CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

_							
Th	e C/OH Instruction (Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commis 00084941	sion Filers)	2 Total pages	filed: 33
3	CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE	USE ONLY
	OFFICEHOLDER	Mr.	Stephen			OFFICE	USE UNLT
	NAME	IVII.	Stephen			Date Received	
						ELECTRONIC	CALLY FILED
		NICKNAME	LAST		SUFFIX	02/05/2024	
					SUFFIX	02/00/202	
		Andy	Hopper				
4	CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
l	OFFICEHOLDER	PO Box 1052	•	•			
	MAILING	1 0 Box 1032				Receipt #	Amount
	ADDRESS						
	Change of Address	Decatur, TX 76234				Date Processed	
						Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
	TREASURER	Mrs.	Jean				
	NAME						
		NICKNAME	LAST		SUFFIX		
			Bassinger				
6	CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE)	APT	/ SUITE #; CITY;	ST	ATE; ZIP CODE
ľ	TREASURER	210 Edgewood Dr	, i o box i elexiole,	,	7 00112 11,	0.	7.112, 2.11 0002
	ADDRESS	210 Eugewood Di					
	(Residence or Business)						
	,	Highland Village, TX 7	5077				
7	CAMPAIGN	AREA CODE P	HONE NUMBER	EXTENSION			
	TREASURER	(972) 317-7286					
	PHONE	(0.2) 01. 1200					
8	DEDODT						
ľ	REPORT TYPE	1	2045 day bafan		D#	7 4545 45665	
		January 15	X 30th day before	e election	Runoff	appointment (of	ampaign treasurer ficeholder only)
		July 15	8th day before	election \square	Exceeded modified	Final Report (At	
		L Suly 13	L our day before	election	reporting limit	I mai rreport (At	tacii c/Oi i-i iv)
<u> </u>							
9	PERIOD	1	ear		Month Day	Year	
	COVERED	01/01/2024	TH	HROUGH	01/25/202	4	
10	ELECTION	ELECTION DAT	E I		ELECTION TYPE		
				rimary	Runoff	Other	
		03/05/2024		····· ····	Ш	Ш	
		03/03/2024		Seneral	Special		
11	OFFICE	OFFICE HELD (if any)	 		12 OFFICE SOUGHT	(if known)	
	OTTICL	Of FIGE FILLS (II ally)			State Representa		
					State Represent	ative District 04	
I							
Г		•					
l							
I							
I			GO 1	TO PAGE 2			
ı							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 33

13 C / OH NAME	Hopper, Stephen (Mr	.)	14 Filer ID 00084941	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditural these expenditures may have been made without to difficeholders are required to report this information	he candidate's or offic	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texans United for a Conservative Majority PA	√C	
		COMMITTEE ADDRESS		
	SPECIFIC	405 E CONVENT ST		
		VICTORIA, TX 77901		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Shoemake, Chad		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
		405 E CONVENT ST		
		VICTORIA, TX 77901		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 2,624.96
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 116,956.57
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 134.41
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 81,895.18
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 108,968.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 28,600.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Mr. S	Stephen Hopper	
			Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	crihed hefore me, by the s	aid	this the	day
		ertify which, witness my hand and seal of office.	,	
Signature of offi	cer administering	Printed name of officer administering	Title of office	er administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				J V L I ()	3 of 33
18 FILER Hopp		tephen (Mr.)	19 Filer ID 00084941	(Ethics C	Commission Filers)
		SUBTOTALS SCHEDULE		SUI	BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	116,956.57
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		\$			
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	81,895.18
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
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 FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/33	
2	FILER NAME Hopper, Step	ohen (Mr.)			3	Filer ID (Ethics Commission 00084941	n Filers)
4	Date 01/24/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Sanger, TX 76266 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	retired			retired			
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_ Alling, Jeff Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Runaway Bay, TX 76426					
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions PIP	s)		
	Date 01/04/2024	Full name of contributor out-of-state PAC (ID#:_ Barekman, Cheryl Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
		Euless, TX 76039					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
	Date Full name of contributor out-of-state PAC 01/05/2024 Benton, John)		Amount of Contribution (\$)	\$20.24
	Principal occu Estimator	Houston, TX 77079 pation / Job title (See Instructions)		Employer (See Instructions Triple B Serivices	<u> </u>		
	Date 01/05/2024	Full name of contributor out-of-state PAC (ID#:_Bramlett, Rick Contributor address; City; State; Zip Code Decatur, TX 76234)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/33	
2	FILER NAME Hopper, Ste	nhen (Mr.)			3	Filer ID (Ethics Commission 00084941	Filers)
4	Date 01/25/2024	5 Full name of contributor Caughlin, Judy	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.24
		Arlington, TX 76006					
8	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	i)		
	Date 01/24/2024	Full name of contributor Covel, Bill Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		GATESVILLE, TX 76528					
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	;)		
	Date 01/24/2024	Full name of contributor Cure, Richard Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Sanger, TX 76266					
	Principal occu Farmer Ran	pation / Job title (See Instructions) cher		Employer (See Instructions Self	i)		
	Date 01/22/2024	Cure, Richard Contributor address; City; State;)		Amount of Contribution (\$)	\$25.00
	Principal occu Farmer Rane	Sanger, TX 76266 pation / Job title (See Instructions) cher		Employer (See Instructions Self	5)		
	Date 01/25/2024	Danley, Tad	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.24
		Georgetown, TX 78633	,				
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	i)		

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/33	
2	FILER NAME Hopper, Step	ohen (Mr.)			3	Filer ID (Ethics Commission 00084941	n Filers)
4	Date 01/09/2024	 Full name of contributor out-of-state Darby, Susan Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$200.00
_		Denton, TX 76207	la la	5 1 (0 1 1 1	<u></u>		
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	S) 		
	Date 01/23/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Quality Mana			Decatur Machine Service			
	Date 01/19/2024	Full name of contributor out-of-state DeVine, Gaylyn Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Pearland, TX 77581					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions DeVine Promotions & P	•	ing	
	Date 01/18/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.24
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions retired	<u> </u> s)		
	Date 01/06/2024	Full name of contributor out-of-state Fridley, Dale Contributor address; City; State; Zip Code Denton, TX 76207				Amount of Contribution (\$)	\$25.00
	Principal occu Pilot	pation / Job title (See Instructions)		Employer (See Instructions American Airlines	s)		
			I				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/33	
2	FILER NAME Hopper, Step	ohen (Mr.)			3	Filer ID (Ethics Commission 00084941	n Filers)
4	Date 01/22/2024	5 Full name of contributor	out-of-state PAC (ID#: ie; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	<u> </u>	Little Elm, TX 76068		5 1 (0 1 1 1			
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 01/18/2024	Full name of contributor Gooch, Terry Contributor address; City; Stat				Amount of Contribution (\$)	\$17.85
	Principal occu	Little Elm, TX 76068 pation / Job title (See Instructions)	T	Employer (See Instructions	 ;)		
	retired			retired			
	Date 01/21/2024	Full name of contributor [HALL, SETH Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Denton, TX 76207					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	01/04/2024 Hamm, Michael		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	<u>(</u>		
	Date 01/22/2024	Full name of contributor Hanna, Gail Contributor address; City; Stat Denton, TX 76207	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.24
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
			<u> </u>				

	MONEI	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/33	
2	FILER NAME Hopper, Step	phen (Mr.)				3	Filer ID (Ethics Commission 00084941	n Filers)
4	Date 01/23/2024	5 Full name of contributor Hektner, Paul and Bev6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$100.00
8	Principal occu retired	Paradise, TX 76073 pation / Job title (See Instructions	s)		Employer (See Instructions retired	5)		
	Date 01/22/2024	Full name of contributor Hunter, Linda Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$50.00
	Principal occu retired	Speingtown, TX 76082 pation / Job title (See Instructions	5)		Employer (See Instructions retired	5)		
	Date 01/12/2024	Full name of contributor Kecseg, RJ Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
	Principal occu	Winnsboro, TX 75494 pation / Job title (See Instructions	s)		Employer (See Instructions retired	5)		
	Date 01/13/2024	Full name of contributor Knowlton, Brady Contributor address; City; S Weatherford, TX 76087	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$250.00
	Principal occu Financier	pation / Job title (See Instructions	5)		Employer (See Instructions Monarch Financial	<u> </u>		
	Date 01/16/2024	Full name of contributor Lilley, Ken Contributor address; City; S Denton, TX 76207	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions	5)		Employer (See Instructions retired	()		

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/33	
2	FILER NAME Hopper, Step	ohen (Mr.)			3	Filer ID (Ethics Commission 00084941	n Filers)
4	Date 01/16/2024	5 Full name of contributor Malo, Francisco6 Contributor address; City; Stat)	7	Amount of Contribution (\$)	\$50.00
•	Dringinal occu	Decatur, TX 76234 pation / Job title (See Instructions)	l _o .	Employer (See Instructions	·/-		
0	Aircraft mech		j	Southwest airlines	·)		
	Date 01/05/2024	Full name of contributor Moulton, Jennifer Contributor address; City; Stat)	•	Amount of Contribution (\$)	\$30.00
		Denton, TX 76207					
	Principal occu Service mgr	pation / Job title (See Instructions)		Employer (See Instructions Biglots	s)		
	Date 01/17/2024	Full name of contributor Nowak, Kim Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.24
		Denton, TX 76207					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date Full name of contributor out-of-state PAC (ID 01/05/2024 Noyes, Patricia		out-of-state PAC (ID#:e; Zip Code)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/22/2024	Full name of contributor O'Bannon, Glenn Contributor address; City; Stat	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N			SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/33	
2	FILER NAME Hopper, Step	phen (Mr.)				3	Filer ID (Ethics Commission 00084941	on Filers)
4	Date 01/05/2024	5 Full name of contributor Pellegrini, Ron6 Contributor address; City; Si	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$100.00
_		Aurora, TX 76078		_		L		
8	Principal occu Vice Preside	pation / Job title (See Instructions ent	;) 	9	Employer (See Instructions GE Healthcare	5)		
	Date 01/25/2024	Full name of contributor Pendery, Darlene Contributor address; City; Si)	•	Amount of Contribution (\$)	\$10,000.00
	Principal occu	Pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
	retired				retired			
	Date 01/06/2024	Full name of contributor Perkins, Edward Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.24
		Fort Worth, TX 76247						
	Principal occu Animal Bree	pation / Job title (See Instructions der	(5)		Employer (See Instructions Self	s)		
	Date 01/05/2024	Full name of contributor Phillips, Carla Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
	Principal occu Real Estate	pation / Job title (See Instructions Broker	5)		Employer (See Instructions Self-Employed	5)		
	Date 01/15/2024	Full name of contributor Pohrte, Adrienne Contributor address; City; Si Krum, TX 76249	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$30.00
	Principal occu retired	pation / Job title (See Instructions	s)		Employer (See Instructions retired	5)		
			,					

	MONET	ARY POLITICAL CO	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to	o complete this forr	m.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/33	
2	FILER NAME Hopper, Step	ohen (Mr.)			3	Filer ID (Ethics Commission 00084941	ı Filers)
4	Date 01/22/2024	5 Full name of contributorSellars, Jane Anne6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$100.00
		Frisco, TX 75036					
8	Principal occu retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	i)		
	Date 01/10/2024	Full name of contributor Sensky, Destin Contributor address; City; State				Amount of Contribution (\$)	\$25.00
	Principal occu	Benbrook, TX 76116 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Small Busine			Self	')		
	Date 01/10/2024	Full name of contributor Shannon, Tracy Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$50.00
		Kingwood, TX 77339					
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions NA)		
	01/02/2024 Spencer, Deb		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 01/22/2024	Full name of contributor Suenders, Laura Contributor address; City; State Decatur, TX 76234	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$150.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/33	
2	FILER NAME Hopper, Step	ohen (Mr.)			3	Filer ID (Ethics Commission 00084941	Filers)
4	Date 01/10/2024	 Full name of contributor out-of- Sutton, Warner Contributor address; City; State; Zip Contributor)	7	Amount of Contribution (\$)	\$100.00
_		Denton, TX 76207					
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired			
	Date 01/24/2024	Full name of contributor out-of- Swoboda, Kimberlee Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$20.24
	Principal occu	Runaway Bay, TX 76426 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Turbine Con			GE/FieldCore	',		
	Date 01/10/2024	Full name of contributor out-of- Tafoya, Judith Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Denton, TX 76207					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 01/15/2024	Taylor, William	state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 01/18/2024	Full name of contributor out-of- Texans United for a Conservative M Contributor address; City; State; Zip Co)		Amount of Contribution (\$) \$10	0,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l .				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 10/11 Rpt: 13/33		
2	FILER NAME Hopper, Step	LER NAME opper, Stephen (Mr.)				Filer ID (Ethics Commission 00084941	n Filers)	
4	Date 01/25/2024			7	Amount of Contribution (\$)	\$50.00		
_		Houston, TX 77041						
8	Principal occu retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/09/2024 Williams, Judy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.24			
	Principal occu	Decatur, TX 76234 pation / Job title (See Instructions)		Employer (See Instructions	·/			
	•	rvice representative		Hughes Insurance Grou				
Date Full name of contributor out-of-state PAC 01/13/2024 Wilson, Thomas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$257.25		
		Dallas, TX 75229						
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions T Wilson Associates	5)			
	Date 01/15/2024	Wise Republican Women	state PAC (ID#:			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/21/2024 Zarvou, Cathy Contributor address; City; State; Zip Code Argyle, TX 76226			Amount of Contribution (\$)	\$154.35			
	Principal occupation / Job title (See Instructions) Bus owner Employer (See Instructions) ZE- WMP							
			1					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 11/11 Rpt: 14/33
2	FILER NAME Hopper, Ste				3	Filer ID (Ethics Commission Filers) 00084941
4	Date 01/18/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$50.00	
8	Principal occu	Boyd, TX 76023 upation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>	
_	HVACR	paner, cos uno (coo monacaone)		UNT	-,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/19 Rpt: 15/33	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	01/09/2024	Aaron, Thomas & Associates
6	Amount (\$) \$18,590.42	7 Payee address; City; State; Zip Code 29 W Easy Street
Ĺ	DUDDOG	Simi Valley, CA 93065
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Direct Mail (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct Mail
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/19/2024	Amazon
	Amount (\$) \$31.74	Payee address; City; State; Zip Code 410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense In District Events/Sponsorships
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/25/2024	Payee name Anedot, INC
	Amount (\$) \$110.39	Payee address; City; State; Zip Code 1340 Poydras StreetSuite 1770New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation Processing Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot Fees for reporting period
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/19 Rpt: 16/33	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	01/09/2024	Aurora Baptist Church
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	201 Derting Rd
		Aurora, TX 76078
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		In District Events/Sponsorships
		in Bloatist 230 has openion on ipe
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/02/2024	Brookshires
H	Amount (\$)	Payee address; City; State; Zip Code
	\$39.07	1203 US-380 W
		Bridgeport, TX 76426
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense In District Events/Sponsorships
		in District Events/Sponsorships
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/23/2024	Cross Timbers Gazette
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	6101 Long Prairie Road
	Ψ1,200.00	olol Long Frame Road
		Flower Mound, TX 75028
T	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Print Media
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	Complete ONLY if direct expenditure to benefit C/OI	o
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to cor	mple	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 3/19 Rpt: 17/33	Hopper, Stephen (Mr.)		00084941	
4	Date	5 Payee name		-	
	01/17/2024	Dropbox			
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de		
	\$12.78	333 Brannan Street			
		San Francisco, CA 94107			
8	PURPOSE		(b)	Description	
	OF	Misc Office Expense	(-,	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Wilde Chies Experies		Check if Austin, TX, officeholder living expense	
				Dropbox	
9	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held	
	expenditure to benefit C/OI	1			
	Date	Payee name			
	01/03/2024	First Graphic Services			
	Amount (\$)	Payee address; City; State; Zip Coo	de		
	\$4,758.56	229 Garvon St	uc		
	φ4,736.30	229 Gaivoii St			
		Garland, TX 75040			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense	
				Yardsigns	
	Operation ONLY if dispose	Our did at a 10 ff and a labor or one	1-4	Office held	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	gnt	Office held	
	<u>'</u>				
	Date	Payee name			
	01/18/2024	First State Bank			
	Amount (\$)	Payee address; City; State; Zip Coo	de		
	\$15.00	661 W Thompson St			
		Decatur, TX 76234			
	PURPOSE		(h)	Description	
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(0)	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Accounting/Banking		Check if Austin, TX, officeholder living expense	
				Bank Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
	expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 4/19 Rpt: 18/33	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	01/19/2024	First State Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	661 W Thompson St
		Decatur, TX 76234
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/25/2024	First State Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	661 W Thompson St
		Decatur, TX 76234
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/16/2024	Fox, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$475.00	2174 FM 51
		Decatur, TX 76234
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Blockwalker Pay
		Diodivanci i ay
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
		The Instruction Guide explains how to complete this form.	_
1	Total pages Schedule F1: Sch: 5/19 Rpt: 19/33	2 FILER NAME Hopper, Stephen (Mr.) 3 Filer ID (Ethics Commission Filers) 00084941	
4	Date	5 Payee name	_
-	01/16/2024	Google	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy San Jose, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
•	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	01/19/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1600 Amphitheatre Pkwy	
		San Jose, CA 94043	
	DUDDOGE		_
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	01/22/2024	Google	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy	
		San Jose, CA 94043	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Digital Ads	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 6/19 Rpt: 20/33	Hopper, Stephen (Mr.) 00084941			
4	Date	5 Payee name			
	01/24/2024	Google			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$500.00	1600 Amphitheatre Pkwy			
		San Jose, CA 94043			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Digital Ads			
		Digital / tus			
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
L					
	Date	Payee name			
	01/25/2024	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	1600 Amphitheatre Pkwy			
		San Jose, CA 94043			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Digital Ads			
		Digital / tus			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
L	01/02/2024	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$388.70	1600 Amphitheatre Pkwy			
		San Jose, CA 94043			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Digital Ads			
		Digital Aus			
_	Complete ONU V if allow	Condidate/Officeholder name			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	<u> </u>				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/19 Rpt: 21/33	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	01/02/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1600 Amphitheatre Pkwy
		San Jose, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Digital Ads
		Digital Ads
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
┡		
	Date	Payee name
	01/03/2024	Hazlitt
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	3500 South Dupont Highway
		Dover, DE 19901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consultants
		Consultants
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		
	Date	Payee name
	01/16/2024	Hazlitt
	Amount (\$)	Payee address; City; State; Zip Code
	\$13,456.31	3500 South Dupont Highway
		Dover, DE 19901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Consultant
<u> </u>	Computate ONU V Station	Condidate/Officeholder name
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/19 Rpt: 22/33	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	01/12/2024	Ioffice
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$83.89	1010 West Bus 380
L		Decatur, TX 76234
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printed Materials
		Timed materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	01/02/2024	Jones, Ashley
H	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	6007 Thorn Trl
	Ψ0.00	
		Flower Mound, TX 75028
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Blockwalker Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/16/2024	Laney, Kelly
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.00	449 CR 1742
		Chico, TX 76431
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Blockwalker Pay
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/19 Rpt: 23/33	Hopper, Stephen (Mr.)		00084941
4	Date	5 Payee name		<u> </u>
	01/04/2024	Life Light Creative		
6	Amount (\$)	7 Payee address; City; State; Zip Code	le	
	\$300.00	10924 Country Club		
		Belle Fourche, SD 57717		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Website Edits		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Website Edits
Ļ	0 1: 0.11.7.7.1.			000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sougl	nt	Office held
_	·			
	Date	Payee name		
	01/08/2024	Lowe's Marketplace		
	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$65.42	200 W Rock Island Ave		
		Boyd, TX 76023		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Event Food
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	01/22/2024	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Code	le.	
	\$326.74	675 Ponce De Leon Avenue		
	**	Northeast Suite 5000		
		Atlanta, GA 30308		
	DUDDOCE		'b\	De codutto :
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(U)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense		Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	-		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
•	Sch: 10/19 Rpt: 24/33	Hopper, Stephen (Mr.) 00084941			
4	Date	5 Payee name			
	01/02/2024	McDonald, Archer			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$870.00	1200 Amherst Dr.			
		Denton, TX 76201			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Salaries/Wages/Contract Labor			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Blockwalker Pay			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	01/16/2024	McDonald, Archer			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,125.00	1200 Amherst Dr.			
		Denton, TX 76201			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Blockwalker Pay			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experiantare to benefit Great				
	Date	Payee name			
	01/05/2024	McDonald, Scott			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$795.00	1200 Amherst Dr.			
		Denton, TX 76201			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Blockwalker Pay			
	Complete ONLY if allowed	Condidate/Officeholder name			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Legal Service				ages.	e /Contract Labor ete this form.		Travel Out of OTHER (en		strict category not listed above)
1	Total pages Schedule F1:	2	EII ER NIAME			- '				3	Filer ID		(Ethics Commission Filers)
•	Sch: 11/19 Rpt: 25/33		Hopper, Ste		.)						0008494	11	(=0.000 0011111001011111013)
	·		inopper, Ste	hugu (M	•)						0000494	+1	
4	Date	5	Payee name										
	01/16/2024		McDonald,	Scott									
6	Amount (\$)	7	Payee addre	ss; Cit	y;	State;	Zip Co	de					
	\$1,520.00		1200 Amhe	rst Dr.									
			Denton, TX	76201									
8	DLIDDOCE	/s`					T	(h)	Descripti				
ð	PURPOSE OF	(a)	Category (Se				edule)	(D)	Description Check if travel	outci	do of Toyas	Comr	plete Schedule T.
	EXPENDITURE		Salaries/Wa	ages/Con	ract Labor	r			Check if Austin				
									Blockwalker F			.9	•
										-,			
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder n	ame		Office sough	thr			Offic	e he	7l4
"	expenditure to benefit C/O		Jananaatt/UIII	ocholuti II	шпс	O	me soul	grit			Onic	CIIC	JIU.
L		_											
	Date		Payee name										
L	01/05/2024		Meta										
	Amount (\$)		Payee addre	ss; Cit	y;	State;	Zip Co	de					
	\$900.00		3500 South	Dupont F	Highway								
			Dover, DE 2	19901									
_	PURPOSE	(2)					1	(h)	December 1				
	OF	^(a)	Category (Se		listed at the top	o of this sche	edule)	(n)	Description Check if travel	Outsi	de of Texas	Comr	plete Schedule T.
	EXPENDITURE		Advertising	⊏xpense					Check if Austin				
									Digital Ads			,	
									-				
\vdash	Complete ONLY if direct		Candidate/Offi	ceholder n	ame	<u> </u>	Office sou	aht			Offic	e he	eld .
	expenditure to benefit C/O			-001401 11		9	5000	9.16			31110	2 110	
\vdash	D .	_											
	Date		Payee name										
	01/09/2024		Meta										
	Amount (\$)		Payee addre	ss; Cit	y;	State;	Zip Co	de				_	
	\$74.99		1 Hacker W	'ay									
			Menlo Park	, CA 9402	25								
\vdash	PURPOSE	(a)	Category (Se	no Cotogoria -	listed at the t	of this sale	adula)	(b)	Description				
	OF	(۳)	Advertising		iistea at the top	OT THIS SCHE	euuie)	(~)		outsi	de of Texas.	Comp	plete Schedule T.
	EXPENDITURE		, averusing	LAPCINE					Check if Austin				
									Digital Ads				
	Complete ONLY if direct		Candidate/Offi	ceholder n	ame	0	Office sou	ght			Offic	e he	eld
	expenditure to benefit C/O	Н					·						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 12/19 Rpt: 26/33	Hopper, Stephen (Mr.) 00084941				
4	Date	5 Payee name				
	01/09/2024	Meta				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2.19	1 Hacker Way				
		Menlo Park, CA 94025				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense				
	-	Check if Austin, TX, officeholder living expense Digital Ads				
		Digital Ads				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Data	Development				
	Date 01/17/2024	Payee name Meta				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$900.00	1 Hacker Way				
		Menlo Park, CA 94025				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Digital Ads				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	01/22/2024	Meta				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$900.00	1 Hacker Way				
		Menlo Park, CA 94025				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		Digital Ads				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
1						

SCHEDULE F1

Advertising Expense Event E:
Accounting/Banking Fees
Consulting Expense Food/Be
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Se

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/19 Rpt: 27/33	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	01/22/2024	Meta
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$900.00	1 Hacker Way
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital Ads
		- 9
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/25/2024	Meta
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Digital Ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	01/10/2024	Method Agency
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,035.00	30 N Gould
	, ,	#4000
		Sheridan, WY 82801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consultants
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 14/19 Rpt: 28/33	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
l	01/16/2024	Plaza Cinema Nashville
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.50	920 W Thompson St
l		
l		Decatur, TX 76234
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Event Expense Categories listed at the top of this scriedule) Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Republican Movie Event
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit 6/61	'
l	Date	Payee name
l	01/09/2024	Printplace.com
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$143.64	1130 Ave H East
l		
		Arlington, TX 76011
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Printed Materials
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	
⊨	<u> </u>	
l	Date	Payee name
L	01/10/2024	Robson Communities
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$394.95	9501 Ed Robson Blvd.
l		
		Denton, TX 76207
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Print Media
		T The World
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/19 Rpt: 29/33	Hopper, Stephen (Mr.)		00084941
4	Date	5 Payee name		-
	01/25/2024	Robson Communities		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$1,687.77	9501 Ed Robson Blvd.		
		Denton, TX 76207		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Event catering
9	Complete ONLY if direct	Candidate/Officeholder name Office sougl	.b+	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		IIIL	Office field
_	Date			
	Date	Payee name		
	01/02/2024	RumbleUp, LLC		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$400.00	2001 K St NW		
		Washington, DC 20006		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				P2P Texting
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	01/19/2024	RumbleUp, LLC		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$225.00	2001 K St NW		
		Washington, DC 20006		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				P2P Texting
	Complete ONLY if direct	Condidate/Officeholder norms	.b.t	Office hald
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	ınt	Office held

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/19 Rpt: 30/33	Hopper, Stephen (Mr.)	00084941
4	Date	5 Payee name	
	01/22/2024	RumbleUp, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,100.00	2001 K St NW	
	+ =,=00.00		
		Washington, DC 20006	
Ļ	DUDDOOF	<u> </u>	N
8	PURPOSE OF	, , ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
			P2P Texting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/22/2024	Rzucidlo, Avery	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.25	13708 George Foster Rd	
	Ţ. <u></u>		
		Ponder, TX 76259	
	PURPOSE		N = 1 · · ·
	OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
			Blockwalker Pay
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/03/2024	Sams Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$74.90	2850 W University Drive	
		- -	
		Decatur, TX 76201	
	PURPOSE) Description
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
			In District Events/Sponsorships
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	1 	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

l	Credit Card Payment	The Instruction Guide explains how to comple	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 17/19 Rpt: 31/33	Hopper, Stephen (Mr.)	00084941
4	Date	5 Payee name	•
	01/23/2024	Sams Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$66.90	2850 W University Drive	
		Decatur, TX 76201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense In District Events/Sponsorships
			III Blother Evente, eponeore inpo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
F	Date	Payee name	
	01/09/2024	Thoughtful Creations	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$518.00	1701 N County Rd	
		•	
		Fort Worth, TX 76179	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense In District Events/Sponsorships
			in District Events/Sporisorships
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	01/19/2024	Tri M Graphics	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20,162.39	625 E Main St.	
		Owatonna, MN 55060	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Direct Mail	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense Direct Mail
			Direct Iviali
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		0.1100 11010
\vdash			

SCHEDULE F1

Pertising Expense Event Expense Event Expense Loan Repayment/Reimbur

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/19 Rpt: 32/33	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	01/09/2024	Victory World Outreach Church
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	7833 N I-35 Service Rd
		Denton, TX 76207
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense In District Events/Sponsorships
		III District Events/opensorships
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	01/02/2024	Payee name Victorint
		Vistaprint
	Amount (\$)	Payee address; City; State; Zip Code
	\$194.27	275 Wyman Street
		Waltham, MA 24510
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printed Materials
		Timed Materials
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	Davies same
	Date 01/16/2024	Payee name Wise County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 1521
		Decatur, TX 76234
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense advertising at event
		auvertising at event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/19 Rpt: 33/33	Hopper, Stephen (Mr.)		00084941
4	Date	5 Payee name		•
	01/16/2024	Wise County Republican Party		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$100.00	PO Box 1521		
		Decatur, TX 76234		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense	ı	Check if travel outside of Texas. Complete Schedule T.
	_		ı	Check if Austin, TX, officeholder living expense website advertising
			ı	website davertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		9	
F	Date	Payee name	_	
	01/16/2024	Wise County Republican Women		
\vdash	Amount (\$)	Payee address; City; State; Zip Co	de.	
	\$570.00	P.O. Box 1819	uc	
	****	1.0.25% 2525		
		Boyd, TX 76023		
\vdash	PURPOSE		(b)	Description
	OF EXPENDITURE	Event Expense	1	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORL		ı	Check if Austin, TX, officeholder living expense
			ı	Event
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		yın	Office field
┝				