

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 | MS / MRS / MR | FIRST | MI | OFFICE USE ONLY Date Received <div style="font-size: 24pt; font-weight: bold;">Received</div> <div style="font-size: 24pt; font-weight: bold;">JUL 10 2019</div> <div style="font-size: 24pt; font-weight: bold;">Elections Office</div> Date Hand-delivered or Date Postmarked <table style="width:100%; border:none;"> <tr> <td style="border:none; width:50%;">Receipt #</td> <td style="border:none; width:50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border:none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border:none;">Date Imaged</td> </tr> </table> | | Receipt # | Amount \$ | Date Processed | | Date Imaged | |
| | Receipt # | Amount \$ | | | | | | | | | |
| Date Processed | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | |
| NICKNAME | | LAST | SUFFIX | | | | | | | | |
| | | Hood | | | | | | | | | |
| | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; | | CITY; | STATE; | ZIP CODE | | | | | | |
| | 750 Dawn View Dripping Springs, TX 78620 | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | | PHONE NUMBER | EXTENSION | | | | | | | |
| | (512) 820-8678 | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | Receipt # Amount \$ Date Processed Date Imaged | | | | | | | |
| | NICKNAME | | LAST | | | SUFFIX | | | | | |
| | | Robert | | | | | | | | | |
| | | George | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; | | CITY; | STATE; | ZIP CODE | | | | | | |
| | 2007 Hidden Hills Dr. Dripping Springs, TX 78620 | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | | PHONE NUMBER | EXTENSION | | | | | | | |
| | () | | | | | | | | | | |
| 9 REPORT TYPE | <input 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 checked="" 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) | | | | | | | | | | |
| 10 PERIOD COVERED | Month | | Day | Year | Month | | Day | Year | | | |
| | 01 | | 01 | 2019 | THROUGH | | 07 | 15 | 2019 | | |
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | | | | | | | |
| | Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | | | <input type="checkbox"/> General | <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | | | | 13 OFFICE SOUGHT (if known) | | | | | | |
| | Constable | | | | Constable, Pct. 4 | | | | | | |

GO TO PAGE 2

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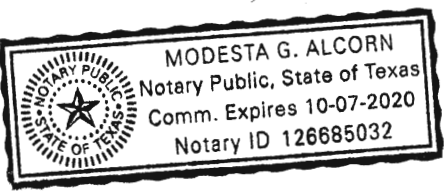
**FORM C/OH
COVER SHEET PG 2**

| | |
|---------------------|---|
| 14 C/OH NAME | 15 Filer ID (Ethics Commission Filers) |
|---------------------|---|

| | | |
|---|---|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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. | |
| | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE COMMITTEE NAME <p style="text-align: center;">n/a</p> |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

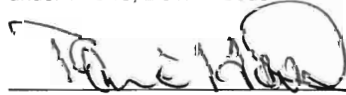
| | | |
|-------------------------------|---|----------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$0 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$0 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$300.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$0 |

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ron E. Hood, this the 8th day of July, 2019, to certify which, witness my hand and seal of office.

Modesta G. Alcorn
Signature of officer administering oath

Modesta G. Alcorn
Printed name of officer administering oath

Notary Public, State of Texas
Title of officer administering oath