

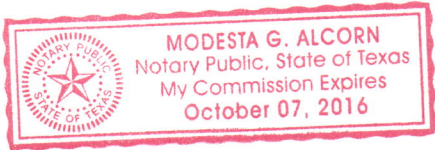
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**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: 2															
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:30%; text-align: center;">FIRST Ron</td> <td style="width:10%; text-align: center;">MI E.</td> <td style="width:40%;"></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST Hood</td> <td style="text-align: center;">SUFFIX</td> <td></td> </tr> </table>				MS / MRS / MR	FIRST Ron	MI E.		NICKNAME	LAST Hood	SUFFIX		OFFICE USE ONLY <div style="font-size: 1.5em; font-weight: bold; color: blue; margin: 10px 0;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; color: blue; margin: 5px 0;">JAN 15 2016</div> <div style="font-size: 1.2em; font-weight: bold; color: blue; margin: 5px 0;">ELECTION OFFICE</div>						
	MS / MRS / MR	FIRST Ron	MI E.																
NICKNAME	LAST Hood	SUFFIX																	
<div style="font-size: small;">Date Received</div>																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:20%; font-size: small;">APT / SUITE #;</td> <td style="width:20%; font-size: small;">CITY;</td> <td style="width:20%; font-size: small;">STATE;</td> <td style="width:20%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">750 Dawn View, Dripping Springs, TX 78620</td> </tr> </table>				ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	750 Dawn View, Dripping Springs, TX 78620									
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<div style="font-size: small;">Date Processed</div>				<div style="font-size: small;">Amount \$</div>															
<div style="font-size: small;">Date Imaged</div>																			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="text-align: center;">2007 Hidden Hills Dr., Dripping Springs, TX 78620</td> </tr> </table>					STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	2007 Hidden Hills Dr., Dripping Springs, TX 78620								
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)						
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:20%; font-size: small;">Year</td> <td style="width:20%;"></td> <td style="width:20%; font-size: small;">Month</td> <td style="width:10%; font-size: small;">Day</td> <td style="width:20%; font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">/ 01</td> <td style="text-align: center;">/ 2015</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">12</td> <td style="text-align: center;">/ 31</td> <td style="text-align: center;">/ 2015</td> </tr> </table>					Month	Day	Year		Month	Day	Year	7	/ 01	/ 2015	THROUGH	12	/ 31	/ 2015
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12 OFFICE	<div style="font-size: small;">OFFICE HELD (if any)</div> <p style="text-align: center; font-size: 1.2em;">Constable</p>		13 OFFICE SOUGHT (if known) <p style="text-align: center; font-size: 1.2em;">Constable, Pct. 4</p>																

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

18 AFFIDAVIT		
<div><div></div><div><p>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.</p><p><u>Tom E. Hood</u></p><p>Signature of Candidate or Officeholder</p></div></div>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said <u>Ron E. Hood</u> , this the <u>14th</u> day of <u>January</u> , 20 <u>16</u> , to certify which, witness my hand and seal of office.		
<u>Modesta G. Alcorn</u>	<u>Modesta G. Alcorn</u>	<u>Notary Public, State of Texas</u>
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath