

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u>	FIRST NAME <u>MARC</u>	MI <u>A.</u>
	NICKNAME	LAST NAME <u>LAHOOD</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>4014 McCULLOUGH AVE SA TX 78212</u>		
	Area Code PHONE NUMBER EXTENSION <u>(210) 405-1000</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	Area Code PHONE NUMBER EXTENSION <u>(210) 405-1000</u>		
	6 CAMPAIGN TREASURER NAME		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u>	FIRST NAME <u>NEIL</u>	MI <u>A.</u>
	NICKNAME	LAST NAME <u>CALFAS</u>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>310 S. ST. MARY'S ST. 25th FL SA TX 78205</u>		
	Area Code PHONE NUMBER EXTENSION <u>(210) 405-8315</u>		
8 CAMPAIGN TREASURER PHONE	Area Code PHONE NUMBER EXTENSION <u>(210) 405-8315</u>		
9 REPORT TYPE	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <u>12 / 8 / 21</u> THROUGH <u>12 / 31 / 21</u> Month Day Year		
11 ELECTION	ELECTION DATE Month Day Year <u>13 / 8 / 22</u>		ELECTION TYPE <input checked="" 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) <u>CRIMINAL DISTRICT ATTORNEY</u>
14 NOTICE FROM POLITICAL COMMITTEE(S) 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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

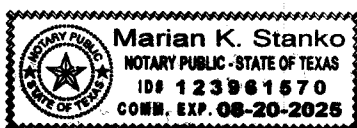
15 C/OH NAME <u>MARC LAHOOD</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>20,900</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>18,250</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>34,650</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>25,200</u>

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.

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Marc LaHood this the 18 day of January, 2022, 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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
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19 FILER NAME

MARC LAHOUD

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 20,900

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. SCHEDULE E: LOANS

\$ 25,000

5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ ~~30,000~~ 11,250 MC

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

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

\$

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 <i>MARC LAHOOD</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>12/22/21</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARC LAHOOD</i>	9 Loan Amount (\$)
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <i>127 ENCLINO BLANCO SA TX 78232</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>LAWYER</i>		13 Employer (See Instructions) <i>SELF</i>
14 Description of Collateral <i>none</i>		15 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 <i>none</i>		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.		

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: 2
2 FILER NAME MARC LA HOOD		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/21	5 Full name of contributor out-of-state PAC (ID#: MARC H RANSIER	7 Amount of contribution (\$) 200
6 Contributor address; City; State; Zip Code 103 GLENTONER DR SA TX 78213		
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 12/15/21	Full name of contributor out-of-state PAC (ID#: VIETNAM M. DINH	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 820A ROSEBEN CIR. BOERNE TX 78015		
Principal occupation / Job title (See Instructions) OWNER BOERNE FORD		Employer (See Instructions) SELF
Date 12/16/21	Full name of contributor out-of-state PAC (ID#: JUSTIN M. FOWLES	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 7731 CLAY RIDGE DR. SA TX 78239		
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) LAHOOD LAW, PLLC
Date 12/17/21	Full name of contributor out-of-state PAC (ID#: GARCIA PROPERTIES INC	Amount of contribution (\$) 5000
Contributor address; City; State; Zip Code 1400 CALLAGHAN RD SA TX 78228		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SELF
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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: 2
2 FILER NAME MARC LAHOD		3 Filer ID (Ethics Commission Filers)
4 Date 12/21/21	5 Full name of contributor out-of-state PAC (ID#: _____) DAVID F LEISTER 6 Contributor address; City; State; Zip Code 8310 WAYSIDE CREEK S.A. TX 78255	7 Amount of contribution (\$) 1200
8 Principal occupation / Job title (See Instructions) PASTOR		9 Employer (See Instructions) SELF
Date 12/16/21	Full name of contributor out-of-state PAC (ID#: _____) MICHAEL T. LAHOD Contributor address; City; State; Zip Code 107 PALO DURO SA TX 78232	Amount of contribution (\$) 10,000
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) SELF
Date 12/21/21	Full name of contributor out-of-state PAC (ID#: _____) IRG CONSTRUCTION Contributor address; City; State; Zip Code 16607 BLANCO RD STE 1505 SA. TX 78232	Amount of contribution (\$) 2,580
Principal occupation / Job title (See Instructions) CONSTRUCTION		Employer (See Instructions) SELF
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.

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:		2 FILER NAME MARC LAHOD		3 Filer ID (Ethics Commission Filers)	
4 Date 12/15/21		5 Payee name HARLAND CLARKY CHK			
6 Amount (\$)		7 Payee address; City; State; Zip Code 15955 LA CANTERA PKWY SA TX 78256			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		(b) Description CAMPAIGN CHARGE		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/28/21		Payee name MURPHY NASICA & ASS.			
Amount (\$)		Payee address; City; State; Zip Code 815 BRAZOS ST. STE A #304 AUSTIN, TX 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE		Description RETAINER		
	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	
Date 12/8/21		Payee name REPUBLICAN PARTY BEXAR COUNTY			
Amount (\$) 1250		Payee address; City; State; Zip Code 10300 HERITAGE BLVD ST. 240 SA TX 78216			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	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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