

**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: <i>2</i>		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <i>Mr.</i>	FIRST <i>Joel</i>	MI <i>W</i>	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST <i>Hood</i>	SUFFIX	Date Received		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX: <i>[Redacted]</i>	APT / SUITE #: <i>[Redacted]</i>	CITY: <i>Jacksboro, TX</i>	STATE: ZIP CODE <i>76458</i>		
<input type="checkbox"/> Change of Address						
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	AREA CODE <i>[Redacted]</i>	PHONE NUMBER <i>[Redacted]</i>	EXTENSION <i>[Redacted]</i>	Date Hand-delivered or Date Postmarked		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <i>Mr.</i>	FIRST <i>Joel</i>	MI <i>W</i>	Receipt # <i>[Redacted]</i> Amount \$ <i>[Redacted]</i>		
	NICKNAME	LAST <i>Hood</i>	SUFFIX	Date Processed		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <i>[Redacted]</i>			STATE; ZIP CODE <i>Jacksboro, TX 76458</i>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <i>[Redacted]</i>	PHONE NUMBER <i>[Redacted]</i>	EXTENSION <i>[Redacted]</i>			
<b>9 REPORT TYPE</b>	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
<b>10 PERIOD COVERED</b>	Month <i>01</i>	Day <i>15</i>	Year <i>25</i>	Month <i>07</i>	Day <i>15</i>	Year <i>25</i>
<b>11 ELECTION</b>	ELECTION DATE <i>/ /</i>	Month <i>/</i>	Day <i>/</i>	Year <i>/</i>	ELECTION TYPE <i>[Redacted]</i>	
<b>12 OFFICE</b>	OFFICE HELD (if any) <i>Alderman place 4</i>			<b>13 OFFICE SOUGHT (if known)</b>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL					
	<input type="checkbox"/> SPECIFIC					

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

16 C/OH NAME

Joel 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

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0

CONTRIBUTION  
BALANCE

4. TOTAL POLITICAL EXPENDITURES

\$ 0

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 0

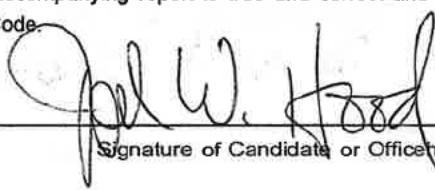
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0

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 of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Joel W. Hood this the 14 day of July,

20 25, to certify which, witness my hand and seal of office.

Shalyn L. Burritt  
Signature of officer administering oath

Shalyn L. Burritt  
Printed name of officer administering oath

City Secretary  
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)