# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

		······································		
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Marc	MI A	OFFICE USE ONLY
NAME	NICKNAME	LA HOOD	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;	Cullouan Ave. S	city; state; zip code San XX 78212 Intonio	FILED IN M. COUNTY ADM. 27 JUL 14 BEXAR C
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (2(0))	PHONE NUMBER 405 - 1000	EXTENSION	Date Handstelivered or Date Postmarked  Receipt # Amounts
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	Nei'l	мі <i>А</i>	Date Processed
	NICKNAME	Calfas	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1	NO PO BOX PLEASE); APT / S ST Mary'S ST	· ·	STATE; ZIP CODE  TX 78205
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 405 - 831	EXTENSION 5	
9 REPORT TYPE	January 15	30th day before e	Cyconded Medified	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 20 / 22	THROUGH 6	Day Year  / 30 / <u>)                                  </u>
11 ELECTION	ELECTION DA	Year Primary	ELECTION TYPE  Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	Strict Attorney
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CANE	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
001111111111111111111111111111111111111	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

	E / OFFICEHO N FINANCE REI		(	COVER	FORM C/OH SHEET PG 2
15 C/OH NAME	arc La Houce	1	16	Filer ID (Ethio	cs Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOANS,	D POLITICAL CONTRIBUTION, OR GUARANTEES OF LOAINMADE ELECTRONICALLY)	•		
		<b>L CONTRIBUTIONS</b> DGES, LOANS, OR GUARAN	TEES OF LOANS)	*8	7,037.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURE		\$	
	4. TOTAL POLITICA	L EXPENDITURES		\$ 7	7,055.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF REPORTING PE	CONTRIBUTIONS MAINTAIN	ED AS OF THE LAST DA	Y \$ 4	19, 284.93
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTAND REPORTING PERIOD	ING LOANS AS OF THE	5	9,533.00
- W	Pleas  MEGAN LEIGH GIBS	e complete either	Signature of Candida	ate or office	holder
(1) Affidavit	Notary Public, State of Comm. Expires 09-03-2 Notary ID 12569992	Texas 2022			
	before me by		this the	day o	July.
11.	which, witness my hand and sea		Charle		3
Signature of officer administer	7 1	Megan Leigh name of officer administering	Gibson	Ti <b>le of</b> o	officer administering oath
		OR			
(2) Unsworn Declaration	on				
My name is		, and ı	ny date of birth is		
My address is	· · · · · · · · · · · · · · · · · · ·			_,	
	(street)		(city) (state)	(zi <b>p co</b> d€	e) (country)
Executed in	County, State of	, on the	day of (month)	, <b>20</b> (ye	ar)
		S	Signature of Candidate/	Officeh <b>ette</b> r (	Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	Marc La Hood	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 81,935.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <b>5</b> ,102.80
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 3,250.0%
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$ 3250 % \$ 77,0SS.\$\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

### SCHEDULE A1

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

		namannasaannamiska diikemussa kilosoofia oo		1 Total pages Schedule A1:
The	instruction Guide explains ho	w to complete ti	nis form.	10f 19
2 FILER NAME	Marc La Hoo	لح.		3 Filer ID (Ethics Commission Filers)
4 5010 2/22/22	5 Full name of contributor MiChael Grubb 6 Contributor address 213 Gladiola Lane	City: San Antoria	State; Zip Code - <del>7828</del> - <b>78</b> 213	7 Amount of contribution (\$)
B Principal occu <b>Zet</b> i	i ipation / Job title (See Instruction アセム	s)	9 Employer (See Instru Retired	uctions)
Date 2124122	Full name of contributor  Robert Millel  Contributor address  5150 Broadway  7th Floor# 212	Oity San Antonio	State; Zip Code  TX 78205	Amount of contribution (\$)
	pation / Job title (See Instructions  Pe De Signel		Employer (See Instru Magric Star	rctions) Y Cuse LLC dba Toibox design
Date 2128/22	Full name of contributor Suzan Delgado Contributor address: 10919 Forest Farm	City, Live Oak	State; Zip Code  TX	Amount of contribution (\$)
Principal occu ACCOUNT	I pation / Job title (See Instructions an+		Employer (See Instru San Wake	
Date 3/1/22	Full name of contributor  Joshua Morales  Contributor address:  530 Bluff Estates	□ our-of-state  City; San  An Honro	State; Zip Code	Amount of contribution (\$)
Principal occu	Jupation / Job title (See Instructions	s)	Employer (See Instri 5 Morales	

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#### SCHEDULE A1

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FILER NAME	Marc La Hood			3 Filer ID (Ethics Commission Filers)
Date 12122	5 Full name of contributor  SoSePh Molgan  6 Contributor address 10322 TippeCanoe	city. San Antonia	State; Zip Code  TX 78245	7 Amount of contribution (\$)
Principal occu	pation / Job Itle (See Instructions	3)	9 Employer (See Instru	ctions)
<sub>[1212</sub>	Full name of contributor  [CYTE Botch  Contributor address:  23538 Geven Wilds	City San Antonio	State; Zip Code TX 79258	Amount of contribution (\$)
	pation / Job title (See Instructions & SaleS	)	Employer (See Instru- USAA	ctions)
Date (22/22	Full name of contributor Palph Chapa  Contributor address: 16510 Blanco KeY	Out-of-state for San Ambania	State; Zip Code  TX 78247	Amount of contribution (\$)  \$ 50.00
Principal occur  Petired	pation / oblittle (See Instructions	()	Employer (See Instru Ret.red	ctions)
0ane 3/31/22	Full name of contributor Patricia Guido Contributor address: US30 Black Oak Weels	City. San Antonio	State: Zip Code  7x 78249	Amount of contribution (\$)
Principal occu	ipation / Job title (See Instructions	3)	Employer (See Instru Retired	ctions)

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#### SCHEDULE A1

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The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: 3 of 19
2 FILER NAME	Marc La Hood			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Pobert Sarna			7 Amount of contribution (\$)
3/25/22	6 Contributor address; 135 Plaza X.	City; Kerrville	State; Zip Code	\$ 2000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct Retired	tions)
	Full name of contributor  Delaty Sherith's Association  of Betar Count	out-of-state PA	C (ID#:)	Amount of contribution (\$)
4/8/22	Contributor address; 9200 Blockhay Smith los	City; San Antonco	State; Zip Code  7X 78217	\$5000.00
Principal occup	Action Commit	le	Employer (See Instruct	´
Date	Full name of contributor	<del>_</del>	C (ID#:)	Amount of contribution (\$)
4/28/22	San Antonio Bail Books Contributor address; 1311 W. Martin 54  \$102	City: San Antonio	State; Zip Code	\$ 800.00
Principal occup	oation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
4/20/22	Manul A. Dobrigue Z  Contributor address; 2515 w. Commerce Suik 1	City; Sun Antonio	State; Zip Code	\$ 500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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### SCHEDULE A1

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					_
The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1: 4 of (9
2 FILER NAME	Marc La Hood				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Ralph Chapa	out-of-state PAG	C (ID#:	)	7 Amount of contribution (\$)
4/8/22	6 Contributor address;	City;	State;	· '	\$ 50.00
	16910 Blanco Key	San Hatonia	LX	78247	
8 Principal occu Ret, red	pation / Job title (See Instructions)			oyer (See Instruct	tions)
Date	Full name of contributor Raiph Chapa	☐ out-of-state PA(	C (ID#:	)	Amount of contribution (\$)
5/1122	Contributor address,	City;	State;	Zip Code	\$ 50.00
	1896 Blancolley	Sun Antonia	<b>+</b> X	78207	. '
Principal occup Re+('M	pation / Job title (See Instructions) 상		ـ ا	etind	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:	)	Amount of contribution (\$)
5/12/22	David Herrman  Contributor address;	City;	State;	Zip Code	\$ 500.00
	Soog hest Amsk.6	San 10 Antonid	TX	79213	
	pation / Job title (See Instructions)		Emple C0	lumbia D	tions) Poalty, Ltd
Date	Full name of contributor	out-of-state PA	C (10#:	)	Amount of contribution (\$)
5/15/22	Contributor address: 219 Treasure hay	City; San Antonid	State;	zip Code 78209	\$ 1000.00
	Deation / Job title (See Instructions)  ACIAI A LVISE/	T TONE	Empl	oyer (See Instruction of the Ins	tions) Wea H 9

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#### SCHEDULE A1

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The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 5 of 19
2 FILER NAME	Marc La Hood			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
4/28/22	Ylas Bail Bonds 6 Contributor address; 802 Enrique M. Barrera PILLY	City; San Antonia	State; Zip Code TX 78237	\$ 200.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	
bail	bondman		Ylas Bail	Bonds
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
<sup>[</sup> ]/28/22	Any Time Buil Buns Contributor address; IIII Quintana Rd.	City; San Antonio	State; Zip Code	\$ 300.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
bail 1	oondmen		Anutime	Bail Bonds
Date	Full name of contributor	out-of-state PAC		Amount of contribution (\$)
4/28/22	AAA Gorcia Bail Bond Contributor address: 5714 NW Loof 410 #500	S City; Sag Antaño	State; Zip Code	9 250.00
1 - 1	pation / Job title (See Instructions)		Employer (See Instruct	Bail Bonds
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
5/20/22	Contributor address; 540 S. St Mary'S St	C. Brown, Sun Anteria	P. C. State; Zip Code  TX 7%205	\$2500.00
- 1 1	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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### SCHEDULE A1

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ii die reques	need information is not applicable, <b>bo Not in</b>		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Varc Lattood		3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
5/18/22	Martin Dinh 6 Contributor address; City; 8204 Roseben Cir Fair call	State; Zip Code	\$1000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	
Date		: (ID#:)	Amount of contribution (\$)
5/1912	Dennis NIXON  Contributor address; City;  510 McPherson PR  Laredo	State; Zip Code	\$ 2,500
<b>√</b> 0 '	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 5/23/22	Full name of contributor   out-of-state PAC Ralph Chapa  Contributor address; City;  16510 Blanco Key Sau Anhano	State; Zip Code  78247	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction See	tions)
Date 5124122	Full name of contributor out-of-state PAGE  CONTRIBUTOR RESEARCE  Contributor address; City;  Contributor address;	State; Zip Code  3	Amount of contribution (\$)
~ Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	bal Logistics
			!

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## SCHEDULE A1

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

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 7 of (9
2 FILER NAME	Varc LaHood		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PA	C (ID#:)	7 Amount of contribution (\$)
5/15/12	5 Full name of contributor out-of-state PA	State; Zip Code	\$250
8 Principal occu	pation / tob title (dee motionorio)	9 Employer (See Instruct	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
SIBITL	Contributor address; City;  Lag Carden View San  Action ( lab title (See Instructions)	State; Zip Code	\$ 250
Principal occup	ation / Job title (See instructions)	Retired	ions)
Date		C (ID#:)	Amount of contribution (\$)
5126122	Heidi Carrillo  Contributor address; City; 1290 Oak Hill Trail Stephenu	State; Zip Code	\$2500
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
09120	eld	Self	
Date	Full name of contributor	.C (ID#:)	Amount of contribution (\$)
5/26/22	Contributor address; City; 122 Ray Smith St	State; Zip Code	\$250.00
111	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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#### SCHEDULE A1

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1 Total pages Schedule A1: & of 19
3 Filer ID (Ethics Commission Filers)
7 Amount of contribution (\$)
5250 8016
ridge & Co Direarns
Amount of contribution (\$)
\$1000
(See Instructions) Enployed
Amount of contribution (\$)
Code \$ 1000
(See Instructions)
energy
Amount of contribution (\$)
\$2500 40077
(See Instructions)

#### SCHEDULE A1

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

		s.19.6			
The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1: 9 of 19	
2 FILER NAME	Marc La Hood			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor  Gurcia Pratertas I	U out-of-state PA	C (ID#:	7 Amount of contribution (\$)	
5/3//22	6 Contributor address;	San Antonio	State; Zip Cod	1 /	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See	Instructions)	
Date	Full name of contributor  Runald J. Hellman L  Contributor address;	out-of-state PA	<i>+</i>	Amount of contribution (\$)	
5 (31/24	Contributor address; 5035 W. Alere Sk (1)	City; Saa Antonid	State; Zip Cod †X 7%2	\$ 500.00	
Principal occup	pation / Job title (See Instructions)		Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)		
5/31/22	Contributor address; 102 Palo Dwo St	City; Sun Antonio	State; Zip Cod	14	
Principal occup	pation / Job title (See Instructions)		Employer (See	Instructions)	
Date	Full name of contributor Challes C. Ricter 5	out-of-state PA	AC (ID#:	Amount of contribution (\$)	
5/31/2	Contributor address;	City; San Antonio	State; Zip Cod		
Principal occup	pation / Job title (See Instructions)		Employer (See	· Instructions)	

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete the	is form.	1 Total pages Schedule A1:
2 FILER NAME	Marc La Hood	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor  uut-of-state P/	AC (ID#:)	7 Amount of contribution (\$)
5/31/22	Andrew Del Che+0 6 Contributor address; City; 1826 N Kamaru San Antonio	State; Zip Code	\$150000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
- 1 /	rney	Self	
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
5/31/22	Van Hon'y Archel Special  Contributor address; City; 23 W Lynwood San  Hataid	State; Zip Code TX 76313	\$ 200:00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
5/31/22	Contributor address; City; Von G/MY	State; Zip Code	\$300.00
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state Properties Guido	AC (ID#:)	Amount of contribution (\$)
5/31/22	Contributor address; City; US 30 Black San Oak Woods Antonio	State; Zip Code	\$ 150.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Petrophysical Petr	ctions)

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### SCHEDULE A1

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The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:	
2 FILER NAME	larc Lattood		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
5131/22	Paul Huckabay 6 Contributor address; City; 1302 Summer field SAN Alouio	State; Zip Code	\$1000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Lowver		Huckabay &	- Associates, PLLC
Date		C (ID#:)	Amount of contribution (\$)
513112	Contributor address; City; 130 Tala Vera Pking san APT 313	State; Zip Code	\$250
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Attack	sei	WALLIS La	w, P.C
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
50.0	John Bantrez		/ Wilderfield of Collaboration (4)
5131/22	Contributor address; City; Q26 Steubing Cays Steu	State; Zip Code	52500
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
OFDEN	ration supervisor	Martines	of Asoc.
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
5131/12	Contributor address; City; 12827 Gypsophila san	State; Zip Code	\$2500
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
busin	less owner	Selt	

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#### SCHEDULE A1

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		, — + <del></del>			-
The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME	Marc Lattood				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  Charles E. Am	□ out-of-state PA	C (ID#:	)	7 Amount of contribution (\$)
5/31/22		city; San Autonio	State; Zip o	Code	\$1000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (	:	ons)
Date	Full name of contributor	out-of-state PA	C (ID#:	)	Amount of contribution (\$)
6/1/22	Roberto G. Aran ba, Contributor address; 1903 Canhria	City; San Antonio	State; Zip		\$ 250.00
Principal occup	eation / Job title (See Instructions)		Employer (	(See Instructi	ons)
Date	Full name of contributor Anna L. Weisse		C (ID#:	)	Amount of contribution (\$)
6/1/22	Contributor address; 627 W. Mistleke Ave	City; San Antonio	State; Zip		\$ 250.00
Principal occup	pation / Job title (See Instructions)		Employer (	(See Instruct	ions)
Date	Full name of contributor  SeAFVLY R. McMar	□ out-of-state PA	.C (ID#:	)	Amount of contribution (\$)
6/1/22	Contributor address; 750 Tem 11 Rong	City; San Anyani'd		Code \$209	\$ 500.00
Principal occup	pation / Job title (See Instructions)	3.4.094	Retion	(See Instruct	ions)

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## SCHEDULE A1

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			- Market - Market
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 13 of 19
2 FILER NAME	larc Lattood		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
5131122	Sersio Acosta 6 Contributor address; City; 119 Convay DR SAN	State; Zip Code	\$200.00
9 Principal cour	Actorio	9 Employer (See Instruct	ions)
	pation / Job title (See Instructions)  NESS DWNEC	Self Self	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5/31/2012	Contributor address; City; Spu Movic 121 West Wood Jawn Ave	State; Zip Code	\$250.00
	121 west woodlawn are	TX 78212	
_	nation / Job title (See Instructions)  S Development	Employer (See Instruct	ions)
DUSINE	3 COCOPACES		
Date		(ID#:)	Amount of contribution (\$)
613122	Kalph Chapa Contributor address; City;	State; Zip Code	\$50.00
	16510 Blanco Key SAN ANDIO	TX 78247	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Refined	<u> </u>	Retired	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
6/10122	Deide Shiben Contributor address; City;	State; Zip Code	\$50.00
	1607 Ende Point Andorio	TX 78248	
	pation / Job title (See Instructions)	Employer (See Instruct	tions) Hed
mait	CION MGT	Self Emplo	syed

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#### SCHEDULE A1

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

Marc La Hood  4 Date 5 Full name of contributor out-of-state PAC (IDF: 7 Amount of contribution (\$)  6/1/22 6 Contributor address; City: State: Zip Code 7 RP 209  Anhario 7 X 78209  8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)  Alto (Nex) Amount of contributor out-of-state PAC (IDF: 12)  Date Full name of contributor out-of-state PAC (IDF: 14)  Contributor address; City: State: Zip Code 15 25 00 000  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (IDF: 14)  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (IDF: 14)  Contributor address; City: State: Zip Code 15 1000.00  Principal occupation / Job title (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  Date Full name of contributor out-of-state PAC (IDF: 15 Amount of contribution (\$)  Amount of contribution (\$)  Contributor address: City: State: Zip Code	The	Instruction Guide explains how	w to complete thi	s form.		1 Total pages Schedule A1: 14 of 19
Gloria 3 Miguel Diller  6 Contributor address; City: State: Zip Code Ambunio  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address: City: State: Zip Code Ambunio  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address: City: State: Zip Code Ambunio  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address: City: State: Zip Code Ambunio  Employer (See Instructions)  Sett  Amount of contribution (\$)  Contributor address: City: State: Zip Code Amount of contribution (\$)  Full name of contributor  Contributor address: City: State: Zip Code Ambunio  Full name of contributor  Contributor address: City: State: Zip Code Ambunio  Principal occupation / Job title (See Instructions)  Amount of contribution (\$)  Date  Full name of contributor  Out-of-state PAC (IDM:  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address: City: State: Zip Code Full name of contribution (\$)  Contributor address: City: State: Zip Code Full name of contribution (\$)  Contributor address: City: State: Zip Code Full name of contribution (\$)  Contributor address: City: State: Zip Code Full name of contribution (\$)	2 FILER NAME	Marc La Hood	ĺ			3 Filer ID (Ethics Commission Filers)
8 Principal occupation / Job title (See Instructions)  AHOMEY  Date  Full name of contributor  Contributor address:  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address:  City:  State:  Employer (See Instructions)  Employer (See Instructions)  Sett  Amount of contribution (\$)  Amount of contribution (\$)  Full name of contributor  Contributor address:  2 [10 Savyrass Rtg San ty Fo290  Antanio  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Full Savyrass Rtg San ty Fo290  Antanio  Employer (See Instructions)  Full president  Date  Full name of contributor  Out-of-state PAC (ID#:  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address:  City:  State:  Zip Code  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address:  City:  State:  Zip Code  Amount of contribution (\$)  Amount of contribution (\$)  Contributor address:  City:  State:  Zip Code  Show fch  Amount of contribution (\$)	- <b>4</b>	4-	<del></del>	C (ID#:	)	
Date Full name of contributor   out-of-state PAC (ID#   Amount of contribution (\$)    La Hood and Norton PULC   State; Zip Code   S 25 00 .99   Use The Set Set San TX To 216   State; Zip Code   Set Instructions)   Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Date	611/22				Zip Code 78 Zog	\$ 2500.00
La Hood and Norton PLLC   State; Zip Code   \$2500.00	Α		)	1	7	tions)
Contributor address; City; State; Zip Code \$ 2500. %  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID# 1000. %  Contributor address; City; State; Zip Code \$ 1000. %  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID# 1000. %  Principal occupation / Job title (See Instructions)  Principal occu	Date	Full name of contributor	out-of-state PA	C (ID#:	)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address;  2 [lo Sa wgrass Rtg Antonio  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address;  City;  State; Zip Code  \$25000.00  \$25000.00  \$25000.00  \$25000.00  \$25000.00  \$25000.00  \$25000.00	6/1/12	Contributor address;	City;	State;	· _	\$ 2500.00
Contributor address; City; State; Zip Code \$ 1000.99  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Procedure of Contributor  Date  Full name of contributor  Date  Full name of contributor  Contributor address; City; State; Zip Code \$ 25000.00  Contributor address; City; State; Zip Code \$ 25000.00  San Tx 7829	011-	pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)
Contributor address; City; State; Zip Code \$ 1000. 2  2110 Savgrass Rtg San Antonio  Principal occupation / Job title (See Instructions)  VICL PYCSIDENT  Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$)  516122 Contributor address; City; State; Zip Code 153 treeline Pane San Tx 7829	Date	Full name of contributor	out-of-state PA	.C (ID#:	)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  VICL PRESIDENT  Date  Full name of contributor  Sack F. Guentler 5/  Contributor address;  City;  State; Zip Code  153 Trestre Park  San  TX  TRANS  Employer (See Instructions)  Proc  The Show tech  Proc  The Show tech  The	616122	Contributor address;	Sun			\$ 1000.00
5/6/22 Sack B. Guentler 5/  Contributor address; City; State; Zip Code 153 treelne Pane San Tx 7829				Empl.		
153 tresine Park San TX 78209			_	.C (ID#:	)	Amount of contribution (\$)
	616122	DOICH E. Guerr Contributor address; 163 Freeline Panc Sair 301	City; San Anyonio			\$ 25000.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		pation / Job title (See Instructions		Empl	oyer (See Instruc	tions)
Business Owner Selt	<u>5US1</u>	ness uwher			<u> XIT</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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: 15 of 19
2 FILER NAME	larc Lattood		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
6122122	6 Contributor address; City; Star 210 Laurel Berry Autoric +	te; Zip Code × 7626	\$25.00
1.7	pation / Job title (See Instructions) 9 E	Employer (See Instruct	ions)
houat	SU	7120	
Date	Full name of contributor	)	Amount of contribution (\$)
6124/22		ite; Zip Code	\$50,00
	13:531 Carlton SAN Oaks Andria T	× 78232	
Principal occup		mployer (See Instruct	ions)
honer	aver	šelf	
Nonex			
Date	Full name of contributor	)	Amount of contribution (\$)
6124122	Contributor address; City; Sta	te; Zip Code	\$ 100.00
,	NG Future Dr SAN To	× 78213	
Principal occup		mployer (See Instruct	tions)
Reduce	d	relined	
Date	Full name of contributor	)	Amount of contribution (\$)
6125/22	- 1 11	ate; Zip Code	\$25.00
	12633 Hellas SAN TO	78153	
Principal occup		Employer (See Instruct	tions)
		<b>V</b>	

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### 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	1 Total pages Schedule A1:	
2 FILER NAME	Marc Latlood		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
6125122	Richard Briscoe  6 Contributor address; City: 14803 Forward SAN Pass	State; Zip Code	\$50.00
	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
6/25/22	Contributor address; City; 5106 Paralote Converse	State; Zip Code	\$50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
6128127	Contributor address; City;  139 (2-12-5)  SAN  Autorio  Dation / Job title (See Instructions)	State; Zip Code	\$ 250.00
Principal occup	eat Management	Employer (See Instruct	tions)
Date	) <u>_</u>	(ID#:)	Amount of contribution (\$)
4/28/22	SICYLE/ COOPER  Contributor address; City;  6307 BINCH Valley OF Antonio	State; Zip Code TX 79242	\$200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)

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#### SCHEDULE A1

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

The	Instruction Guide explains how	1 Total pages Schedule A1:			
2 FILER NAME	Marc La Hood				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:	)	7 Amount of contribution (\$)
6/10/22	Carlos D. G.\	City;	State;	Zip Code	\$1000.00
8 Principal occup	pation / Job title (See Instructions)		9 Emplo	oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:	)	Amount of contribution (\$)
6/19/22	PVD Managerent, Contributor address; P-0. Box 690804	City; San Andonia		Zip Code	\$ 1000.00
Principal occup	ation / Job title (See Instructions)		Emplo	yer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:	)	Amount of contribution (\$)
6/29/22	Defuty Sheri#S ASSOCI Contributor address; 9200 Broad way Ste 106	city; Sun Andonid	State;		\$2500.9
^	ation / Job title (See Instructions)	1/tee		oyer (See Instruct	ions) Ction Cempite
Date 6/29/22	Full name of contributor 29% a Ann Ruba	out-of-state PAC	; (ID#:	)	Amount of contribution (\$)
6129122	Contributor address;	City; Sun Hadraio	State;	Zip Code 7%218	\$ 100.00
Principal occup	ation / Job title (See Instructions)		Emplo	oyer (See Instruct	ions)

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#### SCHEDULE A1

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

The	Instruction Guide explains how	to complete thi	s form.		1 Total pages Schedule A1:
2 FILER NAME	Marc Latte	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor をリンのなっちん と・ ト	out-of-state PA	AC (ID#:	)	7 Amount of contribution (\$)
6/29/22	6 Contributor address; i <sup>143</sup> 8 WhisM Dawn	City; San Anden's	State;	Zip Code 78229	\$200.00
8 Principal occup	pation / Job title (See Instructions)		9 Emp	loyer (See Instruc	tions)
Date	Full name of contributor  Bew/17 B Ac	out-of-state PA	AC (ID#:	)	Amount of contribution (\$)
6/29/22	Bew/17 B Ac Contributor address; 17319 Fourtain MIST	City; San Anfonid	State;	Zip Code 7235	\$ 300.00
ذ ا	ation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	AC (ID#:	)	Amount of contribution (\$)
6/29/22	Sam Guido Contributor address; 4530 Black Oak words	City; San AnJonro	State;	Zip Code 78249	\$100.00
Principal occup Petri	oation / Job title (See Instructions)			loyer (See Instruc	tions)
Date	Full name of contributor  Mauro Carza	out-of-state P/	AC (ID#:	)	Amount of contribution (\$)
6129/22	Contributor address;	City; San An Jun 18	State;	Zip Code 78212	\$ 100000
Principal occup	pation / Job title (See Instructions)  Ness Dwher		Emp	loyer (See Instruc	ctions)

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#### SCHEDULE A1

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

The	Instruction Guide explains how		1 Total pages Schedule A1:		
2 FILER NAME	Marc Lattone	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor  Gregory N. Rille	out-of-state PA	C (ID#:	)	7 Amount of contribution (\$)
6/29/22	6 Contributor address; 211 AS+/ S+	city; San Autonio	State;	Zip Code 78210	\$ 50.00
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruct	tions)
Date	Full name of contributor Su Sanna L. Bea	□ out-of-state PA	C (ID#:	)	Amount of contribution (\$)
6/29/22		City; Scn Antonid	_	Zip Code 70232	\$20.00
Principal occup	pation / Job title (See Instructions)		Empl N	oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PA	C (ID#:	)	Amount of contribution (\$)
6/29/22	Michael T. Stelle Contributor address; 12919 Old Stillhaw	City; San Antonio	State;	Zip Code 70258	\$20.00
Principal occup	pation / Job title (See Instructions)		Empl 1	oyer (See Instruct	tions)
Date	Full name of contributor RYan OS Log	out-of-state PA	C (ID#:	)	Amount of contribution (\$)
6/29/2	Contributor address;	City; Mudna	State;	Zip Code 78/88	\$495.00
Principal occup	pation / Job title (See Instructions)	_	Empl	oyer (See Instruct	tions)
	X				

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## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A2 The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Marc La Hood 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 6 Full name of contributor 9 In-kind contribution 5 Date 4/14/22 AlamoTees/James Larson
4/14/22 7 Contributor address: Star Star Zip Code
12%14 Cogbum Ahr Antonio TX 7%249 \$1,200.00 T-Shirts Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) Ad Ver 4. SINS
12 Centributor's principal accuration (FOR JUDICIAL) Seif Contributor's job title (FOR JUDICIAL) (See Instructions) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Amount of In-kind contribution Check if travel outside of Texas. Complete Schedule T Employer (FOR NON-JUDICIAL) (See Instructions) Principal occupation / Job title (FOR MCN-JUDICIAL) (See Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUD/CIAL) if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	* *	1 Total pages Schedule A2: 2 of 2			
2 FLER NAME	Marc La Hood		3 Filer ID (Ethics Co	ommission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date	6 Full name of contributor Out-of-state PAC (ID#)	8 Amount of Contribution \$	9 In-kind contribution description			
5/3/122	7 Contributor address: City: State:	Zip Code <b>7</b> 826		Fundraiser/Venue		
10 Principal oco	supation / Job title (FCR NON-JUDICIAL) (See Instructions)		The second secon	ide of Texas. Complete Schedule T. AL)(See Instructions)		
	principal occupation (FOR JUDICIAL)		utor's job title (FOR JU	JDICIAL)(See Instructions)		
14 Contributor's	employer/law /lirm (FOR JUDICIAL)	15 Law firm	m of contributor's spou	ise (if any) (FOR JUDICIAL)		
16 tr contributor	ris a child, law firm of parent/s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor   Gout-of-state PAC (ID#		Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outs	 		
Principal occ	pupation / Job title (FOR NCN-JUDICIAL) (See Instructions)	Employ	Employer (FOR NON-JUDICIAL) (See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR J	JDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law fin	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
if contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
		resource assessed and an experiment assessment and the Problem Conference of the Con	AND THE PERSON AND TH			
A. A. Berger and						
region of contraction of the con						
	ATTACH ADDITIONAL COPIES OF		ULE AS NEEDED	og raguirements		

## LOANS SCHEDULE E

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

<b></b>			
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME Mar	c La Hood		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$ 3250-
5 Date of loan 2/25/22	9 Loan Amount (\$) \$ 250 %		
6 Is lender a financial Institution?	Marc 3 Erica Lo  8 Lender address; City; 127 Enciho Blunco San Anyon	10 Interest rate  11 Maturity date	
1	on / Job title (See Instructions)	13 Employer (See Instructions)  Set 4	
14 Description of Colla	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	J	19 Amount Guaranteed (\$)
not applicable  20 Principal Occupat	18 Guarantor address; City; tion (See Instructions)	State; Zip Code  21 Employer (See Instructions)	
Date of loan 3/7/22	Name of lender out-of-state  Marc & Erica Lat	PAC (ID#:)	Loan Amount (\$) \$ 3000 0
Is lender a financial	Lender address; City; 127 ENCINU Blanco San	State; Zip Code	Interest rate
Institution?	Antonia	TX 78232	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fur account (See Instruc	nds were deposited into political titions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
	ion (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COF ender is out-of-state PAC, please see In	PIES OF THIS SCHEDULE AS NE struction guide for additional r	

## 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
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

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Candidate/Officeholder/Political Credit Card Payment		Vages/Contract Labor	Other (enter a category	not listed above)	
Ground aymon	The Instruction Guide explains how to d	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Marc La Hoo	d	3 Filer ID (Ethics (	Commission Filers)	
4 Date 2/23/22	5 Payee name Mulphy Nusica				
6 Amount (\$)	7 Payee address: 815 A Brazus S+#304	City;	State;	Zip Code	
\$31,909.91	815 A Brazus St-4509	Austin	TX	72701	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising	Adhertis	rtising		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
2/23/22	JVC Media				
Amount (\$)	Payee address;	City;	State;	Zip Code	
11.70 79.	3106 Fall Crost D/	San	TY	78247	
\$1079.		Antonio			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertosins	Advertisins (Signs)			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held	
Date	Payee name				
3/7/22	Murphy Nasica				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 8677.75	815 A Brazos St#304	Austin	TX.	78701	
	Category (See Categories listed at the top of this schedule)	Description	Text		
PURPOSE OF EXPENDITURE	Admitisins	Admirtising mg			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	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 NE	EDED		

### 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 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

Transportation Equipment & Related Expense Travel In District
Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		,	
1 Total pages Schedule F1: 2of 4	2 FILER NAME Marc La Hood		3 Filer ID (Ethic	s Commission Filers)	
4 Date 3/9/22	5 Payee name ChelSeay Coope/ 7 Payee address;				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$3000.00	6307 Birch Valley DI	San Antonio	TX	782112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Consulting Expense	Manage	Managel		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
5/26/22	Mulphy Nasica Payee address; 815 A Bluzos St # 304				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$16000 00	815 A B10205 St # 204	Austin	TX	78701	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting	Franse / D	13, tal Adultismo	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
613122	Murphy Nasica				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$605.40	815 A Brazos S+#304	Austin	TX	78701	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Doorhansel	othanse Advertisins		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

### 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 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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME Marc La Hood		3 Filer ID (Ethic	s Commission Filers)	
4 Date 616122	5 Payee name ChelSeay Cooper				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$ 6000.00	6307 Birch Valley Dr	San Antonio	TX	78242	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Consulting Expense	Manage	/		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
6/29/22	Musica Payee address; QIS A Brazos St #304				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 7667.0%	915 A Brazos St 71524	Austin	TY	78701	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Consulting Expurs lother	Monthly Consulting Fee Research			
	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/OI	Candidate / Officeholder name	Office sought	ought Office held		
Date	Payee name				
6/27/22	JVC Media				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 1079.79	3108 Fall Cros+ 0/	San Antonia	TX	78247	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Admirising	Adultising (Signs)			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

# 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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)

Credit Card Payment	The Instruction Guide explains how to c		Other Contest of Contest	.,	
1 Total pages Schedule F1: $\mathcal{U}$ of $\mathcal{U}$	2 FILER NAME Marc La Hood		3 Filer ID (Ethics Commission Filers)		
4 Date 6/30/22	2 FILER NAME Marc La Hood 5 Payee name Anedo+ Inc				
6 Amount (\$) \$ \ 036.17	7 Payee address; 1340 POYLPAS St Suite 1770	City; New Orleans	State; LA	Zip Code FO[1]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ACCOUNTING IB ANTICING   Fee	(b) Description ON 1, ne Fe	e		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
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 Austir	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	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
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 Austir	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					