City; State; Zip Code 11901 West County Rd. 58, Midland, ,TX 79707	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <span style="font-size: 2em;">6</span>
2 FILER NAME Karen Hood		3 Filer ID (Ethics Commission Filers)
4 Date 01/14/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Kathrine Coffman 6 Contributor address; City; State; Zip Code 3607 Woodhaven Ct. Midland, TX 79707	7 Amount of contribution (\$)  <span style="font-size: 3em;">520.51</span>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/23/2026	Full name of contributor out-of-state PAC (ID#: _____) Rosalie Campbell Contributor address; City; State; Zip Code 110 Ridglea, Ridglea, TX 79701	Amount of contribution (\$)  <span style="font-size: 3em;">104.10</span>
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.

6

# 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: <b>1</b>
2 FILER NAME <b>Karen Hood</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>10/03/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Karen Hood</b>	9 Loan Amount (\$) <b>13,000.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>PO Box 51304 Midland, TX 79710-1304</b>	10 Interest rate <b>0.00</b>
		11 Maturity date <b>11/30/2026</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <b>none</b>		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <b>not applicable</b>	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 <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <b>not applicable</b>	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 5	<b>2</b> FILER NAME Karen Hood	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
	Check if individual's residence address.

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<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
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Date	Payee name
01/12/2026	WinRed

Amount (\$)	Payee address; City; State; Zip Code
20.51	Check if individual's residence address.

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Accounting/Banking	Payment Processing Fees
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	Payee name
01/21/2025	WinRed

Amount (\$)	Payee address; City; State; Zip Code
4.10	Check if individual's residence address.

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Accounting/Banking	Payment Processing Fees
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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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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Karen Hood	3 Filer ID (Ethics Commission Filers)
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4 Date 01/15/2026	5 Payee name CAZ Consulting
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6 Amount (\$) 100.00	7 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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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Political Consulting
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/15/2026	Payee name CAZ Consulting
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Amount (\$) 1,500.00	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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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Political Consulting
	<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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Date 01/15/2026	Payee name CAZ Consulting
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Amount (\$) 250.00	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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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Hosting
	<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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# 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:  5	<b>2</b> FILER NAME Karen Hood	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/15/2026	<b>5</b> Payee name CAZ Consulting	
<b>6</b> Amount (\$) 1,779.50	<b>7</b> Payee address; City; State; Zip Code 5049 Edwards Ranch Road, Ft. Worth, TX 76109 <small>Check if individual's residence address.</small>	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Texting - MMS
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date 01/15/2026	Payee name CAZ Consulting	
Amount (\$) 400.00	Payee address; City; State; Zip Code 5049 Edwards Ranch Road, Ft. Worth, TX 76109 <small>Check if individual's residence address.</small>	
<b>8</b>  PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Palm Card Design
	<b>(c)</b> <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
Date 01/15/2026	Payee name CAZ Consulting	
Amount (\$) 1,500.00	Payee address; City; State; Zip Code 5049 Edwards Ranch Road, Ft. Worth, TX 76109 <small>Check if individual's residence address.</small>	
<b>8</b>  PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Political Consulting
	<b>(c)</b> <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	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: 5	<b>2</b> FILER NAME Karen Hood	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/15/2026	<b>5</b> Payee name CAZ Consulting
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<b>6</b> Amount (\$) 1,500.00	<b>7</b> 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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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Political Consulting
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

<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 01/15/2026	Payee name CAZ Consulting
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Amount (\$) 400.00	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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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Logo 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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Date 01/15/2026	Payee name CAZ Consulting
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Amount (\$) 1,000.00	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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<b>PURPOSE OF EXPENDITURE</b>	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

# 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.

1 Total pages Schedule F1: <b>5</b>	2 FILER NAME Karen Hood	3 Filer ID (Ethics Commission Filers)
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4 Date 01/15/2026	5 Payee name CAZ Consulting
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6 Amount (\$) <b>7,800.00</b>	7 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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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Polling
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

9 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
------	------------

Amount (\$)	Payee address; <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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<b>PURPOSE OF EXPENDITURE</b>	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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Date	Payee name
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Amount (\$)	Payee address; <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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<b>PURPOSE OF EXPENDITURE</b>	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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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F2: 2	<b>2</b> FILER NAME Karen Hood	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date 01/18/2026	<b>6</b> Payee name CAZ Consulting
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<b>7</b> Amount (\$) 1309.40	<b>8</b> 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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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Texting - MMS
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/19/2025	Payee name A-1 Sign Engravers
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Amount (\$) 3,020.00	Payee address; City; State; Zip Code PO Box 2641 Midland, TX 79702 <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 Yard Signs
	<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.

<b>1</b> Total pages Schedule F2: 2	<b>2</b> FILER NAME Karen Hood	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date 12/04/2024	<b>6</b> Payee name A-1 Sign Embrodery
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<b>7</b> Amount (\$) 37.84	<b>8</b> 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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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Apparel
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

<b>11</b> Complete ONLY 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>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 Cards & Labels
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	

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