### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

| 3       CANDIDATE /<br>OFFICEHOLDER<br>NAME       MS / MRS / MR       FIRST       MI       OFFICE USE ONLY         Mr.       Stephen M.       Date Received       ELECTRONICALLY FILED         NICKNAME       LAST       SUFFIX       02/05/2024         NICKNAME       LAST       SUFFIX       02/05/2024         ADDRESS / PO BOX;       APT / SUITE #;       CITY;       ZIP CODE       Date Hand-delivered or Date Postmarked         MAILING       ADDRESS       Conroe, TX 77384       Conroe, TX 77384       Date Processed       Date Imaged  | 2 Total pages filed:<br>19 |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|--|--|
| OFFICEHOLDER<br>NAME       Mr.       Stephen M.       Date Received         Date Received       ELECTRONICALLY FILED       02/05/2024         NICKNAME       LAST       SUFFIX       02/05/2024         NICKNAME       Hubert       02/05/2024       02/05/2024         ADDRESS / PO BOX;       APT / SUITE #;       CITY;       ZIP CODE       Date Hand-delivered or Date Postmarked         OFFICEHOLDER<br>MAILING<br>ADDRESS       ADDRESS Dr.       Eccipt #       Amount         Change of Address       Conroe, TX 77384       Date Processed | r                          |  |  |  |
| MAINLE     Date Received       NICKNAME     LAST       Skeeter     Hubert       ADDRESS / PO BOX;     APT / SUITE #;       CITY;     ZIP CODE       Date Hand-delivered or Date Postmarked       ADDRESS       Change of Address       Conroe, TX 77384                                                                                                                                                                                                                                                                                               |                            |  |  |  |
| NICKNAME       LAST       SUFFIX       02/05/2024         Skeeter       Hubert       ADDRESS / PO BOX; APT / SUITE #; CITY;       ZIP CODE       Date Hand-delivered or Date Postmarked         ADDRESS       ADDRESS       2523 Pine Acres Dr.       2523 Pine Acres Dr.       Receipt #       Amount         Change of Address       Conroe, TX 77384       Date Processed       Date Processed                                                                                                                                                     |                            |  |  |  |
| ADDRESS     ADDRESS / PO BOX; APT / SUITE #; CITY;     ZIP CODE     Date Hand-delivered or Date Postmarked       ADDRESS     ADDRESS     Conroe, TX 77384     Amount                                                                                                                                                                                                                                                                                                                                                                                  |                            |  |  |  |
| 4       CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS       ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE       Date Hand-delivered or Date Postmarked         Change of Address       Conroe, TX 77384       Amount                                                                                                                                                                                                                                                                                                                            |                            |  |  |  |
| OFFICEHOLDER<br>MAILING<br>ADDRESS       2523 Pine Acres Dr.         Change of Address       Conroe, TX 77384                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |  |  |  |
| OFFICEHOLDER<br>MAILING<br>ADDRESS       2523 Pine Acres Dr.         Change of Address       Conroe, TX 77384                                                                                                                                                                                                                                                                                                                                                                                                                                         | d                          |  |  |  |
| MAILING<br>ADDRESS     Receipt #     Amount       Change of Address     Conroe, TX 77384     Date Processed                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |  |  |  |
| Change of Address Conroe, TX 77384                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |  |  |  |
| Date Processed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |  |  |  |
| Date Imaged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |  |  |  |
| Date Imaged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |  |
| 5 CAMPAIGN MS / MRS / MR FIRST MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |  |  |  |
| TREASURER<br>NAME Dr. Bonnie L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |  |
| NICKNAME LAST SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |  |  |  |
| Hubert M.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |  |
| 6 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP (                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CODE                       |  |  |  |
| TREASURER 2523 Pine Acres Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CODL                       |  |  |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |  |  |  |
| (Residence or Business)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |  |  |  |
| Conroe, TX 77384                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |  |
| 7 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |  |  |  |
| TREASURER (036) 777-2848                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |  |  |  |
| PHONE (330) PH-2040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |  |  |  |
| 8 REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |  |  |  |
| TYPE January 15 X 30th day before election Runoff 15th day after campaign treasure                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ər                         |  |  |  |
| appointment (officeholder only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |  |
| July 15 Sth day before election Exceeded modified Final Report (Attach C/OH-FR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |  |
| 9 PERIOD Month Day Year Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |  |  |  |
| COVERED 01/01/2024 THROUGH 01/25/2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |  |
| 10 ELECTION DATE ELECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |  |  |  |
| Month Day Year X Primary Runoff Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |  |  |  |
| 03/05/2024 General Special                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |  |
| 11 OFFICE         OFFICE HELD (if any)         12 OFFICE SOUGHT (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |  |  |  |
| None Montgomery State Representative District 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |  |  |
| GO TO PAGE 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |  |  |  |
| Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | )bfcfb67                   |  |  |  |

#### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

#### FORM C/OH **COVER SHEET PG 2** 2 of 19

| 13 C / OH NAME                                 | Hubert, Stephen M. (             | Mr.)                                                                                                                                                                 |                           | Ethics Commission Filers) |
|------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|
|                                                |                                  |                                                                                                                                                                      | 00087395                  |                           |
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | political contributions accepted or political expenditu<br>These expenditures may have been made without to<br>officeholders are required to report this information | the candidate's or office | holder's knowledge or     |
| Additional Pages                               | COMMITTEE TYPE                   | COMMITTEE NAME                                                                                                                                                       |                           |                           |
|                                                | GENERAL                          |                                                                                                                                                                      |                           |                           |
|                                                |                                  | COMMITTEE ADDRESS                                                                                                                                                    |                           |                           |
|                                                |                                  |                                                                                                                                                                      |                           |                           |
|                                                | SPECIFIC                         |                                                                                                                                                                      |                           |                           |
|                                                |                                  | COMMITTEE CAMPAIGN TREASURER NAME                                                                                                                                    |                           |                           |
|                                                |                                  | COMMITTEE CAMPAIGN TREASURER ADDRES                                                                                                                                  | SS                        |                           |
|                                                |                                  |                                                                                                                                                                      |                           |                           |
| <b>16</b> CONTRIBUTION<br>TOTALS               |                                  | ZED POLITICAL CONTRIBUTIONS (OTHER THAI<br>ES OF LOANS, OR CONTRIBUTIONS MADE ELE(                                                                                   |                           | \$ 0.00                   |
|                                                |                                  | AL CONTRIBUTIONS<br>PLEDGES, LOANS, OR GUARANTEES OF LOANS                                                                                                           | 5)                        | <b>\$</b> 33,206.12       |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM                  | ZED POLITICAL EXPENDITURES                                                                                                                                           |                           | <b>\$</b> 0.00            |
|                                                |                                  | <b>\$</b> 11,574.78                                                                                                                                                  |                           |                           |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE LA                                                                                                                             | AST DAY OF THE            | <b>\$</b> 21,205.36       |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIP<br>OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS<br>TING PERIOD                                                                                                                 | OF THE LAST DAY           | <b>\$</b> 0.00            |
| 17 AFFIDAVIT                                   |                                  |                                                                                                                                                                      |                           |                           |
|                                                |                                  | I swear, or affirm, under penalty<br>true and correct and includes a<br>under Title 15, Election Code.                                                               |                           |                           |
|                                                |                                  | Mr. S                                                                                                                                                                | tephen M. Hubert          |                           |
|                                                |                                  | Signature of                                                                                                                                                         | Candidate or Officehold   | der                       |
| AFFIX NOT                                      | FARY STAMP / SEAL ABO            | DVE                                                                                                                                                                  |                           |                           |
| Sworn to and subso                             | ribed before me. by the s        | aid                                                                                                                                                                  | , this the                | day                       |
| of                                             | , 20 , to ce                     | ertify which, witness my hand and seal of office.                                                                                                                    | ,                         |                           |
|                                                |                                  |                                                                                                                                                                      |                           |                           |
| Signature of offic                             | er administering                 | Printed name of officer administering                                                                                                                                | Title of officer          | administering oath        |
| Forms provided by Tex                          | kas Ethics Commission            | www.ethics.state.tx.us                                                                                                                                               |                           | Version V3.5.1.0bfcfb67   |

| SUBTOTALS - C/OH                                                                 | FORM                    |                   |           |
|----------------------------------------------------------------------------------|-------------------------|-------------------|-----------|
| 18 FILER NAME<br>Hubert, Stephen M. (Mr.)                                        | 19 Filer ID<br>00087395 | (Ethics Commissio | n Filers) |
| 20 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                        | SUBTOTAL A              | AMOUNT            |           |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                               | \$                      | 7,104.31          |           |
| 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                 | \$                      | 26,101.81         |           |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                                             |                         | \$                |           |
| 4. SCHEDULE E: LOANS                                                             |                         | \$                |           |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION             | S                       | \$                | 11,574.78 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      |                         | \$                |           |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION              | \$                      |                   |           |
| 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               | OF C/OH                 | \$                |           |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION           | ONS                     | \$                |           |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS<br>TO FILER | RETURNED                | \$                |           |
|                                                                                  |                         | ·                 |           |

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

|   |                |                                                   |                              | 1                           | Total pages Schedule A1:    |            |
|---|----------------|---------------------------------------------------|------------------------------|-----------------------------|-----------------------------|------------|
|   | The Instru     | ction Guide explains how to complete this         | form.                        |                             | Sch: 1/3 Rpt: 4/19          |            |
| 2 | FILER NAME     |                                                   |                              | 3                           | Filer ID (Ethics Commission | on Filers) |
|   | Hubert, Step   | ohen M. (Mr.)                                     |                              |                             | 00087395                    |            |
| 4 | Date           | 5 Full name of contributor out-of-state PAC (ID#: | )                            | 7                           | Amount of Contribution (\$) |            |
|   | 01/20/2024     | Bass, Diane (Mr.)                                 |                              |                             |                             | \$200.00   |
|   |                | 6 Contributor address; City; State; Zip Code      |                              | ]                           |                             |            |
|   |                |                                                   |                              |                             |                             |            |
|   |                | Conroe, TX 77384                                  |                              |                             |                             |            |
| 8 | Principal occu | upation / Job title (See Instructions)            | 9 Employer (See Instructions | L<br>s)                     |                             |            |
|   | Retired        |                                                   | Retired                      | -,                          |                             |            |
|   | Date           | Full name of contributor out-of-state PAC (ID#:   | : )                          | Τ                           | Amount of Contribution (\$) |            |
|   | 01/25/2024     | Blair, Nelda (Mrs.)                               |                              |                             |                             | \$1,000.00 |
|   |                |                                                   |                              |                             |                             |            |
|   |                |                                                   |                              |                             |                             |            |
|   |                |                                                   | l                            |                             |                             |            |
|   |                | The Woodlands, TX 77380                           |                              |                             |                             |            |
|   |                | upation / Job title (See Instructions)            | Employer (See Instructions   | S)                          |                             |            |
|   | Attorney       |                                                   | Blair Law Firm               |                             |                             |            |
|   | Date           | Full name of contributor out-of-state PAC (ID#:   | Τ                            | Amount of Contribution (\$) |                             |            |
|   | 01/01/2024     | Cheney, Tommy (Mr.)                               |                              |                             |                             | \$100.00   |
|   |                | Contributor address; City; State; Zip Code        |                              | ]                           |                             |            |
|   |                |                                                   |                              |                             |                             |            |
|   |                | Conroe, TX 77384                                  | l                            |                             |                             |            |
|   | Principal occu | upation / Job title (See Instructions)            | Employer (See Instructions   | <u> </u>                    |                             |            |
|   | Retired        |                                                   | Retired                      | 0)                          |                             |            |
| - | Date           | Full name of contributor out-of-state PAC (ID#:   |                              | $\overline{\top}$           | Amount of Contribution (\$) |            |
|   | 01/19/2024     | Greene, Fredrick                                  | /                            |                             |                             | \$250.00   |
|   |                | Contributor address; City; State; Zip Code        |                              |                             |                             |            |
|   |                |                                                   | l                            |                             |                             |            |
|   |                |                                                   | l                            |                             |                             |            |
|   |                | Shenandoah, TX 77384                              | _ <del>.</del>               |                             |                             |            |
|   |                | upation / Job title (See Instructions)            | Employer (See Instructions   |                             |                             |            |
|   | Financial Ad   | visor                                             | Woodforest Wealth Stra       | ateg                        | ies                         |            |
|   | Date           | Full name of contributor out-of-state PAC (ID#:   | )                            | Ţ                           | Amount of Contribution (\$) |            |
|   | 01/17/2024     | Kudva, Denise (Mrs.)                              |                              |                             |                             | \$100.00   |
|   |                | Contributor address; City; State; Zip Code        | l                            |                             |                             |            |
|   |                |                                                   |                              |                             |                             |            |
|   |                | Spring, TX 77386                                  | l                            |                             |                             |            |
|   | Princinal occu | upation / Job title (See Instructions)            | Employer (See Instructions   | <u>ا</u>                    |                             |            |
|   | Homemaker      |                                                   | 3)                           |                             |                             |            |
|   |                |                                                   | Homemaker                    |                             |                             |            |
|   |                |                                                   |                              |                             |                             |            |

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 5/19 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Hubert, Stephen M. (Mr.) 00087395 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/25/2024 Maris Blair Campaign Fund \$1,029.31 6 Contributor address; City; State; Zip Code The Woodlands, TX 77380 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/15/2024 \$500.00 Marwan, Hisham Contributor address; City; State; Zip Code Houston, TX 77058 Principal occupation / Job title (See Instructions) Employer (See Instructions) UTMB Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/19/2024 Michels, Joe (Mr.) \$250.00 Contributor address; City; State; Zip Code Oak Ridge North, TX 77385 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney The Michels Law Firm Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/04/2024 Rich, Gary (Mr.) \$2,500.00 Contributor address; City; State; Zip Code Conroe, TX 77384 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/15/2024 \$150.00 Schroder, Danny (Mr.) Contributor address; City; State; Zip Code The Woodlands, TX 77381 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Plains Capital Bank**

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 6/19 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Hubert, Stephen M. (Mr.) 00087395 5 Full name of contributor 4 Amount of Contribution (\$) Date out-of-state PAC (ID#: 7 01/22/2024 \$25.00 Thayer, Paul (Mr.) 6 Contributor address; City; State; Zip Code Conroe, TX 77385 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) ) 01/11/2024 \$1,000.00 Wood, Logan (Mr.) Contributor address; City; State; Zip Code Conroe, TX 77384 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dentist Conroe Family Dentistry

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

| The Instru                   | ction Guide explains how to complete this f                                                                                                  | orm.                       | 1 Total pages Schedule A2:<br>Sch: 1/2 Rpt: 7/19                                                      |  |  |  |  |  |  |  |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| 2 FILER NAME<br>Hubert, Step | :<br>ohen M. (Mr.)                                                                                                                           |                            | 3 Filer ID (Ethics Commission Filers)<br>00087395                                                     |  |  |  |  |  |  |  |
| <sup>4</sup> TOTAL OF        | UNITEMIZED IN-KIND POLITICAL CONTRIB                                                                                                         | \$                         |                                                                                                       |  |  |  |  |  |  |  |
| 5 Date<br>01/23/2024         | <ul> <li>Full name of contributor out-of-state PAC (ID#:</li></ul>                                                                           | )<br>nd                    | 8 Amount of 9 In-kind contribution<br>contribution (\$) description<br>\$12,994.84 I Mailer           |  |  |  |  |  |  |  |
|                              | Austin, TX 78701                                                                                                                             |                            | 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)                                                                         |  |  |  |  |  |  |  |
| 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  | r's spouse (if any) (FOR JUDICIAL)                                                                    |  |  |  |  |  |  |  |
| 16 If contributor            | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                                                                                    |                            |                                                                                                       |  |  |  |  |  |  |  |
| Date<br>01/17/2024           | Full name of contributor out-of-state PAC (ID#:<br>Associated Republicans of Texas Campaign Fu<br>Contributor address; City; State; Zip Code | )<br>nd                    | Amount of In-kind contribution<br>contribution (\$) description<br>\$5,606.97 I Digital Advertising   |  |  |  |  |  |  |  |
|                              | Austin, TX 78701                                                                                                                             |                            | 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)                                                                         |  |  |  |  |  |  |  |
| Contributor's                | principal occupation (FOR JUDICIAL)                                                                                                          | Contributor's job title    | e (FOR JUDICIAL) (See instructions)                                                                   |  |  |  |  |  |  |  |
| Contributor's                | employer/law firm (FOR JUDICIAL)                                                                                                             | Law firm of contributo     | contributor's spouse (if any) (FOR JUDICIAL)                                                          |  |  |  |  |  |  |  |
| If contributor               | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                                                                                    |                            |                                                                                                       |  |  |  |  |  |  |  |
| Date<br>01/05/2024           | Full name of contributor out-of-state PAC (ID#:<br>Associated Republicans of Texas Campaign Fu<br>Contributor address; City; State; Zip Code | nd                         | Amount of In-kind contribution<br>contribution (\$) description<br>\$1,000.00 Communications Training |  |  |  |  |  |  |  |
|                              | Austin, TX 78701                                                                                                                             |                            | Check if travel outside of Texas. Complete Schedule T.                                                |  |  |  |  |  |  |  |
| Principal occu               | upation / Job title (FOR NON-JUDICIAL) (See instructions)                                                                                    | Employer (FOR NON          |                                                                                                       |  |  |  |  |  |  |  |
| Contributor's                | principal occupation (FOR JUDICIAL)                                                                                                          | Contributor's job title    | Contributor's job title (FOR JUDICIAL) (See instructions)                                             |  |  |  |  |  |  |  |
| Contributor's                | employer/law firm (FOR JUDICIAL)                                                                                                             | Law firm of contributo     | r's spouse (if any) (FOR JUDICIAL)                                                                    |  |  |  |  |  |  |  |
| If contributor               | If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                                                                     |                            |                                                                                                       |  |  |  |  |  |  |  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

| SCHEDULE A | <b>\2</b> |
|------------|-----------|
|------------|-----------|

|    | The Instru         | ction Guide explains how to complete this f                                                                                                                                                             | 1 Total pages Schedule A2:<br>Sch: 2/2 Rpt: 8/19             |      |                                                                                                        |  |
|----|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------|--|
| 2  | FILER NAME         |                                                                                                                                                                                                         |                                                              | 3    | Filer ID (Ethics Commission Filers)                                                                    |  |
|    | Hubert, Ste        | bhen M. (Mr.)                                                                                                                                                                                           |                                                              |      | 00087395                                                                                               |  |
| 4  | TOTAL OF           | UNITEMIZED IN-KIND POLITICAL CONTRIB                                                                                                                                                                    | \$                                                           |      |                                                                                                        |  |
| 5  | Date<br>01/09/2024 | <ul> <li>Full name of contributor out-of-state PAC (ID#:</li> <li>Associated Republicans of Texas Campaign Fur</li> <li>Contributor address; City; State; Zip Code</li> <li>Austin, TX 78701</li> </ul> | )<br>nd                                                      | 8    | Amount of<br>contribution (\$) 9 In-kind contribution<br>description<br>\$6,500.00 Opposition Research |  |
| 10 | Principal occi     | upation / Job title (FOR NON-JUDICIAL) (See instructions)                                                                                                                                               | 11 Employer (FOR NON                                         | -JU  |                                                                                                        |  |
| 12 | Contributor's      | principal occupation (FOR JUDICIAL)                                                                                                                                                                     | 13 Contributor's job title (FOR JUDICIAL) (See instructions) |      |                                                                                                        |  |
| 14 | Contributor's      | employer/law firm (FOR JUDICIAL)                                                                                                                                                                        | <b>15</b> 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)                                                                                                                                               |                                                              |      |                                                                                                        |  |

|                                                                                                                                                                                                                                                                                                                                     | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                           |                                                                                                                                                       |                                                                                                                                              |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                     | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees         Office Overhead           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense | e Travel Out of District<br>/Contract Labor OTHER (enter a category not listed above)                                                        |  |  |  |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                   | Total pages Schedule F1:                                                                                                                                      | FILER NAME                                                                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     | Sch: 1/11 Rpt: 9/19                                                                                                                                           | Hubert, Stephen M. (Mr.)00087395                                                                                                                      |                                                                                                                                              |  |  |  |  |  |  |
| 4                                                                                                                                                                                                                                                                                                                                   | Date<br>01/01/2024                                                                                                                                            | Payee name<br>Anedot                                                                                                                                  |                                                                                                                                              |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                   | Amount (\$)<br>\$4.30                                                                                                                                         | \$4.30 920 McKinney Ave 7th floor                                                                                                                     |                                                                                                                                              |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                               | Dallas, TX 75201                                                                                                                                      |                                                                                                                                              |  |  |  |  |  |  |
| 8       PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Banking fees       Banking fees |                                                                                                                                                               |                                                                                                                                                       |                                                                                                                                              |  |  |  |  |  |  |
| 9                                                                                                                                                                                                                                                                                                                                   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | andidate/Officeholder name Office sought                                                                                                              | Office held                                                                                                                                  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     | Date                                                                                                                                                          | Payee name                                                                                                                                            |                                                                                                                                              |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     | 01/04/2024                                                                                                                                                    | Anedot                                                                                                                                                |                                                                                                                                              |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     | Amount (\$)                                                                                                                                                   | Payee address; City; State; Zip Code                                                                                                                  |                                                                                                                                              |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     | \$100.30                                                                                                                                                      | 920 McKinney Ave 7th floor<br>Dallas, TX 75201                                                                                                        |                                                                                                                                              |  |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking       (b) Description<br>                                                                                                                                                                                 |                                                                                                                                                               |                                                                                                                                                       |                                                                                                                                              |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | andidate/Officeholder name Office sought                                                                                                              | Office held                                                                                                                                  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     | Date                                                                                                                                                          | Payee name                                                                                                                                            |                                                                                                                                              |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     | 01/11/2024                                                                                                                                                    | Anedot                                                                                                                                                |                                                                                                                                              |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     | Amount (\$)<br>\$40.30                                                                                                                                        | Payee address; City; State; Zip Code<br>920 McKinney Ave 7th floor                                                                                    |                                                                                                                                              |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                               | Dallas, TX 75201                                                                                                                                      |                                                                                                                                              |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | Category (See Categories listed at the top of this schedule) (b)<br>Accounting/Banking                                                                | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Collection Fees |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     | Complete ONLY if direct expenditure to benefit C/OF                                                                                                           | andidate/Officeholder name Office sought                                                                                                              | Office held                                                                                                                                  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                               |                                                                                                                                                       |                                                                                                                                              |  |  |  |  |  |  |

|                                                                                                                                                                                                                                                                                                                      | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                           |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                      | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense Loan Repayment/Reimbursement<br>Fees Office Overhead/Rental Expense<br>Food/Beverage Expense Polling Expense<br>Gift/Awards/Memorials Expense Printing Expense<br>Legal Services Salaries/Wages/Contract Labor<br>The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                    | Total pages Schedule F1:                                                                                                                                      | FILER NAME                                                                                                                                                                                                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                                                |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                      | Sch: 2/11 Rpt: 10/19                                                                                                                                          | Hubert, Stephen M. (Mr.)                                                                                                                                                                                                                                                                  | 00087395                                                                                                                                                                    |  |  |  |  |  |  |
| 4                                                                                                                                                                                                                                                                                                                    | Date<br>01/15/2024                                                                                                                                            | Payee name<br>Anedot                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                    | Amount (\$)<br>\$20.30                                                                                                                                        | Payee address; City; State; Zip Code<br>920 McKinney Ave 7th floor<br>Dallas, TX 75201                                                                                                                                                                                                    |                                                                                                                                                                             |  |  |  |  |  |  |
| 8       PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.<br>Image: Check if Austin, TX, officeholder living expense<br>Donation Collection Fees |                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |  |  |  |  |  |  |
| 9                                                                                                                                                                                                                                                                                                                    | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                 | Office held                                                                                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                      | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                                                |                                                                                                                                                                             |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                      | 01/15/2024                                                                                                                                                    | Anedot                                                                                                                                                                                                                                                                                    |                                                                                                                                                                             |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                      | Amount (\$)<br>\$6.30                                                                                                                                         | Payee address; City; State; Zip Code<br>920 McKinney Ave 7th floor                                                                                                                                                                                                                        |                                                                                                                                                                             |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                      | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                                                                                                                                                           | outside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>ection Fees                                                                                    |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                      | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                 | Office held                                                                                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                      | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                                                |                                                                                                                                                                             |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                      | 01/17/2024                                                                                                                                                    | Anedot                                                                                                                                                                                                                                                                                    |                                                                                                                                                                             |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                      | Amount (\$)<br>\$4.30                                                                                                                                         | Payee address;City;State;Zip Code920 McKinney Ave 7th floor                                                                                                                                                                                                                               |                                                                                                                                                                             |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               | Dallas, TX 75201                                                                                                                                                                                                                                                                          |                                                                                                                                                                             |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                      | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                                                                                                                                                           | outside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>ection Fees                                                                                    |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                      | Complete ONLY if direct expenditure to benefit C/OF                                                                                                           | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                 | Office held                                                                                                                                                                 |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |  |  |  |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                           |                                                                                                                                                                                                                   |                                                  |                                            |                                                                                                                                                                             |      |  |       |                                                     |                         |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|-------|-----------------------------------------------------|-------------------------|------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees         Office Overhead/Rental Expense         Ti           Food/Beverage Expense         Polling Expense         Ti           / -         Gift/Awards/Memorials Expense         Printing Expense         Ti |                                                  |                                            | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |      |  |       |                                                     |                         |      |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total pages Schedule F1:                                                                                                                                      | 2                                                                                                                                                                                                                 | FILER NAME                                       |                                            |                                                                                                                                                                             |      |  | 3     | Filer ID                                            | (Ethics Commission File | ers) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sch: 3/11 Rpt: 11/19                                                                                                                                          |                                                                                                                                                                                                                   | Hubert, Stephen M. (Mr.) 00087                   |                                            |                                                                                                                                                                             |      |  |       |                                                     |                         |      |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date<br>01/22/2024                                                                                                                                            | 5                                                                                                                                                                                                                 | 5 Payee name<br>Anedot                           |                                            |                                                                                                                                                                             |      |  |       |                                                     |                         |      |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Amount (\$)                                                                                                                                                   | 7                                                                                                                                                                                                                 | 7 Payee address; City; State; Zip Code           |                                            |                                                                                                                                                                             |      |  |       |                                                     |                         |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1.30                                                                                                                                                        |                                                                                                                                                                                                                   |                                                  |                                            |                                                                                                                                                                             |      |  |       |                                                     |                         |      |
| 8       PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense<br>Donation Collection Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                               |                                                                                                                                                                                                                   |                                                  |                                            |                                                                                                                                                                             |      |  |       |                                                     |                         |      |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    |                                                                                                                                                                                                                   | Candidate/Officehol                              | der name                                   | Office sou                                                                                                                                                                  | ight |  |       | Office he                                           | ld                      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date                                                                                                                                                          |                                                                                                                                                                                                                   | Payee name                                       |                                            |                                                                                                                                                                             |      |  |       |                                                     |                         |      |
| 01/16/2024 Brown, Rachel (Mrs.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                                                                                                                                                                                                                   |                                                  |                                            |                                                                                                                                                                             |      |  |       |                                                     |                         |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Amount (\$)                                                                                                                                                   |                                                                                                                                                                                                                   | Payee address;                                   | City; S                                    | tate; Zip Co                                                                                                                                                                | ode  |  |       |                                                     |                         |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$100.00                                                                                                                                                      | <u> </u>                                                                                                                                                                                                          | 147 Country Cro<br>Magnolia, TX 77               | 354                                        |                                                                                                                                                                             |      |  |       |                                                     |                         |      |
| PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor       (b) Description         (b) Description       Check if travel outside of Texas. Complete S         (c) Check if Austin, TX, officeholder living experience         (c) Check if Austin, TX, officeholder         (c) Check if Austin, |                                                                                                                                                               |                                                                                                                                                                                                                   |                                                  |                                            |                                                                                                                                                                             |      |  |       |                                                     |                         |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Complete ONLY if direct expenditure to benefit C/OF                                                                                                           |                                                                                                                                                                                                                   | Candidate/Officehol                              | der name                                   | Office sou                                                                                                                                                                  | ught |  |       | Office he                                           | ld                      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date                                                                                                                                                          |                                                                                                                                                                                                                   | Payee name                                       |                                            |                                                                                                                                                                             |      |  |       |                                                     |                         |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 01/08/2024                                                                                                                                                    |                                                                                                                                                                                                                   | Chick-Fil-A                                      |                                            |                                                                                                                                                                             |      |  |       |                                                     |                         |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Amount (\$)<br>\$39.36                                                                                                                                        |                                                                                                                                                                                                                   | Payee address;<br>1660 Lake Wood                 |                                            | tate; Zip Co                                                                                                                                                                | ode  |  |       |                                                     |                         |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                                                                                                                                                                                                                   | The Woodlands,                                   | TX 77380                                   |                                                                                                                                                                             | _    |  |       |                                                     |                         |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                                                                                   | Category <sub>(See Cate</sub><br>Food/Beverage F | gories listed at the top of thi<br>Expense | s schedule)                                                                                                                                                                 | (b)  |  | , TX, | de of Texas. Comp<br>officeholder living<br>Walkers |                         |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    |                                                                                                                                                                                                                   | Candidate/Officehol                              | der name                                   | Office sou                                                                                                                                                                  | ught |  |       | Office he                                           | ld                      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                                                                                                                                                                                                                   |                                                  |                                            |                                                                                                                                                                             |      |  |       |                                                     |                         |      |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                           |                                                                                                                                                |                                                       |                             |            |                 |                                                                                                                                                                             |                                          |                            |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------|------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees Office Overhead/Rental Expense Tra<br>Food/Beverage Expense Polling Expense Tra<br>y - Gift/Awards/Memorials Expense Printing Expense Tra |                                                       |                             |            |                 | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |                                          |                            |
| 1 | Total pages Schedule F1:                                                                                                                                      | 2                                                                                                                                              | FILER NAME                                            |                             |            |                 | 3                                                                                                                                                                           | Filer ID                                 | (Ethics Commission Filers) |
|   | Sch: 4/11 Rpt: 12/19                                                                                                                                          |                                                                                                                                                | Hubert, Stephen M. (Mr.) 00087395                     |                             |            |                 |                                                                                                                                                                             |                                          |                            |
| 4 | Date                                                                                                                                                          | 5                                                                                                                                              | Payee name                                            |                             |            |                 |                                                                                                                                                                             |                                          |                            |
|   | 01/04/2024                                                                                                                                                    |                                                                                                                                                | Community Impact                                      |                             |            |                 |                                                                                                                                                                             |                                          |                            |
| 6 | Amount (\$)                                                                                                                                                   | 7                                                                                                                                              | Payee address; City;                                  | State;                      | ; Zip Co   | de              |                                                                                                                                                                             |                                          |                            |
|   | \$162.00                                                                                                                                                      |                                                                                                                                                | 9601 Jones Rd                                         |                             |            |                 |                                                                                                                                                                             |                                          |                            |
|   |                                                                                                                                                               |                                                                                                                                                |                                                       |                             |            |                 |                                                                                                                                                                             |                                          |                            |
|   |                                                                                                                                                               |                                                                                                                                                | Houston, TX 77065                                     |                             |            |                 |                                                                                                                                                                             |                                          |                            |
| 8 | PURPOSE                                                                                                                                                       | <u> </u>                                                                                                                                       |                                                       |                             | a dula)    | (b) Description |                                                                                                                                                                             |                                          |                            |
| Ũ | OF                                                                                                                                                            |                                                                                                                                                | Category (See Categories lis<br>Advertising Expense   | sted at the top of this sch | iedule)    |                 | outsi                                                                                                                                                                       | de of Texas. Comp                        | lete Schedule T.           |
|   | EXPENDITURE                                                                                                                                                   |                                                                                                                                                |                                                       |                             |            | Check if Austin | , TX,                                                                                                                                                                       | officeholder living                      | expense                    |
|   |                                                                                                                                                               |                                                                                                                                                |                                                       |                             |            | Advertising     |                                                                                                                                                                             |                                          |                            |
|   |                                                                                                                                                               |                                                                                                                                                |                                                       |                             |            |                 |                                                                                                                                                                             |                                          |                            |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    |                                                                                                                                                | andidate/Officeholder na                              | me C                        | Office sou | ght             |                                                                                                                                                                             | Office he                                | ld                         |
|   | Date                                                                                                                                                          |                                                                                                                                                | Payee name                                            |                             |            |                 |                                                                                                                                                                             |                                          |                            |
|   | 01/23/2024                                                                                                                                                    |                                                                                                                                                | Emanuel, Emanuella (                                  | Mrs.)                       |            |                 |                                                                                                                                                                             |                                          |                            |
|   | Amount (\$)                                                                                                                                                   |                                                                                                                                                | Payee address; City;                                  | State;                      | ; Zip Co   | de              |                                                                                                                                                                             |                                          |                            |
|   | \$100.00                                                                                                                                                      |                                                                                                                                                | 14018 Chinook Drive                                   |                             |            |                 |                                                                                                                                                                             |                                          |                            |
|   |                                                                                                                                                               |                                                                                                                                                | Conroe, TX 77384                                      |                             |            |                 |                                                                                                                                                                             |                                          |                            |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                | Category (See Categories lis<br>Salaries/Wages/Contra |                             | iedule)    |                 |                                                                                                                                                                             | de of Texas. Comp<br>officeholder living |                            |
|   |                                                                                                                                                               |                                                                                                                                                |                                                       |                             |            | Campaign W      |                                                                                                                                                                             |                                          |                            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    |                                                                                                                                                | andidate/Officeholder na                              | me C                        | Dffice sou | Jht             |                                                                                                                                                                             | Office he                                | ld                         |
|   | Date                                                                                                                                                          |                                                                                                                                                | Payee name                                            |                             |            |                 |                                                                                                                                                                             |                                          |                            |
|   | 01/03/2024                                                                                                                                                    |                                                                                                                                                | Eom Fees                                              |                             |            |                 |                                                                                                                                                                             |                                          |                            |
|   | Amount (\$)                                                                                                                                                   |                                                                                                                                                | Payee address; City;                                  | State;                      | ; Zip Co   | de              |                                                                                                                                                                             |                                          |                            |
|   | \$48.25                                                                                                                                                       |                                                                                                                                                | 1330 Lake Robbins Ro                                  | d. Suite 100                |            |                 |                                                                                                                                                                             |                                          |                            |
|   |                                                                                                                                                               |                                                                                                                                                | The Woodlands, TX 7                                   | 7380                        |            | <u></u>         |                                                                                                                                                                             |                                          |                            |
|   | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                | Category (See Categories lis<br>Fees                  | sted at the top of this sch | edule)     |                 |                                                                                                                                                                             | de of Texas. Comp<br>officeholder living |                            |
|   |                                                                                                                                                               |                                                                                                                                                |                                                       |                             |            | Bank Fees       | , . , ,                                                                                                                                                                     |                                          |                            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    |                                                                                                                                                | andidate/Officeholder na                              | me C                        | Dffice sou | jht             |                                                                                                                                                                             | Office he                                | ld                         |
|   |                                                                                                                                                               |                                                                                                                                                |                                                       |                             |            |                 |                                                                                                                                                                             |                                          |                            |

| EXPENDITURE CATEGORIES FOR BOX 8(a) |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |  |  |  |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                     | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | 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         The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |
| 1                                   | Total pages Schedule F1:                                                                                                                                      | PILER NAME                                                                                                                                                                                                                                                                                                                                       | 3 Filer ID (Ethics Commission Filers)                                                                                                                                       |  |  |  |
|                                     | Sch: 5/11 Rpt: 13/19                                                                                                                                          | Hubert, Stephen M. (Mr.)                                                                                                                                                                                                                                                                                                                         | 00087395                                                                                                                                                                    |  |  |  |
| 4                                   | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |  |  |  |
|                                     | 01/16/2024                                                                                                                                                    | Farnsworth, Tanner (Mr.)                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |  |
| 6                                   | Amount (\$)                                                                                                                                                   | ' Payee address; City; State; Zip Code                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |  |  |  |
|                                     | \$100.00                                                                                                                                                      | 106 South Plum Crest Circle                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |  |  |  |
|                                     |                                                                                                                                                               | The Woodlands, TX 77382                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                             |  |  |  |
| 8                                   | PURPOSE                                                                                                                                                       | a) Category (See Categories listed at the top of this schedule) (b) Description                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |  |  |  |
|                                     | OF<br>EXPENDITURE                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                  | outside of Texas. Complete Schedule T.                                                                                                                                      |  |  |  |
|                                     |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                  | , TX, officeholder living expense                                                                                                                                           |  |  |  |
|                                     |                                                                                                                                                               | Campaign W                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |  |  |  |
| 9                                   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                                                                        | Office held                                                                                                                                                                 |  |  |  |
|                                     | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |  |  |  |
|                                     | 01/02/2024                                                                                                                                                    | Farrell Gjesdal Strategy Group                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             |  |  |  |
|                                     | Amount (\$)                                                                                                                                                   | Payee address; City; State; Zip Code                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |  |  |  |
|                                     | \$7,731.95                                                                                                                                                    | 4040 Hwy 6, Suite 200                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |  |  |  |
|                                     |                                                                                                                                                               | College Station, TX 77845                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                             |  |  |  |
|                                     | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                  | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense<br>onsulting                                                                                    |  |  |  |
|                                     | Complete ONLY if direct                                                                                                                                       | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                                                                        | Office held                                                                                                                                                                 |  |  |  |
|                                     | expenditure to benefit C/OF                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |  |  |  |
|                                     | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |  |  |  |
|                                     | 01/22/2024                                                                                                                                                    | Gunnell, Jacob (Mr.)                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |  |  |  |
|                                     | Amount (\$)                                                                                                                                                   | Payee address; City; State; Zip Code                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |  |  |  |
|                                     | \$100.00                                                                                                                                                      | 213 Dove Meadow Dr.                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |  |  |  |
|                                     |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |  |  |  |
|                                     |                                                                                                                                                               | Conroe, TX 77384                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                             |  |  |  |
|                                     | PURPOSE<br>OF                                                                                                                                                 | a) Category (See Categories listed at the top of this schedule) (b) Description                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |  |  |  |
|                                     | EXPENDITURE                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                  | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense<br>O <b>rk</b>                                                                                  |  |  |  |
|                                     | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                                                                        | Office held                                                                                                                                                                 |  |  |  |
|                                     | ,                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |  |  |  |
|                                     |                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |  |  |  |

| EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |   |                                                                           |                                                                                  |             |      |                                         |                            |                                          |                            |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---|---------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------|------|-----------------------------------------|----------------------------|------------------------------------------|----------------------------|--|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment                                                                                                                                                                                                                                                   |                                                            |   | Gift/Awa<br>nmittee Legal Se                                              | erage Expense Office Overhead/Rental Expense<br>Polling Expense Printing Expense |             |      | Travel in District<br>Travel Out of Dis | quipment & Related Expense |                                          |                            |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                            | Total pages Schedule F1:                                   | 2 | FILER NAME                                                                |                                                                                  |             |      |                                         | 3                          | Filer ID                                 | (Ethics Commission Filers) |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | Sch: 6/11 Rpt: 14/19                                       |   | Hubert, Stephen M                                                         | И. (Mr.)                                                                         |             |      |                                         |                            | 00087395                                 |                            |  |  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                            | Date<br>01/19/2024                                         |   | Payee name<br>Love Heals Youth                                            |                                                                                  |             |      |                                         |                            |                                          |                            |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                            | Amount (¢)                                                 |   |                                                                           |                                                                                  |             |      |                                         |                            |                                          |                            |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                            | Amount (\$)<br>\$190.00                                    |   | 212 Conroe Drive<br>Conroe, TX 77301                                      |                                                                                  | late, zip c | oue  |                                         |                            |                                          |                            |  |  |  |
| <ul> <li>8 PURPOSE<br/>OF<br/>EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule)<br/>Contributions/Donations Made By<br/>Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense<br/>Donations to Foundation at Gala</li> </ul> </li> </ul> |                                                            |   |                                                                           | expense                                                                          |             |      |                                         |                            |                                          |                            |  |  |  |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                            | Complete <u>ONLY</u> if direct expenditure to benefit C/OF |   | andidate/Officehold                                                       | er name                                                                          | Office so   | ught |                                         |                            | Office he                                | ld                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | Date                                                       |   | Payee name                                                                |                                                                                  |             |      |                                         |                            |                                          |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | 01/16/2024                                                 |   | Love Heals Youth                                                          |                                                                                  |             |      |                                         |                            |                                          |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | Amount (\$)<br>\$312.00                                    |   | Payee address;<br>212 Conroe Drive<br>Conroe, TX 77301                    |                                                                                  | tate; Zip C | ode  |                                         |                            |                                          |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | PURPOSE<br>OF<br>EXPENDITURE                               |   | Category <sub>(See Catego</sub><br>Event Expense                          | vries listed at the top of thi                                                   | s schedule) | (b)  |                                         |                            | de of Texas. Compofficeholder living     |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | Complete <u>ONLY</u> if direct expenditure to benefit C/OF |   | andidate/Officehold                                                       | er name                                                                          | Office so   | ught |                                         |                            | Office he                                | eld                        |  |  |  |
| -                                                                                                                                                                                                                                                                                                                                                                                                                            | Date                                                       |   | Payee name                                                                |                                                                                  |             |      |                                         |                            |                                          |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | 01/20/2024                                                 |   | Love Heals Youth                                                          |                                                                                  |             |      |                                         |                            |                                          |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | Amount (\$)<br>\$104.00                                    |   | Payee address;<br>212 Conroe Drive                                        | City; Si                                                                         | tate; Zip C | ode  |                                         |                            |                                          |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |   | Conroe, TX 77301                                                          | L                                                                                |             | _    |                                         |                            |                                          |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | PURPOSE<br>OF<br>EXPENDITURE                               |   | Category <sub>(See Catego</sub><br>Contributions/Don<br>Candidate/Officeh | ations Made By                                                                   |             | (b)  |                                         |                            | de of Texas. Comp<br>officeholder living |                            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              | Complete ONLY if direct expenditure to benefit C/OF        |   | andidate/Officehold                                                       | er name                                                                          | Office so   | ught |                                         |                            | Office he                                | eld                        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |   |                                                                           |                                                                                  |             |      |                                         |                            |                                          |                            |  |  |  |

| EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                                        |                                                            |     |                                            |                                                                                                                                                  |             |         |            |                                         |                                         |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------|------------|-----------------------------------------|-----------------------------------------|------------------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment |                                                            |     | nmittee Legal Services                     | Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense |             |         |            | Travel in District<br>Travel Out of Dis | quipment & Related Expense              |                              |
| 1                                                                                                                                                                          | Total pages Schedule F1:                                   | 2   | FILER NAME                                 |                                                                                                                                                  |             |         |            | 3                                       | Filer ID                                | (Ethics Commission Filers)   |
|                                                                                                                                                                            | Sch: 7/11 Rpt: 15/19                                       |     | Hubert, Stephen M. (Mr.)                   |                                                                                                                                                  |             |         |            |                                         | 00087395                                |                              |
| 4                                                                                                                                                                          |                                                            | 5   | Payee name                                 |                                                                                                                                                  |             |         |            |                                         |                                         |                              |
|                                                                                                                                                                            | 01/10/2024                                                 |     | Mattison, Caleb (Mr.)                      |                                                                                                                                                  |             |         |            |                                         |                                         |                              |
| 6                                                                                                                                                                          | Amount (\$)                                                | 7   | Payee address; City;                       | State;                                                                                                                                           | ; Zip Coo   | le      |            |                                         |                                         |                              |
|                                                                                                                                                                            | \$100.00                                                   |     | 61 Lightwood Trace Dr                      |                                                                                                                                                  |             |         |            |                                         |                                         |                              |
|                                                                                                                                                                            |                                                            |     | The Woodlands, TX 77382                    |                                                                                                                                                  |             |         |            |                                         |                                         |                              |
| 8                                                                                                                                                                          | PURPOSE<br>OF                                              | (a) | Category (See Categories listed at the top |                                                                                                                                                  | edule)      | b) Desc | •          |                                         |                                         |                              |
|                                                                                                                                                                            | EXPENDITURE                                                |     | Salaries/Wages/Contract Labor              |                                                                                                                                                  |             |         |            |                                         | de of Texas. Com                        |                              |
|                                                                                                                                                                            |                                                            |     |                                            |                                                                                                                                                  |             |         | k Walking  |                                         | officeholder living                     | expense                      |
|                                                                                                                                                                            |                                                            |     |                                            |                                                                                                                                                  |             | Dioo    | it reality | 9                                       |                                         |                              |
| 9                                                                                                                                                                          | Complete ONLY if direct expenditure to benefit C/OF        |     | andidate/Officeholder name                 | C                                                                                                                                                | Dffice soug | ht      |            |                                         | Office he                               | eld                          |
|                                                                                                                                                                            | Date                                                       |     | Payee name                                 |                                                                                                                                                  |             |         |            |                                         |                                         |                              |
|                                                                                                                                                                            | 01/22/2024                                                 |     | Mattison, Caleb (Mr.)                      |                                                                                                                                                  |             |         |            |                                         |                                         |                              |
|                                                                                                                                                                            | Amount (\$)                                                |     | Payee address; City;                       | State;                                                                                                                                           | ; Zip Coo   | le      |            |                                         |                                         |                              |
|                                                                                                                                                                            | \$280.00                                                   |     | 61 Lightwood Trace Dr                      |                                                                                                                                                  |             |         |            |                                         |                                         |                              |
|                                                                                                                                                                            |                                                            |     | The Woodlands, TX 77382                    |                                                                                                                                                  |             |         |            |                                         |                                         |                              |
|                                                                                                                                                                            | PURPOSE                                                    | (a) | Category (See Categories listed at the top | of this sch                                                                                                                                      | edule)      | b) Desc | ription    |                                         |                                         |                              |
|                                                                                                                                                                            | OF<br>EXPENDITURE                                          |     | Salaries/Wages/Contract Labor              |                                                                                                                                                  |             |         |            |                                         | de of Texas. Com<br>officeholder living |                              |
|                                                                                                                                                                            |                                                            |     |                                            |                                                                                                                                                  |             |         | ipaign W   |                                         |                                         | expense                      |
|                                                                                                                                                                            | Complete <u>ONLY</u> if direct expenditure to benefit C/OF |     | Candidate/Officeholder name                | C                                                                                                                                                | Office souç | ht      |            |                                         | Office he                               | eld                          |
|                                                                                                                                                                            | Date                                                       |     | Payee name                                 |                                                                                                                                                  |             |         |            |                                         |                                         |                              |
|                                                                                                                                                                            | 01/21/2024                                                 |     | McDonalds                                  |                                                                                                                                                  |             |         |            |                                         |                                         |                              |
|                                                                                                                                                                            | Amount (\$)                                                |     | Payee address; City;                       | State;                                                                                                                                           | ; Zip Coo   | le      |            |                                         |                                         |                              |
|                                                                                                                                                                            | \$28.72                                                    |     | 8001 Hwy 242                               |                                                                                                                                                  |             |         |            |                                         |                                         |                              |
|                                                                                                                                                                            |                                                            |     | Conroe, TX 77385                           |                                                                                                                                                  |             |         |            |                                         |                                         |                              |
|                                                                                                                                                                            | PURPOSE<br>OF                                              | (a) | Category (See Categories listed at the top | of this sch                                                                                                                                      | edule)      | b) Desc | •          |                                         |                                         |                              |
|                                                                                                                                                                            | EXPENDITURE                                                |     | Food/Beverage Expense                      |                                                                                                                                                  |             | CI CI   |            | , TX,                                   | officeholder living                     | plete Schedule T.<br>expense |
|                                                                                                                                                                            |                                                            |     |                                            |                                                                                                                                                  |             |         |            |                                         |                                         |                              |
|                                                                                                                                                                            | Complete <u>ONLY</u> if direct expenditure to benefit C/OF |     | Candidate/Officeholder name                | C                                                                                                                                                | Office soug | ht      |            |                                         | Office he                               | eld                          |
|                                                                                                                                                                            |                                                            |     |                                            |                                                                                                                                                  |             |         |            |                                         |                                         |                              |

| EXPENDITURE CATEGORIES FOR BOX 8(a) |                                                                                                                                                               |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |  |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                     | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense Loan Repayment/Reimbursement<br>Fees Office Overhead/Rental Expense<br>Food/Beverage Expense Office Averhead/Rental Expense<br>Gitl/Awards/Memorials Expense<br>Legal Services Salaries/Wages/Contract Labor<br>The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |
| 1                                   | Total pages Schedule F1:                                                                                                                                      | FILER NAME                                                                                                                                                                                                                                                                              | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                                                |  |  |  |
|                                     | Sch: 8/11 Rpt: 16/19                                                                                                                                          | Hubert, Stephen M. (Mr.)                                                                                                                                                                                                                                                                | 00087395                                                                                                                                                                    |  |  |  |
| 4                                   | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                                              | ·                                                                                                                                                                           |  |  |  |
|                                     | 01/16/2024                                                                                                                                                    | Navaro, Luke (Mr.)                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |  |  |  |
| 6                                   | Amount (\$)                                                                                                                                                   | Payee address; City; State; Zip Code                                                                                                                                                                                                                                                    |                                                                                                                                                                             |  |  |  |
|                                     | \$100.00                                                                                                                                                      | 47 Degas Park Drive                                                                                                                                                                                                                                                                     |                                                                                                                                                                             |  |  |  |
|                                     |                                                                                                                                                               | The Woodlands, TX 77382                                                                                                                                                                                                                                                                 |                                                                                                                                                                             |  |  |  |
| 8                                   | PURPOSE<br>OF                                                                                                                                                 | <b>(b)</b> Description                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |  |  |  |
|                                     | EXPENDITURE                                                                                                                                                   |                                                                                                                                                                                                                                                                                         | outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense                                                                                                |  |  |  |
|                                     |                                                                                                                                                               | Block Walkir                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |  |  |  |
|                                     |                                                                                                                                                               |                                                                                                                                                                                                                                                                                         | ·9                                                                                                                                                                          |  |  |  |
| 9                                   | Complete ONLY if direct expenditure to benefit C/OF                                                                                                           | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                               | Office held                                                                                                                                                                 |  |  |  |
|                                     | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |  |  |  |
|                                     | 01/22/2024                                                                                                                                                    | Quickbooks Online                                                                                                                                                                                                                                                                       |                                                                                                                                                                             |  |  |  |
|                                     | Amount (\$)                                                                                                                                                   | Payee address; City; State; Zip Code                                                                                                                                                                                                                                                    |                                                                                                                                                                             |  |  |  |
|                                     | \$63.72                                                                                                                                                       | 2700 Coast Ave                                                                                                                                                                                                                                                                          |                                                                                                                                                                             |  |  |  |
|                                     |                                                                                                                                                               | Mountain View, CA 94043                                                                                                                                                                                                                                                                 |                                                                                                                                                                             |  |  |  |
|                                     | PURPOSE<br>OF                                                                                                                                                 | <b>(b)</b> Description                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |  |  |  |
|                                     | EXPENDITURE                                                                                                                                                   |                                                                                                                                                                                                                                                                                         | outside of Texas. Complete Schedule T.<br>n, TX, officeholder living expense                                                                                                |  |  |  |
|                                     |                                                                                                                                                               | Accounting                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |  |  |  |
|                                     |                                                                                                                                                               |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |  |
|                                     | Complete ONLY if direct expenditure to benefit C/OF                                                                                                           | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                               | Office held                                                                                                                                                                 |  |  |  |
|                                     | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |  |  |  |
|                                     | 01/09/2024                                                                                                                                                    | Roycraft, Nolan                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |  |
|                                     | Amount (\$)                                                                                                                                                   | Payee address; City; State; Zip Code                                                                                                                                                                                                                                                    |                                                                                                                                                                             |  |  |  |
|                                     | \$100.00                                                                                                                                                      | 112 North Flagstone Path Circle                                                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |  |
|                                     |                                                                                                                                                               |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |  |
|                                     |                                                                                                                                                               | The Woodlands, TX 77381                                                                                                                                                                                                                                                                 |                                                                                                                                                                             |  |  |  |
|                                     | PURPOSE<br>OF                                                                                                                                                 | <ul> <li>a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description</li> </ul>                                                                                                                                                                            | outside of Texas. Complete Schedule T.                                                                                                                                      |  |  |  |
|                                     | EXPENDITURE                                                                                                                                                   |                                                                                                                                                                                                                                                                                         | n, TX, officeholder living expense                                                                                                                                          |  |  |  |
|                                     |                                                                                                                                                               | Block Walkir                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |  |  |  |
|                                     |                                                                                                                                                               |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |  |
|                                     | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                               | Office held                                                                                                                                                                 |  |  |  |
|                                     |                                                                                                                                                               |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |  |
|                                     |                                                                                                                                                               |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |  |

| EXPENDITURE CATEGORIES FOR BOX 8(a)                                                                                                                           |                                                               |          |                                                                                                                                                              |            |             |                                          |                            |                                                     |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                                                               |          | Fees Office Overhead/Rental Expense Transpo<br>Food/Beverage Expense Polling Expense Travel i<br>y - Gift/Awards/Memorials Expense Printing Expense Travel 0 |            |             | Travel in District<br>Travel Out of Dist | quipment & Related Expense |                                                     |                            |
| 1                                                                                                                                                             | Total pages Schedule F1:                                      | 2        | FILER NAME                                                                                                                                                   |            |             |                                          | 3                          | Filer ID                                            | (Ethics Commission Filers) |
|                                                                                                                                                               | Sch: 9/11 Rpt: 17/19                                          |          | Hubert, Stephen M.                                                                                                                                           | (Mr.)      |             |                                          |                            | 00087395                                            |                            |
| 4                                                                                                                                                             | Date                                                          | 5        | Payee name                                                                                                                                                   |            |             |                                          |                            |                                                     |                            |
|                                                                                                                                                               | 01/25/2024                                                    |          | Sampson, Ian (Mr.)                                                                                                                                           |            |             |                                          |                            |                                                     |                            |
| 6                                                                                                                                                             | Amount (\$)                                                   | 7        | Payee address; C                                                                                                                                             | ty; State; | ; Zip Co    | le                                       |                            |                                                     |                            |
|                                                                                                                                                               | \$60.00                                                       |          | 7 Lantern Hollow Pl.                                                                                                                                         |            |             |                                          |                            |                                                     |                            |
|                                                                                                                                                               |                                                               |          |                                                                                                                                                              |            |             |                                          |                            |                                                     |                            |
|                                                                                                                                                               |                                                               |          | The Woodlands, TX                                                                                                                                            | 77381      |             |                                          |                            |                                                     |                            |
| 8                                                                                                                                                             | PURPOSE                                                       | <u> </u> | Category (See Categorie                                                                                                                                      |            |             | (b) Description                          |                            |                                                     |                            |
| -                                                                                                                                                             | OF                                                            |          | Salaries/Wages/Cor                                                                                                                                           |            | iedule)     |                                          | outsi                      | de of Texas. Comp                                   | lete Schedule T.           |
|                                                                                                                                                               | EXPENDITURE                                                   |          | g                                                                                                                                                            |            |             | Check if Austin                          | , TX,                      | officeholder living                                 | expense                    |
|                                                                                                                                                               |                                                               |          |                                                                                                                                                              |            |             | Campaign W                               | ork                        |                                                     |                            |
|                                                                                                                                                               |                                                               |          |                                                                                                                                                              |            |             |                                          |                            |                                                     |                            |
| 9                                                                                                                                                             | Complete <u>ONLY</u> if direct expenditure to benefit C/OF    |          | andidate/Officeholder                                                                                                                                        | name C     | Office sou  | ht                                       |                            | Office he                                           | ld                         |
|                                                                                                                                                               | Date                                                          |          | Payee name                                                                                                                                                   |            |             |                                          |                            |                                                     |                            |
|                                                                                                                                                               | 01/12/2024                                                    |          | Schlotzsky's                                                                                                                                                 |            |             |                                          |                            |                                                     |                            |
|                                                                                                                                                               | Amount (\$)                                                   |          | Payee address; C                                                                                                                                             | ty; State; | ; Zip Co    | le                                       |                            |                                                     |                            |
|                                                                                                                                                               | \$23.66                                                       |          | 522 Sawdust Rd                                                                                                                                               |            |             |                                          |                            |                                                     |                            |
|                                                                                                                                                               |                                                               |          | Spring, TX 77380                                                                                                                                             |            |             |                                          |                            |                                                     |                            |
|                                                                                                                                                               | PURPOSE<br>OF<br>EXPENDITURE                                  |          | Category <sub>(See Categorie</sub><br>Food/Beverage Exp                                                                                                      |            | edule)      |                                          | , тх,                      | de of Texas. Comp<br>officeholder living<br>valkers |                            |
|                                                                                                                                                               | Complete ONIL V if direct                                     |          | andidate/Officeholder                                                                                                                                        | 20200      |             | .bt                                      |                            | Office he                                           | Id                         |
|                                                                                                                                                               | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF |          | andidate/Onicenoider                                                                                                                                         | iame c     | Office sou  | hit                                      |                            | Office fie                                          | lu                         |
|                                                                                                                                                               | Data                                                          | _        |                                                                                                                                                              |            |             |                                          |                            |                                                     |                            |
|                                                                                                                                                               | Date<br>01/24/2024                                            |          | Payee name<br>Signs365                                                                                                                                       |            |             |                                          |                            |                                                     |                            |
|                                                                                                                                                               |                                                               |          |                                                                                                                                                              |            | 7. 0        |                                          |                            |                                                     |                            |
|                                                                                                                                                               | Amount (\$)                                                   |          |                                                                                                                                                              | ty; State; | ; Zip Co    | 16                                       |                            |                                                     |                            |
|                                                                                                                                                               | \$1,244.50                                                    |          | 51245 Filomena Dr                                                                                                                                            |            |             |                                          |                            |                                                     |                            |
|                                                                                                                                                               |                                                               |          | Shelby Township, M                                                                                                                                           | I 48315    |             |                                          |                            |                                                     |                            |
|                                                                                                                                                               | PURPOSE<br>OF                                                 |          | Category (See Categorie                                                                                                                                      |            | edule)      | (b) Description                          | _                          |                                                     |                            |
|                                                                                                                                                               | EXPENDITURE                                                   |          | Advertising Expense                                                                                                                                          | 9          |             |                                          |                            | de of Texas. Comp<br>officeholder living            |                            |
| -                                                                                                                                                             | Complete ONLY if direct                                       |          | andidate/Officeholder                                                                                                                                        | name (     | Office soug | iht                                      |                            | Office he                                           | ld                         |
|                                                                                                                                                               | expenditure to benefit C/OF                                   |          |                                                                                                                                                              |            | 21100 3000  |                                          |                            | Child He                                            |                            |
| -                                                                                                                                                             |                                                               |          |                                                                                                                                                              |            |             |                                          |                            |                                                     |                            |
|                                                                                                                                                               |                                                               |          |                                                                                                                                                              |            |             |                                          |                            |                                                     |                            |

| EXPENDITURE CATEGORIES FOR BOX 8(a) |                                                                                                                                                               |                                                                                                                                                                                                                                                              |                                                                                                                                                                             |  |  |  |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                     | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense     Loan Repayment/Reinbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |
| 1                                   | Total pages Schedule F1:                                                                                                                                      | PFILER NAME                                                                                                                                                                                                                                                  | 3 Filer ID (Ethics Commission Filers)                                                                                                                                       |  |  |  |
|                                     | Sch: 10/11 Rpt: 18/19                                                                                                                                         | Hubert, Stephen M. (Mr.)                                                                                                                                                                                                                                     | 00087395                                                                                                                                                                    |  |  |  |
| 4                                   | Date<br>01/16/2024                                                                                                                                            | Payee name<br>Sullivan, Josh (Mr.)                                                                                                                                                                                                                           |                                                                                                                                                                             |  |  |  |
| 6                                   | Amount (\$)                                                                                                                                                   | Payee address; City; State; Zip Code                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |  |
|                                     | \$200.00                                                                                                                                                      | 8222 Terra Valley Lane<br>Tomball, TX 77375                                                                                                                                                                                                                  |                                                                                                                                                                             |  |  |  |
| 8                                   | PURPOSE                                                                                                                                                       | a) Category (See Categories listed at the top of this schedule) (b) Description                                                                                                                                                                              |                                                                                                                                                                             |  |  |  |
|                                     | OF<br>EXPENDITURE                                                                                                                                             | Salaries/Wages/Contract Labor                                                                                                                                                                                                                                | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>hrk                                                                                             |  |  |  |
| 9                                   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                                    | Office held                                                                                                                                                                 |  |  |  |
|                                     | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                   |                                                                                                                                                                             |  |  |  |
|                                     | 01/22/2024                                                                                                                                                    | Sullivan, Josh (Mr.)                                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |  |
|                                     | Amount (\$)                                                                                                                                                   | Payee address; City; State; Zip Code                                                                                                                                                                                                                         |                                                                                                                                                                             |  |  |  |
|                                     | \$100.00                                                                                                                                                      | 8222 Terra Valley Lane<br>Tomball, TX 77375                                                                                                                                                                                                                  |                                                                                                                                                                             |  |  |  |
|                                     | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                                                                                                                              | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>Jrk                                                                                             |  |  |  |
|                                     | Complete <u>ONLY</u> if direct expenditure to benefit C/OF                                                                                                    | Candidate/Officeholder name Office sought                                                                                                                                                                                                                    | Office held                                                                                                                                                                 |  |  |  |
|                                     | Date                                                                                                                                                          | Payee name                                                                                                                                                                                                                                                   |                                                                                                                                                                             |  |  |  |
|                                     | 01/22/2024                                                                                                                                                    | Sullivan, Shari (Mr.)                                                                                                                                                                                                                                        |                                                                                                                                                                             |  |  |  |
|                                     | Amount (\$)<br>\$100.00                                                                                                                                       | Payee address;     City;     State;     Zip Code       8222 Terra Valley Lane                                                                                                                                                                                |                                                                                                                                                                             |  |  |  |
|                                     |                                                                                                                                                               | Tomball, TX 77375                                                                                                                                                                                                                                            |                                                                                                                                                                             |  |  |  |
|                                     | PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  |                                                                                                                                                                                                                                                              | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>prk                                                                                             |  |  |  |
|                                     | Complete ONLY if direct expenditure to benefit C/OF                                                                                                           | Candidate/Officeholder name Office sought                                                                                                                                                                                                                    | Office held                                                                                                                                                                 |  |  |  |
|                                     |                                                                                                                                                               |                                                                                                                                                                                                                                                              |                                                                                                                                                                             |  |  |  |

|   |                                                                                                                                                               | EXPENDITURE CATEGORIES FOR BOX 8(a)                                                              |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>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: 11/11 Rpt: 19/19                                                                                                                                         | Hubert, Stephen M. (Mr.) 00087395                                                                |
| 4 | Date                                                                                                                                                          | 5 Payee name                                                                                     |
|   | 01/14/2024                                                                                                                                                    | Whataburger                                                                                      |
| 6 | Amount (\$)                                                                                                                                                   | 7 Payee address; City; State; Zip Code                                                           |
| Ũ | \$9.52                                                                                                                                                        | 3447 Rayford Rd                                                                                  |
|   | \$0.0Z                                                                                                                                                        |                                                                                                  |
|   |                                                                                                                                                               |                                                                                                  |
|   |                                                                                                                                                               | Spring, TX 77386                                                                                 |
| 8 | PURPOSE<br>OF                                                                                                                                                 | (a) Category (See Categories listed at the top of this schedule) (b) Description                 |
|   | EXPENDITURE                                                                                                                                                   | Food/Beverage Expense                                                                            |
|   |                                                                                                                                                               | Check if Austin, TX, officeholder living expense                                                 |
|   |                                                                                                                                                               |                                                                                                  |
| 9 | Complete ONLY if direct                                                                                                                                       | Candidate/Officeholder name Office sought Office held                                            |
| 9 | expenditure to benefit C/Oł                                                                                                                                   |                                                                                                  |
|   |                                                                                                                                                               |                                                                                                  |
|   |                                                                                                                                                               |                                                                                                  |
|   |                                                                                                                                                               |                                                                                                  |
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