## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00087395		2 Total pages filed: 79	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE US	E ONLY
OFFICEHOLDER NAME	Mr.	Stephen M.			Date Received	
					ELECTRONICALI	Y FILED
	NICKNAME	LACT		CUETIV	01/11/2024	
	NICKNAME Skeeter	LAST Hubert		SUFFIX	01/11/2024	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Da	ite Postmarked
MAILING	2523 Pine Acres Dr.				Receipt #	Amount
ADDRESS					·	
Change of Address	Conroe, TX 77384				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
<b>5</b> CAMPAIGN TREASURER		Bonnie L.		IVII		
NAME	Dr.	DOTTILE L.				
	NICKNAME	LAST		SUFFIX		
	INICKNAME	Hubert		M.A.		
		ridbort				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE):	AP <sup>-</sup>	Γ / SUITE #; CITY;	STATE	: ZIP CODE
TREASURER	2523 Pine Acres Dr	,		., , ,		-, -:
ADDRESS						
(Residence or Business)	Conroe, TX 77384					
7 CAMPAIGN TREASURER		ONE NUMBER E	EXTENSION			
PHONE	(936) 777-2848					
0 DEDODT						
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after campa	aign treasurer
		_		_	appointment (officeh	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach	C/OH-FR)
9 PERIOD COVERED	Month Day Year		IROUGH	Month Day	Year	
	07/01/2023	10	ikoogn	12/31/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
10 ELECTION	Month Day Year	. XP	rimary	Runoff	Other	
	03/05/2023		-	Creatial		
			eneral	Special		
11 OFFICE	OFFICE LIFL D (if any)			12 OFFICE SOUGHT	(if Impum)	
II OFFICE	OFFICE HELD (if any) Board of Trustees Distric	ct Conroe		State Represent		
	Board of Trustees Bistine	31 001110C		Otate Represent	dive Biotriot 10	
		COT	O DACE 2			
		GO I	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 79

13 C / OH NAME	<b>14</b> Filer ID (00087395	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made without to officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
	5)	\$ 93,836.90		
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC		\$ 60,592.65	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LASTRICT ${\sf CAST}$	AST DAY OF THE	\$ 25,594.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Mr. S	tephen M. Hubert	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath

#### **SUBTOTALS - C/OH**

#### FORM COH **COVER SHEET PG 3**

					3 of 79
	ER NAM	ME gephen M. (Mr.)	19 Filer ID 00087395	(Ethi	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	78,907.42
2.	X	\$	14,929.48		
3.		\$			
4.		SCHEDULE E: LOANS	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	60,592.65	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	NS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	
12	. Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	169.61

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/25 Rpt: 4/79	
2	FILER NAME Hubert, Step	ohen M. (Mr.)		3	Filer ID (Ethics Commission 00087395	on Filers)
4	Date 07/31/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$2,000.00
_	Dringing! goog	Austin, TX 78767	0 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 11/10/2023	Full name of contributor			Amount of Contribution (\$)	\$80.00
	Principal occu	Spring, TX 77382 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Attorney	paner, cos ano (cos menastro)	Williamson Law	,		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:_ Arnold, Jeff (Mr.) Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$40.00
		Conroe, TX 77384				
	Principal occu Roofing	pation / Job title (See Instructions)	Employer (See Instructions Fair Claims Rooming	)		
	Date 08/29/2023	Full name of contributor out-of-state PAC (ID#:_ Ashton, Spencer (Mr.) Contributor address; City; State; Zip Code Conroe, TX 77305			Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Ashton Sawing and Drill			
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_Ashton, Spencer (Mr.)  Contributor address; City; State; Zip Code  Conroe, TX 77305			Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Ashton Sawing and Drill			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	1 Total pages Schedule A1: Sch: 2/25 Rpt: 5/79	
2	FILER NAME Hubert, Step	hen M. (Mr.)		3	Filer ID (Ethics Commissio 00087395	n Filers)
4	Date 10/30/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Conroe, TX 77384 pation / Job title (See Instructions)	Employer (See Instructions			
0	Accountant	pation / Job title (See instructions)	Ensign	)		
	Date 11/02/2023	Full name of contributor out-of-state PAC (ID#: Bayer, Kevin (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,604.48
	Principal occu	Conroe, TX 77385 pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Owner	,	Leading Edge Ceramic	,		
	Date 11/10/2023	Full name of contributor	)		Amount of Contribution (\$)	\$90.00
		Spring, TX 77381				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 10/31/2023	Full name of contributor out-of-state PAC (ID#:_ Berlin, Evan  Contributor address; City; State; Zip Code  Shenandoah, TX 77385			Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) keting Manager	Employer (See Instructions Rotork	5)		
	Date 10/31/2023	Full name of contributor out-of-state PAC (ID#:_ Berlin, Evan  Contributor address; City; State; Zip Code  Shenandoah, TX 77385			Amount of Contribution (\$)	\$250.00
	•	pation / Job title (See Instructions) rketing Manager	Employer (See Instructions Rotork	5)		
	<b>Strategy Mai</b>	keting Manager	Rotork			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 3/25 Rpt: 6/79	
2	FILER NAME Hubert, Step	hen M. (Mr.)			3	Filer ID (Ethics Commission 00087395	ion Filers)
4	Date 11/10/2023	<ul> <li>5 Full name of contributor</li> <li>Berlin, Evan</li> <li>6 Contributor address; City; St</li> </ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$750.00
8	Principal occu	Shenandoah, TX 77385 pation / Job title (See Instructions	) 9	Employer (See Instructions	<u> </u> s)		
		rketing Manager	,	Rotork	,		
	Date 10/28/2023	Full name of contributor  Berry, Jacqueline (Mrs.)  Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Conroe, TX 77384 pation / Job title (See Instructions	)	Employer (See Instructions	?) 		
	Debt Collecte		,	ASAP Debt Collection S		rices	
	Date 12/28/2023	Full name of contributor  Berry, Marc (Mr.)  Contributor address; City; St.  The Woodlands, TX 7738:				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>                                      </u>		
	Accountant			CRI	•		
	Date 08/29/2023	Full name of contributor Blair Law Firm PC Contributor address; City; St			•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 08/29/2023	Full name of contributor Bryan, Patrick Contributor address; City; St	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$10,000.00
	Principal occu Sales	pation / Job title (See Instructions		Employer (See Instructions ABC Supply	s)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/25 Rpt: 7/79	
2	FILER NAME Hubert, Step	ohen M. (Mr.)		3	Filer ID (Ethics Commission 00087395	n Filers)
4	Date 11/08/2023	5 Full name of contributor out-of-state PAC (ID#:_Buckalew, Denny (Mr.)  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$500.00
_	Daine in all account	Conroe, TX 77305	In Facilities (October 1985)			
8	Owner	pation / Job title (See Instructions)	9 Employer (See Instructions Self	)		
	Date 11/08/2023	Full name of contributor out-of-state PAC (ID#:_ Buckalew Jr., Don (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringinal occu	Conroe, TX 77305  pation / Job title (See Instructions)	Employer (See Instructions	_		
	Owner	pation / Job title (See Instructions)	Self	,		
	Date 11/08/2023	Full name of contributor out-of-state PAC (ID#:_ Cassels, Amy (Mrs.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Magnolia, TX 77355				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:_ Cassels, Amy (Mrs.)  Contributor address; City; State; Zip Code  Magnolia, TX 77355	)		Amount of Contribution (\$)	\$45.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:_ Cassels, Amy (Mrs.) Contributor address; City; State; Zip Code Magnolia, TX 77355			Amount of Contribution (\$)	\$875.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	INS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/25 Rpt: 8/79	
2	FILER NAME Hubert, Step	hen M. (Mr.)			3	Filer ID (Ethics Commission 00087395	n Filers)
4	Date 12/08/2023	<ul><li>5 Full name of contributor Chase, Stacey (Mrs.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$300.00
8	Principal occu Director Inte		)	9 Employer (See Instructions Siemens	5)		
	Date 10/10/2023	Full name of contributor Cheney, Tommy (Mr.)  Contributor address; City; St  Conroe, TX 77384	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$521.15
	Principal occu Retired	pation / Job title (See Instructions	)	Employer (See Instructions Retired	<u>I</u> S)		
	Date 11/10/2023	Full name of contributor Cheney, Tommy (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)	•	Amount of Contribution (\$)	\$640.00
	Data disal asses	Conroe, TX 77384	\	Fundament (October American			
	Retired	pation / Job title (See Instructions	)	Employer (See Instructions Retired	·)		
	Date 11/07/2023	Full name of contributor Coleman, Stacie (Mrs.) Contributor address; City; St The Woodlands, TX 7738			•	Amount of Contribution (\$)	\$260.73
	•	pation / Job title (See Instructions ervices Consultant	)	Employer (See Instructions Woodforest Wealth Stra		jies	
	Date 11/02/2023	Full name of contributor Connell, Jeff (Mr.) Contributor address; City; St San Antonio, TX 78255	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$260.73
		pation / Job title (See Instructions sest Management	)	Employer (See Instructions Affinius Capital	5)		

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 6/25 Rpt: 9/79	
2	FILER NAME Hubert, Step	hen M. (Mr.)			3	Filer ID (Ethics Commission 00087395	n Filers)
4	Date 11/10/2023	Cook, Mark (Mr.)	te PAC (ID#:	)	7	Amount of Contribution (\$)	\$80.00
8	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	Ī9	Employer (See Instructions	?) 		
		Development Development		Spitzer Ind	-,		
	Date 11/10/2023	Cox, Thomas (Mr.)		)	•	Amount of Contribution (\$)	\$60.00
		Sweetlake, TX 70630					
	Principal occu Mechanic	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 10/30/2023	Full name of contributor out-of-star  Cramer, Jason (Mr.)  Contributor address; City; State; Zip Code	te PAC (ID#:	)	•	Amount of Contribution (\$)	\$500.00
		Spring, TX 77382					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Winstead PC	5)		
	Date 11/10/2023	Crawford, Alanna (Mrs.)		)		Amount of Contribution (\$)	\$65.00
	Principal occu Student	pation / Job title (See Instructions)		Employer (See Instructions Student	5)		
	Date 11/10/2023	Full name of contributor out-of-star Crawford, Dustin (Mr.)  Contributor address; City; State; Zip Code  Conroe, TX 77304	te PAC (ID#:	)		Amount of Contribution (\$)	\$140.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Union Pacific Railroad	5)		
	Ligition		1	S. IIOTT AGIIIO IVAIIIOAU			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/25 Rpt: 10/79	
2	FILER NAME Hubert, Step	ohen M. (Mr.)		3	Filer ID (Ethics Commission 00087395	on Filers)
4	Date 12/02/2023	5 Full name of contributor out-of-state PAC (ID#:_ Crosby, Douglas (Mr.)  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$200.00
0	Dringing ogg	Conroe, TX 77384	0 Employer (See Instructions			
8	Solutions Ar	pation / Job title (See Instructions) chitect	9 Employer (See Instructions Exxon Mobil	)		
	Date 10/24/2023	Full name of contributor out-of-state PAC (ID#:_ Cutler, Carrie (Mrs.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	The Woodlands, TX 77381  pation / Job title (See Instructions)	Employer (See Instructions			
	Professor	pation / 300 title (See Instructions)	University of Houston	,		
	Date 08/18/2023	Full name of contributor out-of-state PAC (ID#:_ Davies, Gerald (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
		Fletcher, NC 28732				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 08/30/2023	Full name of contributor out-of-state PAC (ID#:_Davis, Camille (Mrs.)  Contributor address; City; State; Zip Code  Houston, TX 77044	)		Amount of Contribution (\$)	\$500.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 10/29/2023	Full name of contributor out-of-state PAC (ID#:_ Davis, Camille (Mrs.)  Contributor address; City; State; Zip Code  Houston, TX 77044			Amount of Contribution (\$)	\$1,000.00
	Principal occu Real Estate	pation / Job title (See Instructions)	Employer (See Instructions Self	)		

	MONEI	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 8/25 Rpt: 11/79	
2	FILER NAME Hubert, Step	hen M. (Mr.)			3	Filer ID (Ethics Commission 00087395	on Filers)
_					Ļ		
4	Date 10/29/2023	<ul> <li>5 Full name of contributor  out-of Davis, Camille (Mrs.)</li> <li>6 Contributor address; City; State; Zip C</li> </ul>	-state PAC (ID#:	)	,	Amount of Contribution (\$)	\$500.00
•	Principal occu	Houston, TX 77044 pation / Job title (See Instructions)	lo.	Employor /Soo Instructions			
0	Real Estate	pation 7 300 title (See Instructions)	9	Employer (See Instructions Self	')		
	Date 12/30/2023	Demaret, Carol Ann (Mrs.)  Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	The Woodlands, TX 77382 pation / Job title (See Instructions)		Employer (See Instructions			
	Retired	pation / 300 title (See Instructions)		Retired	')		
	Date 10/24/2023	Full name of contributor out-of Dolphin, Ed (Mr.)  Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
		Conroe, TX 77384					
	Principal occu Arborist	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 11/16/2023	Full name of contributor out-of Dolphin, Ed (Mr.)  Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$700.00
	Principal occu Arborist	pation / Job title (See Instructions)		Employer (See Instructions Self	)		
	Date 11/02/2023	Full name of contributor out-of Eulitt, H Kala Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$260.73
	Principal occu Chiropractor	pation / Job title (See Instructions)		Employer (See Instructions Back Pain & Joint Cente		f Texas	
			•				

	MONEI	ARY POLITICAL CONTRIBUTI	ON	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 9/25 Rpt: 12/79	
2	FILER NAME Hubert, Step	hen M (Mr)			3	Filer ID (Ethics Commission 00087395	n Filers)
4		5 Full name of contributor  out-of-state PAC (ID)	<i>4</i> .	)	7	Amount of Contribution (\$)	
•	11/10/2023	Farnsworth, Kevin (Mr.)  6 Contributor address; City; State; Zip Code	#· <u></u>		'	Amount of Contribution (\$)	\$210.00
		The Woodlands, TX 77382	_				
8	Principal occu Account Mar	pation / Job title (See Instructions) nager	9	Employer (See Instructions ChampionX	s)		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID: Farnsworth, Kevin (Mr.)  Contributor address; City; State; Zip Code  The Woodlands, TX 77382	#:	)		Amount of Contribution (\$)	\$20.00
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> 5)		
	Account Mar	nager		ChampionX			
	Date 10/30/2023	Full name of contributor out-of-state PAC (ID) Fife, Jon (Mr.) Contributor address; City; State; Zip Code	#:	)		Amount of Contribution (\$)	\$250.00
		Spring, TX 77381					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Accountant			FTI			
	Date 08/27/2023	Full name of contributor out-of-state PAC (ID: Fletcher, Katherine (Mrs.)  Contributor address; City; State; Zip Code  Conroe, TX 77385	#:			Amount of Contribution (\$)	\$25.00
	Principal occu Research Sc	pation / Job title (See Instructions) cientist		Employer (See Instructions College Board	s)		
	Date 10/27/2023	Full name of contributor out-of-state PAC (ID: Fletcher, Katherine (Mrs.)  Contributor address; City; State; Zip Code  Conroe, TX 77385	#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Research Sc	pation / Job title (See Instructions) cientist		Employer (See Instructions College Board	5)		
			-				

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDU	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 10/25 Rpt: 13/79	
2	FILER NAME Hubert, Step	hen M. (Mr.)			3	Filer ID (Ethics Commission 00087395	on Filers)
4	Date 11/27/2023	<ul><li>5 Full name of contributor</li><li>Fletcher, Katherine (Mrs.)</li><li>6 Contributor address; City; S</li></ul>		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Research Sc	Conroe, TX 77385 pation / Job title (See Instructions	9	Employer (See Instructions College Board	<u> </u>		
	Date 12/27/2023	Full name of contributor Fletcher, Katherine (Mrs.) Contributor address; City; S Conroe, TX 77385		)		Amount of Contribution (\$)	\$25.00
	Principal occu Research Sc	pation / Job title (See Instructions	5)	Employer (See Instructions College Board	<u> </u> 5)		
	Date 11/10/2023	Full name of contributor Fullmer, Ben (Mr.)  Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$40.00
	Principal occu Security Sale	Conroe, TX 77384  pation / Job title (See Instructions	s)	Employer (See Instructions Ageint Security	<u> </u> ;)		
	Date 10/28/2023	Full name of contributor Gorewitz, Craig (Mr.) Contributor address; City; S Conroe, TX 77384	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Turd Wrangl	pation / Job title (See Instructions er	5)	Employer (See Instructions Heritage Sanitation, Inc.			
	Date 11/10/2023	Full name of contributor Gorewitz, Craig (Mr.) Contributor address; City; S Conroe, TX 77384	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Turd Wrangl	pation / Job title (See Instructions er	5)	Employer (See Instructions Heritage Sanitation, Inc.			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 11/25 Rpt: 14/79	
2	FILER NAME Hubert, Step	hen M. (Mr.)			3	Filer ID (Ethics Commission 00087395	on Filers)
4	Date 12/13/2023	<ul> <li>5 Full name of contributor</li> <li>Greene, Fredrick</li> <li>6 Contributor address; City; St</li> </ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Shenandoah, TX 77384 pation / Job title (See Instructions	) 9	Employer (See Instructions	<u>                                      </u>		
	Financial Ad		,	Woodforest Wealth Stra		ies	
	Date 08/24/2023	Full name of contributor Guajardo, Issac (Mr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$2,000.00
		Pipe Creek, TX 78063					
	Principal occu Owner	pation / Job title (See Instructions	)	Employer (See Instructions Quest Masonry	s)		
	Date 10/20/2023	Full name of contributor Guajardo, Issac (Mr.) Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,604.48
		Pipe Creek, TX 78063			Ĺ		
	Owner	pation / Job title (See Instructions	)	Employer (See Instructions Quest Masonry	5)		
	Date 08/24/2023	Full name of contributor Guajardo, Ruben (Mr.) Contributor address; City; St. Conroe, TX 77302	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu Masonry Co	pation / Job title (See Instructions ntractor	)	Employer (See Instructions Capital Masonry	5)		
	Date 11/10/2023	Full name of contributor Hall, David (Mr.)  Contributor address; City; St.  The Woodlands, TX 77380				Amount of Contribution (\$)	\$500.00
	Principal occu retired	pation / Job title (See Instructions		Employer (See Instructions retired	s)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how	<i>ı</i> to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/25 Rpt: 15/79	
2	FILER NAME Hubert, Step	hen M. (Mr.)			3	Filer ID (Ethics Commission 00087395	on Filers)
4	Date 12/02/2023	<ul><li>5 Full name of contributor Harris, Kym (Mrs.)</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions	5)	Employer (See In	structions)		
Ü	Insurance	pation / ood title (oce manactions	,	Woodforest Ins		tners	
	Date 10/12/2023	Full name of contributor  Haynes, Darrell  Contributor address; City; Si	out-of-state PAC (ID#:		)	Amount of Contribution (\$)	\$2,500.00
	Principal occu	Magnolia, TX 77354 pation / Job title (See Instructions	3)	Employer (See In	structions)		
	Security Sale		,	Agent Security	o aoo,		
	Date 11/10/2023	Full name of contributor Haynes, Darrell Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$450.00
		Magnolia, TX 77354					
	Principal occu Security Sale	pation / Job title (See Instructionses	s)	Employer (See In Agent Security	structions)		
	Date 09/18/2023	Full name of contributor Haynes, Darrell Contributor address; City; S Magnolia, TX 77354	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,000.00
	Principal occu Security Sale	pation / Job title (See Instructions es	5)	Employer (See In Agent Security	structions)		
	Date 11/10/2023	Full name of contributor Herber, Shane (Mr.) Contributor address; City; S Conroe, TX 77384	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$80.00
	Principal occu Manager	pation / Job title (See Instructions	5)	Employer (See In Heritage Sanita			
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/25 Rpt: 16/79	
2	FILER NAME Hubert, Step	ohen M. (Mr.)		3	Filer ID (Ethics Commission 00087395	n Filers)
4	Date 11/10/2023	Full name of contributor	)	7	Amount of Contribution (\$)	\$40.00
_		Conroe, TX 77384				
8	Principal occu Roofer	pation / Job title (See Instructions)	9 Employer (See Instructions) Fair Claims Roofing	)		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:_ Hubert, Kyle (Mr.)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$85.00
	Principal occu	Conroe, TX 77384  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Student	pation / cos title (ese metastions)	Student	,		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:_ Hubert, Kyle (Mr.) Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$260.00
		Conroe, TX 77384				
	Principal occu Student	pation / Job title (See Instructions)	Employer (See Instructions Student	)		
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID#:_ Hubert, Scott  Contributor address; City; State; Zip Code  Granbury, TX 76048	)		Amount of Contribution (\$)	\$522.19
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions Homemaker	)		
	Date 12/02/2023	Full name of contributor out-of-state PAC (ID#:_ Hunt, Sandi (Mrs.)  Contributor address; City; State; Zip Code  Spring, TX 77388	)		Amount of Contribution (\$)	\$250.00
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions Homemaker	)		

	MONEI	ARY POLITICAL CONTRIBU	IIION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 14/25 Rpt: 17/79	
2	FILER NAME Hubert, Step	hen M. (Mr.)			3	Filer ID (Ethics Commission 00087395	n Filers)
4	Date 12/29/2023	<ul> <li>Full name of contributor  out-of-state PAC  Izatt, Ted (Mr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>	C (ID#:		7	Amount of Contribution (\$)	\$75.00
8	Principal occu Retired	The Woodlands, TX 77381 pation / Job title (See Instructions)	9	Employer (See Instructions Retired	) 5)		
	Date 11/10/2023	Full name of contributor out-of-state PAC Jeff, Kolb (Mr.)  Contributor address; City; State; Zip Code  Conroe, TX 77381	C (ID#:			Amount of Contribution (\$)	\$80.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Chevron	<u>                                      </u>		
	Date 08/15/2023	Full name of contributor out-of-state PAC Jones, Edwin Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$500.00
	•	The Woodlands, TX 77380 pation / Job title (See Instructions)		Employer (See Instructions	 5)		
	Date 10/11/2023	Full name of contributor out-of-state PAC Kidd, Scott (Mr.)  Contributor address; City; State; Zip Code  The Woodlands, TX 77381	C (ID#:	Retired		Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Gauntt Koen Binney & F		i, LLP	
	Date 08/21/2023	Full name of contributor out-of-state PAC Lake, John (Mr.)  Contributor address; City; State; Zip Code  San Antonio, TX 78253	(ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 15/25 Rpt: 18/79	
2	FILER NAME Hubert, Step	hen M(Mr)			3	Filer ID (Ethics Commission 00087395	on Filers)
4		5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
-	10/11/2023	Lane, Troy (Mr.)  6 Contributor address; City; Sta			,	Amount of Continuution (4)	\$1,000.00
		Willis, TX 77378					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Manager of (	Operations		Knockout Pools LLC			
	Date 11/10/2023	Full name of contributor Lane, Troy (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,360.00
		Willis, TX 77378			_		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Manager of 0			Knockout Pools LLC	_		
	Date 12/07/2023	Full name of contributor  Larsen, Devin (Mr.)  Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$250.00
		Conroe, TX 77384					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Healthcare A	Administration		Blue Cloud Pediatric Su	rge	ry Centers	
	Date 12/03/2023	Full name of contributor Leakey, Steven (Mr.)  Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 11/05/2023	Full name of contributor Mcbride, Loyd (Mr.)  Contributor address; City; Sta  Montgomery, TX 77316	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Sr Systems I	Engineer		Keysight Technologies			

	MONET	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 16/25 Rpt: 19/79	
2	FILER NAME Hubert, Step	hen M. (Mr.)			3	Filer ID (Ethics Commission 00087395	n Filers)
4	Date 11/08/2023	<ul><li>5 Full name of contributor Millenson, Barry (Mr.)</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Shenandoah, TX 77381 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	General Mar			Buckalew Chevrolet	-,		
	Date 11/10/2023	Full name of contributor Miller, Claude (Mr.)  Contributor address; City; Sta		)		Amount of Contribution (\$)	\$20.00
	Dringing! aggs	Conroe, TX 77386		Employer (Coo Instructions	<u></u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/10/2023	Full name of contributor Miller, Jud (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code	)	•	Amount of Contribution (\$)	\$20.00
		Conroe, TX 77302					
	Principal occu Banker	pation / Job title (See Instructions)		Employer (See Instructions Bank of America	5)		
	Date 11/01/2023	Full name of contributor Milstead, Amy (Mrs.)  Contributor address; City; Sta		)		Amount of Contribution (\$)	\$750.00
	Principal occu Entrepreneu	pation / Job title (See Instructions)		Employer (See Instructions Entrepreneur	5)		
	Date 11/20/2023	Full name of contributor Milstead, Amy (Mrs.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$750.00
	Principal occu Entrepreneu	pation / Job title (See Instructions) r		Employer (See Instructions Entrepreneur	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/25 Rpt: 20/79	
2	FILER NAME Hubert, Step	ohen M. (Mr.)		3	Filer ID (Ethics Commission 00087395	n Filers)
4	Date 11/18/2023	5 Full name of contributor out-of-state PAC (ID#:_ Moody, John (Mr.)  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$500.00
_	Discipal	Houston, TX 77019	D. Faralassa (Garalassa Sarahasi			
8	Real Estate	pation / Job title (See Instructions)	9 Employer (See Instructions Parkside Capital	)		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:_ Moore, Bill (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$90.00
	Principal occu	Willis, TX 77378  upation / Job title (See Instructions)	Employer (See Instructions	)		
	Retired	, ,	Retired			
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:_ Moore, Billy Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00
		Huntsville, TX 77320				
	Principal occu Entreprenur	pation / Job title (See Instructions)	Employer (See Instructions Self	)		
	Date 08/14/2023	Full name of contributor out-of-state PAC (ID#:_ Myers, William Contributor address; City; State; Zip Code Tomball, TX 77377			Amount of Contribution (\$)	\$100.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Self	)		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:_ Newell, Ben (Mr.)  Contributor address; City; State; Zip Code  Spring, TX 77386	)		Amount of Contribution (\$)	\$90.00
	Principal occu Roofer	pation / Job title (See Instructions)	Employer (See Instructions Fair Claims Roofing	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 18/25 Rpt: 21/79	
2	FILER NAME Hubert, Step	hen M. (Mr.)			3	Filer ID (Ethics Commission 00087395	on Filers)
4	Date 08/01/2023	<ul><li>5 Full name of contributor O'Neal, Justin</li><li>6 Contributor address; City; Stat</li></ul>	out-of-state PAC (ID#:te; Zip Code	)	7	Amount of Contribution (\$)	\$3,000.00
_	<u> </u>	Magnolia, TX 77354	10		_		
8	Owner	pation / Job title (See Instructions)	9	Employer (See Instructions Fair Claims Roofing	5)		
	Date 11/10/2023	Full name of contributor O'Neal, Justin Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$1,400.00
	Principal occu	Magnolia, TX 77354 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Owner			Fair Claims Roofing			
	Date 11/10/2023	Full name of contributor O'Neal, Justin Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$225.00
		Magnolia, TX 77354					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Fair Claims Roofing	i)		
	Date 12/31/2023	Full name of contributor Perez, Peter (Mr.)  Contributor address; City; Stat  Spring, TX 77380				Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 11/10/2023	Full name of contributor Pilgrim, Steve (Mr.) Contributor address; City; Stat Montgomery, TX 77356	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	Ν	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 19/25 Rpt: 22/79	
2	FILER NAME Hubert, Step	hen M. (Mr.)				3	Filer ID (Ethics Commission 00087395	n Filers)
4	Date 10/27/2023	<ul><li>5 Full name of contributor Porter, Ben (Mr.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$521.15
_	District	Spring, TX 77386	\		Faradaya (Carabasta at a			
8	Sales	pation / Job title (See Instructions	)  9		Employer (See Instructions Optinose	5)		
	Date 11/10/2023	Full name of contributor Porter, Ben (Mr.) Contributor address; City; St			)		Amount of Contribution (\$)	\$60.00
	Principal occu Sales	Spring, TX 77386 pation / Job title (See Instructions	)		Employer (See Instructions Optinose	<u> </u> ;)		
	Date 10/11/2023	Full name of contributor Reagan, Chane (Mr.) Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$521.15
	Principal occu	Montgomery, TX 77316 pation / Job title (See Instructions	)		Employer (See Instructions	<u> </u> 5)		
	Financial Se	rvices			Chane Reagan Financia	al		
	Date 11/10/2023	Full name of contributor Reagan, Chane (Mr.) Contributor address; City; St Montgomery, TX 77316					Amount of Contribution (\$)	\$160.00
	Principal occu Financial Se	pation / Job title (See Instructions rvices	)		Employer (See Instructions Chane Reagan Financia			
	Date 09/01/2023	Full name of contributor Reyes, Frank (Mr.) Contributor address; City; St San Antonio, TX 78250					Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	5)		
			<u>,                                      </u>					

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 20/25 Rpt: 23/79	
2	FILER NAME Hubert, Step	hen M. (Mr.)			3	Filer ID (Ethics Commission 00087395	n Filers)
4	Date 11/10/2023	<ul> <li>Full name of contributor  out-of-state PAC (II Reyes, Jared (Mr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$100.00
8	Principal occur	San Antonio, TX 78254 pation / Job title (See Instructions)	9	Employer (See Instructions	?) 		
	Transportation			Copart	-,		
	Date 11/10/2023	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$40.00
	Principal occu	San Antonio, TX 78254 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Transportation			Copart	,		
	Date 08/28/2023	Full name of contributor out-of-state PAC (II Reyes, Manuel (Mr.)  Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$200.00
		Helotes, TX 78023					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 08/05/2023	Full name of contributor out-of-state PAC (If Rhame, Jeff  Contributor address; City; State; Zip Code  The Woodlands, TX 77380		)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Financial Ad	pation / Job title (See Instructions) visor		Employer (See Instructions Rhame & Gorrell Wealth		lanagement	
	Date 08/09/2023	Full name of contributor out-of-state PAC (II Richhart, Della Contributor address; City; State; Zip Code Spring, TX 77386			•	Amount of Contribution (\$)	\$50.00
	Principal occu Reading Inte	pation / Job title (See Instructions)		Employer (See Instructions Conroe ISD	5)		
	reading inte	IVOHUOHIOL		Connoc ISD			

	MONEI	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 21/25 Rpt: 24/79	
2	FILER NAME Hubert, Step	hon M (Mr)			3	Filer ID (Ethics Commission 00087395	on Filers)
_							
4	Date 10/30/2023	<ul> <li>Full name of contributor out-of-Richter, Roy</li> <li>Contributor address; City; State; Zip C</li> </ul>	state PAC (ID#:	)	7	Amount of Contribution (\$)	\$250.00
		The Woodlands, TX 77382					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Attorney	,		Exxon Mobil Corporation			
		Full name of contributor				Amount of Contribution (#)	
	Date		state PAC (ID#:	)		Amount of Contribution (\$)	¢100.00
	08/01/2023	Riggs, Michael					\$100.00
		Contributor address; City; State; Zip C	ode				
		W					
		Windsor, CO 80550					
		oation / Job title (See Instructions)		Employer (See Instructions	)		
	Entreprenue	•		Self Employed			
	Date	Full name of contributor uut-of-	state PAC (ID#:			Amount of Contribution (\$)	
	11/01/2023	Riley, Charlie (Commissioner)					\$2,604.48
		Contributor address; City; State; Zip C	ode				
		Magnolia, TX 77355					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Pct 2 Commi	ssioner		Montgomery County			
	Date	Full name of contributor out-of-	state PAC (ID#:	\		Amount of Contribution (\$)	
	10/13/2023	Skipper, Kendrick	State FAC (ID#			Amount of Contribution (4)	\$250.00
	10/13/2023						φ250.00
		Contributor address; City; State; Zip C	ode				
		Conroe, TX 77384					
	Dringinal aggu	pation / Job title (See Instructions)		Employer (See Instructions			
	Owner	Jation / Job title (See Instructions)		Chick-fil-A	)		
	Owner			CHICK-III-A			
	Date	<b>—</b>	state PAC (ID#:	)		Amount of Contribution (\$)	
	11/22/2023	Smith, Jason (Mr.)					\$50.00
		Contributor address; City; State; Zip C	ode				
		Bentonville, AR 72713					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)		
	IT			Heitmeyer Consulting			
			ı				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	uction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 22/25 Rpt: 25/79		
2	FILER NAME Hubert, Step	hen M. (Mr.)		3	Filer ID (Ethics Commission 00087395	on Filers)	
4	Date 10/31/2023			7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	Tyler, TX 75707					
0	Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)		,				
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:)  Staley, Gil (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00	
	The Woodlands, TX 77381  Principal occupation / Job title (See Instructions) Employer (See Instruction						
	CEO EDP						
	Date Full name of contributor out-of-state PAC (ID#:)  11/13/2023 Stockton, Sunny  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$215.00		
		Spring, TX 77382					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/10/2023 Stockton, Sunny  Contributor address; City; State; Zip Code  Spring, TX 77382			Amount of Contribution (\$)	\$215.00		
Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  Retired			Employer (See Instructions Retired	)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/10/2023 Strong, Bret  Contributor address; City; State; Zip Code  The Woodlands, TX 77380			Amount of Contribution (\$)	\$40.00		
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE <b>A1</b>
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 23/25 Rpt: 26/79	
2	FILER NAME Hubert, Step	hen M. (Mr.)			3	Filer ID (Ethics Commission 00087395	on Filers)
4	Date 11/10/2023	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$190.00	
8	Principal occu Attorney	The Woodlands, TX 77381  cupation / Job title (See Instructions)  9 Employer (See Instructions Self			j 5)		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:) Tough, Bruce (Mr.)  Contributor address; City; State; Zip Code  The Woodlands, TX 77381			Amount of Contribution (\$)	\$90.00	
	Principal occupation / Job title (See Instructions)  Attorney  Employer (See Instruction Self				<u> </u> 5)		
	Date 10/17/2023					Amount of Contribution (\$)	\$2,500.00
	The Woodlands, TX 77381  Principal occupation / Job title (See Instructions)  Employer (See Instruction				<u> </u> 5)		
	Attorney  Date 07/07/2023  Full name of contributor out-of-state PAC (ID#: Tsamouris, Ryan  Contributor address; City; State; Zip Code  Spring, TX 77386		Self		Amount of Contribution (\$)	\$200.00	
	Principal occu Solutions Are	pation / Job title (See Instructions) chitect		Employer (See Instructions Chevron Phillips	5)		
	Date 10/30/2023				Amount of Contribution (\$)	\$521.15	
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			·				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 24/25 Rpt: 27/79		
2	FILER NAME Hubert, Step	hen M. (Mr.)			3	Filer ID (Ethics Commission 00087395	n Filers)	
4	Date 11/10/2023			7	Amount of Contribution (\$)	\$60.00		
8	Principal occur	Kemah, TX 77565			)			
•	Teacher	pation / Job title (See Instructions)		Employer (See Instructions PISD	,			
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:) Upshaw, Ethan (Mr.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$265.00	
	Conroe, TX 77304							
				Employer (See Instructions Retired	)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/10/2023 Upshaw, Ethan (Mr.)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.00		
		Conroe, TX 77304						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)			
	Date Full name of contributor out-of-state PAC (ID#:)  10/29/2023 Valora, Parker  Contributor address; City; State; Zip Code  The Woodlands, TX 77382				Amount of Contribution (\$)	\$100.00		
				Employer (See Instructions Valora Geoscience LLC	)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/11/2023 Welbes, Timothy (Mr.)  Contributor address; City; State; Zip Code  The Woodlands, TX 77381			Amount of Contribution (\$)	\$500.00			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)			
			1					

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 25/25 Rpt: 28/79	
2	FILER NAME Hubert, Stephen M. (Mr.)	3	Filer ID (Ethics Commission 00087395	on Filers)
4			Amount of Contribution (\$)	\$250.00
	The Woodlands, TX 77381			
8	Principal occupation / Job title (See Instructions)  Accountant  9 Employer (See Instruction Rig Runners	ons)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/10/2023 Wright, Stephen (Mr.)  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$260.00
	The Woodlands, TX 77381  Principal occupation / Job title (See Instructions)  Retired  Employer (See Instruction Retired	ons)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/6 Rpt: 29/79		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Hubert, Step	ohen M. (Mr.)	00087395			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 09/27/2023	<ul> <li>6 Full name of contributor  out-of-state PAC (ID#:</li></ul>		8 Amount of contribution (\$) In-kind contribution description \$750.00   Event Hosting		
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
· ·	urketing Manager	Rotork	( control of the cont		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#: 11/10/2023 Brand, Rosa (Mrs.)  Contributor address; City; State; Zip Code			Amount of In-kind contribution contribution (\$) description \$250.00   Fundraiser Marketing		
	Conroe, TX 77384		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)			
Graphic Des	signer	RM Brand			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#:  08/25/2023 Fox, Tim (Mr.)  Contributor address; City; State; Zip Code			Amount of In-kind contribution contribution (\$) description \$300.00   Meet and Greet Hosting		
	Conroe, TX 77384		Check if travel outside of Texas. Complete Schedule T.		
Principal occu Educator	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON CISD	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	'			

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/6 Rpt: 30/79			
2 FILER NAME	1	3 Filer ID (Ethics Commission Filers)			
Hubert, Ste	phen M. (Mr.)	00087395			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 07/01/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		8 Amount of contribution (\$) In-kind contribution description \$236.88   Virtual Assistant Usage		
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
Buisness O		Self	,		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
20 ii continuator	is a clima, law little or parchiles (ii arry) (i circ ocobion/le)				
Date Full name of contributor out-of-state PAC (ID#:		)	Amount of In-kind contribution contribution (\$) description \$203.64   Virtual Assistant Usage		
	Conroe, TX 77384		Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Buisness O	wner	Self			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#: 07/15/2023 Hubert, Bonnie (Dr.)  Contributor address; City; State; Zip Code		)	Amount of In-kind contribution contribution (\$) description \$262.00   Virtual Assistant Usage		
	Conroe, TX 77384		Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Buisness O	wner	Self			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 3/6 Rpt: 31/79			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Hubert, Step	ohen M. (Mr.)	00087395			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 07/26/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		8 Amount of solution (\$) In-kind contribution description \$194.57   Virtual Assistant Usage		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)		
Buisness O	wner	Self			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
10 ii continuator	is a clinia, law little of parchigs, (if any) (if of Coople IAL)				
Date Full name of contributor out-of-state PAC (ID#:		)	Amount of In-kind contribution contribution (\$) description \$316.62   Virtual Assistant Usage		
	Conroe, TX 77384		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Buisness O	wner	Self			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#: 08/15/2023 Hubert, Bonnie (Dr.)  Contributor address; City; State; Zip Code			Amount of In-kind contribution contribution (\$) description \$109.96   Virtual Assistant Usage		
	Conroe, TX 77384		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Buisness O	wner	Self			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 4/6 Rpt: 32/79			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Hubert, Step	ohen M. (Mr.)	00087395			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 08/27/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		8 Amount of contribution (\$) In-kind contribution description \$205.81   Virtual Assistant Usage		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
Buisness O		Self	,		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
10 ii contributor	is a clina, law little of parchi(s) (if any) (if circ cobloin).				
Date Full name of contributor out-of-state PAC (ID#:		)	Amount of In-kind contribution contribution (\$) description \$600.00   Chairmans Ball Decor		
	Conroe, TX 77384		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Buisness O	wner	Self			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#:		)	Amount of In-kind contribution contribution (\$) description \$500.00   Record Keeping for October		
	Conroe, TX 77385		Check if travel outside of Texas. Complete Schedule T.		
Principal occu Student	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Student	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

The Instru	ction Guide explains how to complete this f	orm	1 Total pages Schedule A2:	
		Sch: 5/6 Rpt: 33/79		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Hubert, Step 4	ohen M. (Mr.)	00087395		
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution contribution (\$) description	
11/30/2023	King, Hailey		\$500.00   Record Keeping	
	7 Contributor address; City; State; Zip Code			
	Conroe, TX 77385		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)	
Student		Student		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
14 Contributor 3	employemaw iim (i ork obbioinal)	13 Law IIIII of Contribute	is a spouse (if unly) (if ON SODICIAE)	
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of In-kind contribution	
10/31/2023	One Way Life		contribution (\$) description \$2,500.001 Social Media	
·	Contributor address; City; State; Zip Code		Management	
	Conroe, TX 77384		_	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	L Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)	
	,	,p.:0,0 (0	,, ,	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
16				
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Data	Full name of contributor		Amount of In-kind contribution	
Date 09/30/2023	Full name of contributor  out-of-state PAC (ID#:  One Way Life	)	contribution (\$) description	
00/00/2020	Contributor address; City; State; Zip Code		\$2,500.00   Social Media	
	30.14.15.44.5. 44.4.5.5. 3.15. 3.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15. 4.15.		Management	
			į	
	Conroe, TX 77384	r	Check if travel outside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 6/6 Rpt: 34/79			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	ohen M. (Mr.)		00087395		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution contribution (\$) description		
11/30/2023	One way Ene		\$2,500.00   Social Media		
	7 Contributor address; City; State; Zip Code		Management		
			;		
	Conroe, TX 77384		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
10 ii continbutor	is a clinic, law little of parent(s) (ii arry) (i on sobicine)				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of ! In-kind contribution		
12/30/2023			contribution (\$) description		
Contributor address; City; State; Zip Code			\$2,500.00   Social Media ! Management		
			_		
Dein ein al a a a	Conroe, TX 77384		Check if travel outside of Texas. Complete Schedule T.		
Рппсіраї оссі	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution		
09/11/2023	Tompkins, Allie (Mrs.)		contribution (\$) description \$500.00   Event hosting		
	Contributor address; City; State; Zip Code		t i		
			į į		
	The Woodlands, TX 77384				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  -JUDICIAL) (See instructions)		
Nanny	,	Self	,		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•			

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Candidate/Officeholder/Po Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T-t-1	
1	Total pages Schedule F1: Sch: 1/44 Rpt: 35/79	2 FILER NAME Hubert, Stephen M. (Mr.)  3 Filer ID (Ethics Commission Filers) 00087395
Ļ	•	
4	Date	5 Payee name
L	11/10/2023	Academy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$475.00	1360 Lake Woodlands Dr
		The Woodlands TV 77290
		The Woodlands, TX 77380
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Prives for Fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Т	Date	Payee name
	10/15/2023	Agave Jalisco
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$341.37	6263 S Highway 77
		Rivera, TX 78379
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dinner with Fundraiser Participants
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	Dayso name
	Date	Payee name
	08/01/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$124.60	920 McKinney Ave 7th floor
		Dallas, TX 75201
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Collection Fees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
4 -		<u> </u>	_
l	otal pages Schedule F1:		
	Sch: 2/44 Rpt: 36/79	Hubert, Stephen M. (Mr.) 00087395	
<b>4</b> D	ate	5 Payee name	
0	8/05/2023	Anedot	
<b>6</b> A	mount (\$)	7 Payee address; City; State; Zip Code	
	\$20.30	920 McKinney Ave 7th floor	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
١.	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
'	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Donation Collection Fees	
	omplete ONLY if direct	Candidate/Officeholder name Office sought Office held	
e	xpenditure to benefit C/OI	H	
D	ate	Payee name	
0	8/07/2023	Anedot	
Α	mount (\$)	Payee address; City; State; Zip Code	
	\$10.30	920 McKinney Ave 7th floor	
		Dallas, TX 75201	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Donation Collection Fees	
		Donation Collection Fees	
	omplete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	_
	xpenditure to benefit C/OI		
_	ate	Davida nama	_
	ate 8/09/2023	Payee name Anedot	ſ
A	mount (\$)	Payee address; City; State; Zip Code	
	\$2.30	920 McKinney Ave 7th floor	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Donation Collection Fees	ĺ
	omplete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	omplete <u>ONLY</u> if direct xpenditure to benefit C/OI		
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memorials Legal Services  The Instruction Gu	·		/ages	/Contract Labor		Travel Out of D OTHER (enter	oistrict a category not listed above	)
_	Total pages Cabadula 54:	12							2	Filor ID	(Ethios Commission	Filore\
1	Total pages Schedule F1:								3		(Ethics Commission	riieis)
	Sch: 3/44 Rpt: 37/79		Hubert, Ste	phen M. (Mr.)						00087395		
4	Date	5	Payee name		<u></u>							
	08/14/2023		Anedot									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$4.30		•	ey Ave 7th floor		, , , , , , ,	-					
	41.00		020 111011111									
			Dallac TV	75004								
L		L	Dallas, TX	75201								
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Accounting/	Banking (							mplete Schedule T.	
								<b>—</b>		officeholder livi	ng expense	
								Donation Col	iec	uon rees		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(	Office sou	ght			Office h	neld	
L	experience to belieff C/Of	'										
	Date		Payee name									
	08/18/2023		Anedot									
	Amount (\$)	H	Payee addre	ss; City;	State	; Zip Co	de					
	\$200.30		•	ey Ave 7th floor								
	\$200.00			.,								
			Dallas TV	75201								
			Dallas, TX	25701								
	PURPOSE OF	(a)	Category (Se	ee Categories listed at th	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Accounting/	Banking (Banking				<b>=</b>			mplete Schedule T.	
	-							Donation Col		officeholder livi	ng expense	
								DUITALIUIT COI	iec	uon rees		
_	0 1: 0:::::::::::::::::::::::::::::::::	<u> </u>	S P. I. 1 . 1							·		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	(	Office sou	ght			Office h	neia	
L		_										
	Date		Payee name									
	08/24/2023		Anedot									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$120.60			ey Ave 7th floor		-						
	, - 20			,								
			Dallac TV	75201								
		_	Dallas, TX									
	PURPOSE OF	(a)		ee Categories listed at th	e top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Accounting/	Banking						de of Texas. Co officeholder livi	mplete Schedule T.	
								Donation Coll			ig expense	
								Donation Coll				
	Complete ONLY if direct	ب	Condidate /Cff	achalder = = ===		Office servi	ab+			Office	add	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Januluale/Offi	ceholder name	(	Office sou	ynt			Office I	ieiū	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ļ		<u>,                                      </u>	
1	Total pages Schedule F1: Sch: 4/44 Rpt: 38/79	2 FILER NAME  Hubert, Stephen M. (Mr.)  3 Filer ID (Ethics Commission File 00087395	ers)
4	Date	5 Payee name	
	08/27/2023	Anedot	
6	Amount (\$) \$1.30	7 Payee address; City; State; Zip Code 920 McKinney Ave 7th floor  Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Donation Collection Fees	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	08/28/2023	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.30	920 McKinney Ave 7th floor	
		Dallas, TX 75201	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Donation Collection Fees	
		Donation Collection ( ccs	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	08/29/2023	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$440.60	920 McKinney Ave 7th floor	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Donation Collection Fees	
_	2		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_		· · · · · · · · · · · · · · · · · · ·	4
1	Total pages Schedule F1:		
	Sch: 5/44 Rpt: 39/79	Hubert, Stephen M. (Mr.) 00087395	
4	Date	5 Payee name	
	08/30/2023	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.30	920 McKinney Ave 7th floor	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Donation Collection Fees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	09/05/2023	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.30	920 McKinney Ave 7th floor	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Donation Collection Fees	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experiditure to benefit C/Or		
	Date	Payee name	
L	09/09/2023	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.30	920 McKinney Ave 7th floor	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Donation Collection Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O		

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made Ry - Giff(Alwards/Me)

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
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1	Total pages Schedule F1:		
	Sch: 6/44 Rpt: 40/79	Hubert, Stephen M. (Mr.) 00087395	
4	Date	5 Payee name	
	09/13/2023	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.30	920 McKinney Ave 7th floor	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Donation Collection Fees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	=
	09/18/2023	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$4.30	920 McKinney Ave 7th floor	
		Dallas, TX 75201	
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	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Donation Collection Fees	
		Bolletion Collection 1 coc	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	$\dashv$
	expenditure to benefit C/OI		
⊨	Data	Davis rama	=
	Date	Payee name	
	09/19/2023	Anedot	_
	Amount (\$)	Payee address; City; State; Zip Code	ļ
	\$40.30	920 McKinney Ave 7th floor	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Donation Collection Fees	
	0 1		4
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	- Farmana to bonont of of		_
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatalmana C. I. I. T.	
1 Total pages Schedule F1:	
Sch: 7/44 Rpt: 41/79	Hubert, Stephen M. (Mr.) 00087395
4 Date	5 Payee name
09/25/2023	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$140.60	920 McKinney Ave 7th floor
Ψ1-10.00	320 Mordining 7 We 7 th 1000
	D. II. TV 77004
	Dallas, TX 75201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Donation Collection Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1
Date	Payee name
09/27/2023	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$5.60	920 McKinney Ave 7th floor
Ψ0.00	
	Dallag TV 75004
	Dallas, TX 75201
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Donation Collection Fee
	Donation Collection Fee
One of the ONE Wife disease	On did to 10 ff as hald a grant Off as south
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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Date	Payee name
10/06/2023	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$40.30	920 McKinney Ave 7th floor
	Dallas, TX 75201
DUPPOSE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/(Banking)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Donation Collection Fees
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
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#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense Food/Bevera

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T.1 C.1.1 =:	
1	Total pages Schedule F1:	
	Sch: 8/44 Rpt: 42/79	Hubert, Stephen M. (Mr.) 00087395
4	Date	5 Payee name
	10/11/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.60	920 McKinney Ave 7th floor
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Collection Fees
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
L	10/13/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.30	920 McKinney Ave 7th floor
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Donation Collection Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	parameter to benome of or	
	Date	Payee name
	10/24/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.60	920 McKinney Ave 7th floor
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAI LIGHTOILE	Check if Austin, TX, officeholder living expense
		Donation Collection Fees
	Complete ONLY if alice -t	Condidate/Officeholder name Office country
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/44 Rpt: 43/79	Hubert, Stephen M. (Mr.) 00087395
4 Date	5 Payee name
10/27/2023	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.30	920 McKinney Ave 7th floor
	Dallas, TX 75201
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Donor Collection Fees
	25/16/1 25/16/3/3/17 255
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	T _
Date	Payee name
10/29/2023	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$64.90	920 McKinney Ave 7th floor
	Dallas, TX 75201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Donation Collection Fees
2 1 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/30/2023	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$45.20	920 McKinney Ave 7th floor
	Dallas, TX 75201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Donation Collection Fees
Complete CAU V if dire	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/44 Rpt: 44/79	Hubert, Stephen M. (Mr.) 00087395
4	Date	5 Payee name
	10/31/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.60	920 McKinney Ave 7th floor
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Collection Fees
		Boliation Conceilor reco
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Power name
	11/05/2023	Payee name
		Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	920 McKinney Ave 7th floor
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Collection Fees
		Donation Collection Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name
	11/08/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.60	920 McKinney Ave 7th floor
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Collection Fees
		Donation Collection Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
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### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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 con	plete this form.		
1	Total pages Schedule F1:	FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 11/44 Rpt: 45/79	Hubert, Stephen M. (Mr.)		00087395	
4	Date	Payee name			
	11/10/2023	Anedot			
6	Amount (\$)	Payee address; City; State; Zip Coo	е		
	\$30.30	920 McKinney Ave 7th floor			
		Dallas, TX 75201			
8	PURPOSE	Category (See Categories listed at the top of this schedule)	<b>b)</b> Description		
	OF EXPENDITURE	Accounting/Banking		vel outside of Texas. Com	
	EA LIBITE.			stin, TX, officeholder living	g expense
			Donation	collection rees	
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office he	5l4
	expenditure to benefit C/O	Ourididate/Oniocholder harne Onice 30dg	110	Onice in	Sid
_	Date	Payee name			
	11/13/2023	Anedot			
	Amount (\$)	Payee address; City; State; Zip Coo	0		
	\$8.90	920 McKinney Ave 7th floor	e		
	φο.90	920 MCRITILEY AVE 711 11001			
		Dellas TV 75201			
		Dallas, TX 75201			
	PURPOSE OF	,	b) Description	vel outside of Texas. Com	inlota Schadula T
	EXPENDITURE	Accounting/Banking		stin, TX, officeholder living	
				Collection Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office he	eld
	expenditure to benefit C/O				
	Date	Payee name			
	11/18/2023	Anedot			
	Amount (\$)	Payee address; City; State; Zip Coo	e		
	\$20.30	920 McKinney Ave 7th floor			
		Dallas, TX 75201			
	PURPOSE	Category (See Categories listed at the top of this schedule)	<b>b)</b> Description		
	OF EXPENDITURE	Accounting/Banking	Check if trav	vel outside of Texas. Com	
	LAPENDITORE			stin, TX, officeholder living	g expense
			Donation C	Collection Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office soug	h+	Office he	- Id
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	nı	Office ne	eiu
	·				

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Operations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a contrary not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/44 Rpt: 46/79	Hubert, Stephen M. (Mr.) 00087395
4	Date	5 Payee name
	11/22/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.30	920 McKinney Ave 7th floor
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Collection Fees
		Donation Concentratives
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	11/27/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	920 McKinney Ave 7th floor
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Collection Fees
		Donation Concellon 1 ees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/02/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.60	920 McKinney Ave 7th floor
	Ψ10.00	320 Working 7We 7th hoof
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Donation Collection Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
_	1 Total pages Schedule F1: 2 FILER NAM			<u> </u>					3	Filor ID	(Ethics Commission Filers)
1	Sch: 13/44 Rpt: 47/79	ı	FILER NAME  Hubert, Stephen M. (Mr.)  3 Filer ID (Ethics Commission Filers) 00087395							(Ethics Commission Filers)	
4	Date	5	Payee name								
	12/03/2023	ı	Anedot								
6	Amount (\$) \$8.30		Payee address; City; State; Zip Code 920 McKinney Ave 7th floor  Dallas, TX 75201								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule of Check if Austin, TX, officeholder living expense Donation Collection Fees					•				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	0	Office sou	ght			Office he	eld
	Date		Payee name								
	12/07/2023		Anedot								
Amount (\$)			Payee address; City; State; Zip Code								
	\$10.30 920 McKinney Ave 7th floor										
		_	Dallas, TX 7			<del></del>	<i>.</i>				
1 05 1			Accounting/Banking Check if tr			Check if Austin	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense n Collection Fees				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	0	Office sou	ght			Office he	eld
	Date 12/08/2023	ı	Payee name Anedot								
	Amount (\$) \$12.30			ey Ave 7th floor	State;	Zip Co	de				
			Dallas, TX 7			ı					
	PURPOSE OF EXPENDITURE		Category (Se Accounting/	ee Categories listed at the Banking	e top of this sche	edule)	(b)	ш	, TX,	de of Texas. Com officeholder living tion Fees	•
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	0	Office sou	ght			Office he	eld

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/44 Rpt: 48/79	Hubert, Stephen M. (Mr.) 00087395
4	Date	5 Payee name
	12/27/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.30	920 McKinney Ave 7th floor
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation Collection Fees
		Bolladon Concodon 1 coc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	Davis same
	Date 07/07/2023	Payee name  Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.30	920 McKinney Ave 7th floor
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Fees Collection
		Donation Fees Collection
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	12/28/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	920 McKinney Ave 7th floor
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation Collection Fees
		Donation Collection Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/44 Rpt: 49/79	Hubert, Stephen M. (Mr.)	00087395
4	Date	5 Payee name	
	12/29/2023	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.30	920 McKinney Ave 7th floor	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Donation Collection Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OH		Office field
_			
	Date	Payee name	
	11/26/2023	Apricity Foundation	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	2257 North Loop 336 W.	
		Suite 140	
		Conroe, TX 77304	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Event Tickets
			Event nickets
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	Data	B	
	Date	Payee name	
	12/15/2023	Ascend LLC. Accounting	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7,500.00	3211 English Way	
		Prospect, KY 40059	
	PURPOSE	,	Description
	OF EXPENDITURE	Polling Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Poll
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Since field
H			

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/44 Rpt: 50/79	Hubert, Stephen M. (Mr.) 00087395
4	Date	5 Payee name
	08/08/2023	Blackwood Sporting Co
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	11400 FM 2854
		Conroe, TX 77304
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event Deposit for Fundraiser
		Event beposit for i unuruser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
Г	Date	Payee name
	11/10/2023	Blackwood Sporting Co
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$10,027.58	11400 FM 2854
		Conroe, TX 77304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraiser Event Hosting
		Tandraida Evant Hodang
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/10/2023	Blankenship, Ben (Mr.)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$625.00	10617 Boyd Rd
		Conroe, TX 77306
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Food for Fundraiser Deposit
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
I		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 17/44 Rpt: 51/79	Hubert, Stephen M. (Mr.) 00087395	
4	Date	5 Payee name	
	11/13/2023	Blankenship, Ben (Mr.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$728.13	10617 Boyd Rd	
		Conroe, TX 77306	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Food for Event (2/2)	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
L			_
	Date	Payee name	
	11/09/2023	Boudreaux, Jennifer (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	453 Sawdust Rd #102	
		Spring, TX 77380	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Cake for Fundraiser	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
⊨	Date	Dove name	=
	11/17/2023	Payee name  CC Plus	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,268.92	4205 W Davis St	
		Conroe, TX 77304	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Supplies for Fundraiser Auction	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
$\vdash$	-		_
L			

### SCHEDULE F1

**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 complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 18/44 Rpt: 52/79	Hubert, Stephen M. (Mr.)	00087395				
4	Date	5 Payee name	•				
	12/04/2023	Cantrell, Laurie (Mrs.)					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$75.63	23 Tanager Trl					
		Spring, TX 77381					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	20an repayment rembarsement	el outside of Texas. Complete Schedule T.				
		l — — — — — — — — — — — — — — — — — — —	in, TX, officeholder living expense for Fundraiser Expense				
		T.C.III.Bui 30 I	or i undraiser Expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI						
	Date	Payee name					
	12/08/2023	Coa Parking Park					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2.25	111 Colorado St					
		Austin, TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.				
	EXPENDITORE	l —	in, TX, officeholder living expense				
		Meeting Par	King				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI		Office field				
_	Date	Dove nome					
	12/07/2023	Payee name  Community Impact					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$405.00	9601 Jones Rd					
	Ψ-00.00	3001 3011C3 TKI					
		Houston, TX 77065					
	PURPOSE						
	OF		el outside of Texas. Complete Schedule T.				
	EXPENDITURE		in, TX, officeholder living expense				
		News Ads					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/44 Rpt: 53/79	Hubert, Stephen M. (Mr.) 00087395
4	Date	5 Payee name
	12/26/2023	Community Impact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$648.00	9601 Jones Rd
		Houston, TX 77065
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		News Ads
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	12/12/2023	Farrell Gjesdal Strategy Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,970.08	4040 Hwy 6, Suite 200
		College Station, TX 77845
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Consulting
		Campaign Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	10/03/2023	Farrell Gjesdal Strategy Group
	Amount (\$)	Payee address; City; State; Zip Code 4040 Hwy 6, Suite 200
	\$2,500.00	4040 Hwy 6, Suite 200
		College Station, TX 77845
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Consulting Expense
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/44 Rpt: 54/79	Hubert, Stephen M. (Mr.) 00087395
4	Date	5 Payee name
	11/04/2023	Farrell Gjesdal Strategy Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	4040 Hwy 6, Suite 200
		College Station, TX 77845
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Consulting
		Campaign Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_		
	Date	Payee name
	11/09/2023	Fiato, Missy (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.00	29980 FM 2978 Apt 3317
		Magnolia, TX 77354
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Prizes for Fundraiser Blast Shoot
		The Solor Fundation Blast Shoot
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	10/14/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.19	409 E Kleberg Ave
		Kingsville, TX 78363
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Supplies for Shoot Fundraiser
	Complete ONLY if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/44 Rpt: 55/79	Hubert, Stephen M. (Mr.) 00087395
4	Date	5 Payee name
	10/28/2023	HEB
6	Amount (\$) \$207.04	7 Payee address; City; State; Zip Code 10200 Highway 242  Conroe, TX 77385
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies for Skeet Shoot Fundraiser
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/28/2023	HEB
	Amount (\$) \$111.53	Payee address; City; State; Zip Code  10200 Highway 242  Conroe, TX 77385
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies for Skeet Shoot Fundraiser
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/30/2023	HEB
	Amount (\$) \$286.37	Payee address; City; State; Zip Code 10200 Highway 242
		Conroe, TX 77385
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies for Fundraising Event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Gift/Awards/Memorials Expense Legal Services  Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			Travel Out of District OTHER (enter a category not listed above)						
Ļ	<b>-</b>	-	EU ED:		uiue expiains	HOW TO COL	iihie	te uns ioin.	_	E1	(Edition 2	. =1
1	Total pages Schedule F1:	2							3		(Ethics Commission	n Filers)
	Sch: 22/44 Rpt: 56/79		Hubert, Ste	phen M. (Mr.)						00087395		
4	Date	5	Payee name									
L	12/01/2023		Home Depo	ot								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$174.41		19103 I-45	North								
			Conroe, TX	77385								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Event Expe			·		_			mplete Schedule T.	
	TAI LIADITORE							Check if Austin,			ng expense	
								Fundraiser Ex	xpe	ense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	(	Office sou	ght			Office I	held	
	onpolicitate to beliefit 0/01	_										
	Date		Payee name									
L	11/11/2023		Home Depo	ot								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$34.60		19103 I-45	North								
			Conroe, TX	77385								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense				<b>=</b>			mplete Schedule T.	
								Sign Supplies		officeholder livi	ng expense	
								Cigii Cuppiles	_			
$\vdash$	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	(	Office sou	aht			Office I	neld	
	expenditure to benefit C/O			- J.	`	50 500(				0.11001		
-	Date	Ε	Payee name									
	09/15/2023		Hubert, Bor	nnie (Dr.)								
		_			Ctat-	. 7in 0-	da					
	Amount (\$)		Payee addre		State	; Zip Co	ue					
	\$789.25		2523 Pine A	acres di								
			Conroe, TX	77384								
	PURPOSE OF	(a)		ee Categories listed at		nedule)	(b)	Description				
	EXPENDITURE		Solicitation/	Fundraising Ex	pense			ш			mplete Schedule T.	
								Check if Austin, Reimburse fo				
								r cimburse 10	1	anaraising	Сарріїсэ	
	Complete ONLY if direct	Щ	Candidate/Offi	ceholder name	(	Office sou	aht			Office I	held	
	expenditure to benefit C/O		Sandidato/OIII	SS.ISIGOT HUITIC	`	C.1100 300Q	9111			5111001		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	·	ete this form.	
1	Total pages Schedule F1:				
_	Sch: 23/44 Rpt: 57/79	Hubert, Stephen M. (Mr.)  00087395			
4	Date	5 Payee name		•	
	10/16/2023	Hubert, Bonnie (Dr.)			
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode		
	\$639.02	2523 Pine Acres Dr			
		Conroe, TX 77384			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense Reimburse for Lodging Fee for Blast and Cast	
				Weekend	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Iaht	Office held	
ľ	expenditure to benefit C/OI		giit		
_	Date	Payee name			
	09/25/2023	Hubert, Bonnie (Dr.)			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$934.22	2523 Pine Acres Dr			
		Conroe, TX 77384			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense  Reimbursement for Event Space Booking	
				Treimbarsement for Event opage Booking	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ight	Office held	
	expenditure to benefit C/OI	<del>1</del>	Ü		
	Date	Payee name			
	08/14/2023	I Promote You			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$113.39	25700 I-45 North			
		Suite 4013			
		The Woodlands, TX 77386			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Name Tags		Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE			Check if Austin, TX, officeholder living expense	
				Name Tags Order	
L	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office held	
	expenditure to benefit C/OI		ıgıll	Office field	
l					

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers	5)
	Sch: 24/44 Rpt: 58/79	Hubert, Ste	phen M. (Mr.)					00087395		
4	Date	5 Payee name								
	11/10/2023	I Promote Y	'ou							
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip C	ode					
	\$70.42	25700 I-45	North							
		Suite 4013								
		The Woodla	ands, TX 77386							
8	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense			_		de of Texas. Com		
						Name Badge		officeholder living	expense	
						Name Baage	3			
9	Complete ONLY if direct		ceholder name	Office so	<b>I</b> ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	11/07/2023	Jo-Ann Sto	res							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode					
	\$15.14	25415 I-45	Ste-d							
		Spring, TX	77380							
	PURPOSE OF	l	ee Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Event Expe	nse					de of Texas. Com officeholder living		
						Supplies for F				
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	<del></del>								
	Date	Payee name								
	10/16/2023	King's Inn								
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode					
	\$474.16	1116 E Cou	ınty Road 2270							
		Rivera, TX	78379				_			
	PURPOSE	1	ee Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Bever	age Expense			ш		de of Texas. Com		
						Dinner with F		officeholder living		
						Diffice Will F	uill	uraiser silut	λ ι αιμοιραπισ	
	Complete ONLY if direct	L Candidate/Offi	ceholder name	Office so	<u> </u>			Office he	eld	
	expenditure to benefit C/O	H								

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 25/44 Rpt: 59/79	Hubert, Stephen M. (Mr.) 00087395	
4	Date	5 Payee name	_
	12/11/2023	King, Hailey (Ms.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$2,500.00	31714 Cattail Park Ct	
		Conroe, TX 77385	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		December Campaign Management	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	07/18/2023	King, Hailey (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	31714 Cattail Park Ct	
		Conroe, TX 77385	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign Manager	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	<del>1</del>	
	Date	Payee name	
	08/15/2023	King, Hailey (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	31714 Cattail Park Ct	
		Conroe, TX 77385	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Campaign Management	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	<del>-</del>	

### SCHEDULE F1

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 complete this form.							
1	Total pages Schedule F1: Sch: 26/44 Rpt: 60/79	2 FILER NAME Hubert, Stephen M. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087395					
4	Date 08/22/2023	5 Payee name King, Hailey (Ms.)	·					
6	Amount (\$) \$2,725.00	7 Payee address; City; State; Zip Code 31714 Cattail Park Ct						
8	PURPOSE OF EXPENDITURE	Consulting Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Management					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held					
	Date 12/03/2023	Payee name Kirkland's						
	Amount (\$) \$103.82	Payee address; City; State; Zip Code 27842 Interstate 45 N  The Woodlands, TX 77385						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense supplies for Fundraiser					
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held					
	Date 08/01/2023	Payee name Montgomery County Hispanic Chamber						
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 4576 Research Forest Dr Suite 200 The Woodlands, TX 77382						
	PURPOSE OF EXPENDITURE	Membership	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Chamber of Commerce Membership Expense					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held					

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/44 Rpt: 61/79	Hubert, Stephen M. (Mr.) 00087395
4	Date	5 Payee name
	12/07/2023	Montgomery County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	921 W Austin St
		Conroe, TX 77301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		State Rep Filing Fee
		State Hop I ming I se
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>1</b>
	Date	Payee name
	12/12/2023	Montgomery County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	P.O. Box 1766
		Conroe, TX 77305
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Local Republican Club Networking
		Losai Repusioan Glas Retirenting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/18/2023	Montgomery County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.00	P.O. Box 1766
		Conroe, TX 77305
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lunch Networking Ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
_	T. 1 01 11 F4	<u>.</u>	e El ID (Ellis Comission Elles)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 28/44 Rpt: 62/79	Hubert, Stephen M. (Mr.)	00087395
4	Date	5 Payee name	
	08/22/2023	Montgomery County Republican Women	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.00	P.O. Box 1766	
		Conroe, TX 77305	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	, , , , , , , , , , , , , , , , , , ,	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Associate Me	mbership Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/21/2023	Montgomery County Republican Women	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	P.O. Box 1766	
		Conroe, TX 77305	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel of	outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	TX, officeholder living expense
		Event Ticket	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	ł	
	Date	Payee name	
	12/06/2023	Office Depot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$67.10	907 W 5th St	
	Ψ07.10	307 VV 311 3t	
		A TV 70700	
		Austin, TX 78703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Trinting Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Meeting Hand	
		saling Flank	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cilido Hold

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			Vages	/Contract Labor		OTHER (enter	a category not listed al	oove)
L	<u> </u>				Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 29/44 Rpt: 63/79		Hubert, Ste	phen M. (Mr.)						00087395		
4	Date	5	Payee name									
	10/08/2023		Office Depo									
Ļ		-	·		Ctata	. Zin Co	do					
ľ	Amount (\$)	'	Payee addre			; Zip Co	ue					
	\$13.00		1000 Lake	Woodlands D								
			Spring, TX	77380								
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Printing Ex		•	,		Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	LAFENDITORE							_	, TX,	officeholder livir	ng expense	
								Printing				
9	Complete ONLY if direct		Candidate/Off	ceholder name	(	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	7										
Г	Date		Payee name									
	10/08/2023		Office Depo									
H	Amount (\$)	$\vdash$	Payee addre	ss; City;	State	; Zip Co	de					
	\$13.00		•	Woodlands D		, _,						
	420.00		1000 Lano	.voodiarido B	•							
			Tl \A/!!	TV 770	20							
L			The Woods	ands, TX 7738	30							
	PURPOSE OF	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Printing Ex	oense				<b>=</b>		de of Texas. Co officeholder livir	mplete Schedule T.	
								Printing	, 1,	onicerolder livii	ig expense	
								·······································				
⊢	Complete ONLY if direct	<u> </u>	Candidato/Off	ceholder name		Office sou	aht			Office h	aold	
	expenditure to benefit C/OI		Januluale/On	icenoluei name	`	Office Sou	ynt			Office i	ieiu	
┕		_										
	Date		Payee name									
	11/22/2023		Office Depo	ot								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$87.40		907 W 5th	St								
			Austin, TX	78703								
H	PURPOSE	(a)	Category (c	ee Categories listed	at the top of this oak	andula)	(b)	Description				
	OF	``	Printing Ex		at the top of this sci	ledule)	(,		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		· ····································	30.100				Check if Austin,	, TX,	officeholder livir	ng expense	
								Info Print Out	S			
Г	Complete ONLY if direct		Candidate/Off	ceholder name	(	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
H												
ĺ												
ĺ												

### SCHEDULE F1

**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

l	Credit Card Payment	The Instruction Guide explains how to d	-	ete this form.
1	Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)
	Sch: 30/44 Rpt: 64/79	Hubert, Stephen M. (Mr.)		00087395
4	Date	5 Payee name		•
	12/07/2023	PMC Parking		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
l	\$24.90	313 Red River St		
		Austin, TX 78702		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Parking for Meeting
				Taking for Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office so	uaht	Office held
ľ	expenditure to benefit C/OI		ug	Cinco nota
H	Date	Payee name		
	11/10/2023	Party City		
┝	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$39.08	19189 Interstate 45 S	ouc	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Shenandoah, TX 77385		
┝	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense	(")	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				Balloons for Event
L			<u> </u>	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
L				
l	Date	Payee name		
	11/02/2023	Pelagio, Cindy (Mrs.)		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$150.00	470 W Private Rd 2137		
		W TV 70000		
		Kingsville, TX 78363	1	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				Event Space Cleaner
L				
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
L	expenditure to benefit C/OI	1		
_				
_				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

sement Solicitation/Fundraising Expense

Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER (poters a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/44 Rpt: 65/79	Hubert, Stephen M. (Mr.) 00087395
4	Date	5 Payee name
	12/07/2023	Pilot Travel Hub
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.33	2000 FM 1488
		Hempstead, TX 77455
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense  Travel expense
		Travel expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/14/2023	Post Net
H	Amount (\$)	Payee address; City; State; Zip Code
	\$18.29	634 E King Avenuw
		· ·
		Kingsville, TX 78363
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Printing Guides for Shoot Fundraiser
		3
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/15/2023	Post Net
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$80.06	634 E King Avenue
		Kingsville, TX 78363
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Printing Info for Fundraiser
		Finding fine for Fundiaiser
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
ı		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Ĺ	Sch: 32/44 Rpt: 66/79	Hubert, Stephen M. (Mr.)  00087395
4	Date	5 Payee name
	07/24/2023	Quickbooks Online
6	Amount (\$) \$58.41	7 Payee address; City; State; Zip Code 2700 Coast Ave  Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Bookkeeping Record Software
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/22/2023	Quickbooks Online
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.41	2700 Coast Ave
	BUBBOSE	Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Bookkeeping Software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	09/22/2023	Quickbooks Online
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.41	2700 Coast Ave
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Accounting Software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/44 Rpt: 67/79	Hubert, Stephen M. (Mr.) 00087395
4	Date	5 Payee name
	10/23/2023	Quickbooks Online
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.41	2700 Coast Ave
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Accounting Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/22/2023	Quickbooks Online
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.41	2700 Coast Ave
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Accounting Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/22/2023	Quickbooks Online
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.72	2700 Coast Ave
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Accounting Software
		/ localitating Continued
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.	ove)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commissi	on Filers)
	Sch: 34/44 Rpt: 68/79	Hubert, Stephen M. (Mr.) 00087395	
4	Date	5 Payee name	
	11/15/2023	Ross, Vince (Mr.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$450.00	11321 Grand Harbour Blvd	
		Montgomery, TX 77356	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Auctioneer for Event	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	DH 3	
	Date	Payee name	
	10/16/2023	Signs365	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$792.90		
		Shelby Township, MI 48315	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Signs Purchase	
		Signs Furchase	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	11/08/2023	Signs365	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$246.50		
		Shelby Township, MI 48315	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Sign Order	
		Sign Order	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/44 Rpt: 69/79	Hubert, Stephen M. (Mr.) 00087395
4	Date	5 Payee name
	12/06/2023	Signs365
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,139.00	51245 Filomena Dr
		Shelby Township, MI 48315
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sign Purchase
		Sign Furchase
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
F	Date	Payee name
	10/12/2023	TX Vintage Bar & Grill
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	219 Simonton St
	Ψ200.00	
		Conroe, TX 77301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sign Placement for Festival
		Sign Flacement for Festival
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/08/2023	Taco Bell
H	Amount (\$)	Payee address; City; State; Zip Code
	\$13.92	2150 FM 1488
		Hempstead, TX 77445
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Lunch with Staff
		Eurion with Stan
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		
ı		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total names Oct 11 51	
1	Total pages Schedule F1:	
	Sch: 36/44 Rpt: 70/79	Hubert, Stephen M. (Mr.) 00087395
4	Date	5 Payee name
	12/08/2023	Taquero Mucho
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.38	508 West Avenue
		Austin, TX 78701
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lunch with Staff
		Landi Wan Stan
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	08/04/2023	Taylorized PR
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	11720 Thousand Trails Rd
		#94
		Willis, TX 77318
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Press Release
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Davida nama
	Date 12/12/2023	Payee name The Woodlands Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.76	P.O. Box 7294
		The Woodlands, TX 77387
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LAFEINDITURE	Check if Austin, TX, officeholder living expense
		Local Organization Networking Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	n

### SCHEDULE F1

**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 complete this form.
1	Total pages Schedule F1: Sch: 37/44 Rpt: 71/79	2 FILER NAME Hubert, Stephen M. (Mr.)  3 Filer ID (Ethics Commission Filers) 00087395
4	Date 11/13/2023	5 Payee name The Woodlands Republican Women
6	Amount (\$) \$43.05	7 Payee address; City; State; Zip Code P.O. Box 7294  The Woodlands, TX 77387
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Luncheon Tickets
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 08/29/2023	Payee name Tompkins, Allie
	Amount (\$) \$84.65	Payee address; City; State; Zip Code  15 Sleeping Creek Place  Conroe, TX 77384
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reimburse for Event Decorations
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/21/2023	Payee name Tompkins, Allie
	Amount (\$) \$99.09	Payee address; City; State; Zip Code  15 Sleeping Creek Place
		Conroe, TX 77384
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Flyer Reimbursement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 38/44 Rpt: 72/79	Hubert, Stephen M. (Mr.) 00087395
4	Date	5 Payee name
l	12/12/2023	Tractor Supply
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$489.00	10800 Hwy 242
l		
		Conroe, TX 77385
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Signage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Sign Posts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialture to beliefit C/OI	<u>'</u>
Г	Date	Payee name
l	12/12/2023	Tractor Supply
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$23.98	10800 Hwy 242
		Conroe, TX 77385
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Signage Expense Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Sign Posts
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	<b>U</b>
⊨	D-4-	
l	Date 10/17/2023	Payee name
		Ultra Screen Printing
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$201.76	603 County Rd 110
l		
		Riviera, TX 78379
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		shirts and hat purchase
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
ı		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 39/44 Rpt: 73/79	Hubert, Stephen M. (Mr.) 00087395				
4	Date	5 Payee name				
	10/16/2023	Valero				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$100.00	1208 Voss Avenue				
		Odem, TX 78370				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Fuel for Transporting Shoot Fundraiser Participants				
		ruel for Transporting Shoot Fundraiser Farticipants				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	experience to benefit of or					
	Date	Payee name				
	10/11/2023	WISE Conference				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$300.00	3 Plum Blossom Pl				
		Spring, TX 77381				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Booth for Event				
		BOOLITIOI EVEIL				
_	Operation ONLY if allowed	Our stide to 100% as health as a sure				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	<u> </u>					
	Date	Payee name				
	12/05/2023	Walling, J. Sue (Mrs.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$35.00	7139 Edgewater Dr				
		Willis, TX 77318				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Cake for Campaign Donor Dinner				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				
	experience to beliefft C/Of	•				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 40/44 Rpt: 74/79	Hubert, Stephen M. (Mr.) 00087395								
4	Date	5 Payee name								
	10/13/2023	Walmart								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$10.76	1133 East General Cavazos Blvd								
		Kingsville, TX 78363								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Supplies for Hunt Fundraiser								
		Cappines for Hank Fandraico								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI									
	Date	Payee name								
	10/13/2023	Walmart								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$176.02	1133 E General Cavazos Blvd								
		Kingsville, TX 78363								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Supplies for Hunt Fundraiser								
		Supplies for Hunt Fundacion								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Data	D								
	Date 09/18/2023	Payee name Walmart								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$428.86	1133 E General Cavazos Blvd								
		Kingsville, TX 78363								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense Supplies for Hunt Fundraiser								
		ουμρίτου το πατίτ συταταίσει 								
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Baymont

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 41/44 Rpt: 75/79	Hubert, Stephen M. (Mr.) 00087395					
4	Date	5 Payee name					
	11/06/2023	Walmart					
6	Amount (\$)	7 Payee address; City; State; Zip Code	_				
	\$236.62	3040 College Park Drive					
		The Woodlands, TX 77384					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Supplies for Fundraiser					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
L	expenditure to benefit C/OI						
	Date	Payee name					
	11/06/2023	Walmart					
H	Amount (\$)	Payee address; City; State; Zip Code	_				
	\$55.34	3040 College Park Drive					
		The Woodlands, TX 77384					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Supplies for Fundraiser					
		Cappines for Funditudes.					
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
	expenditure to benefit C/OI	· ·					
⊨	Data	David and the second se	-				
	Date	Payee name					
	11/07/2023	Walmart	_				
	Amount (\$)	Payee address; City; State; Zip Code					
	\$85.65	3040 College Park Drive					
		The Woodlands, TX 77384					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Fundraiser Items					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
	expenditure to benefit C/OI						
$\vdash$			_				

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission Filers)		
	Sch: 42/44 Rpt: 76/79	Hubert, Ste	phen M. (Mr.)					00087395			
4	Date	5 Payee name									
	11/10/2023	Walmart									
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode						
	\$512.78	3040 Colle	ge Park Drive								
		The Woodl	ands, TX 77384								
8	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description					
	EXPENDITURE	Event Expe						de of Texas. Com officeholder living			
						Fundraiser Si			, oxponed		
							•				
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ught			Office he	eld		
	experiantare to benefit Great	·									
	Date	Payee name									
	12/02/2023	Walmart									
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode						
	\$311.76 3040 College Park Drive										
		The Woodl	ands, TX 77384								
	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description					
	EXPENDITURE	Event Expe	ense			<b>=</b>		de of Texas. Com officeholder living			
						Supplies for F					
								-			
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	ught			Office he	eld		
	expenditure to benefit C/OI	4									
	Date	Payee name									
	12/02/2023	Walmart									
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode						
	\$16.72	3040 College Park Drive									
		The Woodl	ands, TX 77384								
	PURPOSE OF	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description	_				
	EXPENDITURE	Event Expe	ense					de of Texas. Com officeholder living			
						Supplies for D			g expense		
						Supplies for L	<i>-</i> 01	יסי סווווכו			
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	laht			Office he	-jų		
	expenditure to benefit C/O		TOTAL HAME	Omce 300	agrit			Onice ne			

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 43/44 Rpt: 77/79	Hubert, Stephen M. (Mr.) 00087395								
4	Date	5 Payee name								
	12/02/2023	Walmart								
6	Amount (\$) \$127.77	7 Payee address; City; State; Zip Code 3040 College Park Drive The Woodlands, TX 77384								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Event Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Donor Dinner								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	12/20/2023	Walmart								
	Amount (\$) \$8.53	Payee address; City; State; Zip Code 3040 College Park Drive								
		The Woodlands, TX 77384								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Sign Supplies								
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	10/18/2023	Wilhite, Cheryl (Mrs.)								
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 963 E County Rd 2350								
		Riviera, TX 78379								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Space for Fundraiser Activity								
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held								

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Cand	tions/ Donations Made B idate/Officeholder/Politica ard Payment		Gift/Awards/Memorials Ex Legal Services  The Instruction Guid	Salaries	/Wages	s/Contract Labor		Travel Out of Dis	strict category not listed above)	
1 Total no	ana Cabadula E1.	Ia ELEDNAM	_	-			12	Filer ID	(Ethios Commission Filore)	_
-	ges Schedule F1: 4/44 Rpt: 78/79		= phen M. (Mr.)				3	Filer ID 00087395	(Ethics Commission Filers)	
4 Date		5 Payee name								
09/29/2	2023	1	: National Bank							
6 Amount	(\$)	<b>7</b> Payee addre	ss; City;	State; Zip C	ode					
	\$15.00	1330 Lake	Robbins Rd.							
		The Woodle	ands, TX 77380							
8 PUF	RPOSE	(a) Category (S	ee Categories listed at the	ton of this schedule)	(b)	Description				
	OF	Accounting		top or and concudity			outsi	de of Texas. Com	plete Schedule T.	
EXPE	NDITURE		3			Check if Austin,	, TX,	officeholder living	g expense	
						Card Fee				
9 Comple	te ONLY if direct	Candidate/Off	ceholder name	Office so	ught			Office he	eld	
expendi	ture to benefit C/O	Н								
D-1		<del> </del>								_
Date		Payee name								
10/24/2	2023	Woodlands	Area Chamber of	Commerce						
Amount	(\$)	Payee addre	ss; City;	State; Zip C	ode					
\$350.00 9320 Lakeside Blvd #200										
		The Woodl	ands, TX 77381							
	RPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description				
	OF NDITURE	Event Expe	nse						plete Schedule T.	
						ш		officeholder living		
						Tickets for Ne	elw	orking Even	IL	
	te <u>ONLY</u> if direct ture to benefit C/O		ceholder name	Office so	ught			Office he	eld	
ехрени	ture to benefit C/O	П								
Date		Payee name								
11/03/2	2023	Woodlands	Area Chamber of	Commerce						
Amount	(\$)	Payee addre	ss; City;	State; Zip C	ode					_
	\$100.00	9320 Lakes	side Blvd #200							
	,									
		The Woodl	ands, TX 77381							
PUR	RPOSE		ee Categories listed at the	top of this act = dul-	(h)	Description				_
(	OF	Event Expe		top of this schedule)	`~'		outsi	de of Texas. Com	plete Schedule T.	
EXPE	NDITURE	Lvent Lxpe	1130					officeholder living		
						Networking E	ver	nt Tickets		
						J				
Comple	te ONLY if direct	L Candidate/Off	ceholder name	Office so	luaht			Office he	eld	
	ture to benefit C/O		Socioladi Hallic	Office 30	agni			Office III	oiu.	
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# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 79/79 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hubert, Stephen M. (Mr.) 00087395 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 11/14/2023 \$169.61 Walmart 6 Address of person from whom amount is received; City; State; Zip Code The Woodlands, TX 77384 Purpose for which amount is received Check if political contribution returned to filer Refund for Not Used Items