CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00084941 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST Mr. Stephen NICKNAME LAST Andy Hopper 4 CANDIDATE / OFFICEHOLDER OFFICEHOLDER OFFICEHOLDER AND HOPPER ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Hand-delivered or Date Potential Control of Date Potential Control of Date Hand-delivered or Date Potential Control of Date Hand-delivered or Date Potential Control of Date Potential Co	
OFFICEHOLDER NAME Mr. Stephen NICKNAME LAST SUFFIX 02/26/2024 NICKNAME LAST SUFFIX 02/26/2024 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Hand-delivered or Date Po	
NAME Mir. Stephen Date Received ELECTRONICALLY	FILED
NICKNAME LAST SUFFIX 02/26/2024 Andy Hopper 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Hand-delivered or Date Po	FILED
Andy Hopper 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Hand-delivered or Date Po	
4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Hand-delivered or Date Po	
OFFICEHOLDED	
I OFFICEROLDER I	Postmarked
MAILING ADDRESS PO Box 1052 Receipt # Amou	ount
Change of Address Decatur, TX 76234	
Date Processed	
Date Imaged	
5 CAMPAIGN MS / MRS / MR FIRST MI	
TREASURER Mrs. Jean	
NICKNAME LAST SUFFIX	
Bassinger	
6 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS 210 Edgewood Dr	
(Residence or Business)	
Highland Village, TX 75077	
7 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER (070) 017 7000	
PHONE (972) 317-7286	
0 DEDONT	
8 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign	n treasurer
appointment (officeholde	
July 15 X 8th day before election Exceeded modified reporting limit Final Report (Attach C/O	DH-FR)
9 PERIOD Month Day Year Month Day Year	
COVERED 01/26/2024 THROUGH 02/24/2024	
10 ELECTION 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)	
State Representative District 64	
GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 38

13 C / OH NAME	14 Filer ID (I 00084941	Ethics Commission Filers						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures. These expenditures may have been made without to difficeholders are required to report this information.	he candidate's or office	holder's knowledge or				
X Additional Pages	nal Pages COMMITTEE TYPE COMMITTEE NAME							
	X GENERAL	Texans United for a Conservative Majority Pa	AC .					
	-	COMMITTEE ADDRESS						
	SPECIFIC	405 E. Convent Street						
		Victoria, TX 77901						
		COMMITTEE CAMPAIGN TREASURER NAME						
		Shoemake, Chad						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
		405 E. Convent St						
		Victoria, TX 77901						
16 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 110								
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	s)	\$ 184,794.5				
EXPENDITURE TOTALS	l It							
	4. TOTAL POLITICAL EXPENDITURES \$ 200,613.3							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 44,511.8				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 28,600.0				
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.						
		Mr.	Stephen Hopper					
		Signature of	Candidate or Officehold	der				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subs	cribed before me, by the s	aid	, this the	day				
of	, 20, to co	ertify which, witness my hand and seal of office.						
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath				

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH ADDENDUM

Page 3 of 38

				rage 3 01 30				
C / OH NAME	Hopper, Stephen (Mr.	.)	Filer ID 00084941	(Ethics Commission Filers)				
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have b	of political expenditures by political committees to so been made without the candidate's or officeholder's and to report this information only if they receive notic	s knowledge or co	nsent. Candidates and				
	COMMITTEE TYPE COMMITTEE NAME							
	X GENERAL	Wise County Conservatives						
		COMMITTEE ADDRESS						
	SPECIFIC	1816 S FM 51						
		STE 400-165						
	!	Decatur, TX 76234						
	!	COMMITTEE CAMPAIGN TREASURER NAME						
	!	Wells, Frank						
	!	COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
	!	1816 S FM 51						
	!	STE 400-165						
		Decatur, TX 76234						
NOTICE FROM POLITICAL COMMITTEE(S)	date / officeholder. These onsent. Candidates and ditures							
	COMMITTEE TYPE	COMMITTEE NAME						
	X GENERAL	Denton County Conservative Coalition						
		COMMITTEE ADDRESS						
	SPECIFIC	6101 Long Prairie Rd,						
	!	STE 744, PMB 1073						
	!	Flower Mound, TX 75028						
	!	COMMITTEE CAMPAIGN TREASURER NAME						
	!	Nix-Passariello, Susan						
	!	COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
	!	6101 Long Prairie Rd						
	!	STE 744, PMB 1073						
	!	Flower Mound, TX 75028						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					4 of 38
18 FILER	NAM	IE	19 Filer ID	(Eth	ics Commission Filers)
Норре		00084941			
20 SCHEI NAME			SUBTOTAL AMOUNT		
1.	Х	\$	134,794.54		
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	50,000.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	\$	200,613.35		
6.		\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
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.		\$			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
				•	

	MONET	ARY POLITICAL C		SCHEDUI	E A1		
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 5/38	
2	FILER NAME Hopper, Step	ohen (Mr.)			3	Filer ID (Ethics Commission 00084941	on Filers)
4	Date 02/09/2024	5 Full name of contributor BLISS, WALTER6 Contributor address; City; Stat	out-of-state PAC (ID#: ie; Zip Code)	7	Amount of Contribution (\$)	\$75.00
		DENTON, TX 76207					
8	Principal occu retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 02/05/2024	Full name of contributor E Benton, John Contributor address; City; Stat)		Amount of Contribution (\$)	\$20.24
	Principal occu	Houston, TX 77079 pation / Job title (See Instructions)		Employer (See Instructions	<u>;)</u>		
	Estimator	pation / oob title (eee manuchons)		Triple B Serivices	,,		
	Date 02/07/2024	Full name of contributor E Bryant, Deborah Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Bridgeport, TX 76426					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
	Date 02/05/2024	Full name of contributor Carroll, Tracey Contributor address; City; Stat Port Aransas, TX 78373)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/26/2024	Full name of contributor Checo, Pedro Contributor address; City; Stat The Woodlands, TX 77380	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Software En	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		-					

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 6/38	
2	FILER NAME Hopper, Step	ohen (Mr.)			3	Filer ID (Ethics Commission 00084941	ı Filers)
4	Date 02/02/2024	 Full name of contributor out-of-state PAC (ID#: Cothron, William and Sharon Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_	Delicalization	Denton, TX 76205	T_	Frankrije (Ozakastian			
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#: Crouch, Chandler Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Fort Worth, TX 76244 pation / Job title (See Instructions)	_	Employer (See Instructions	·)		
	Re broker	pation / 30b title (See Instructions)		Self	P)		
	Date 02/07/2024	Full name of contributor)		Amount of Contribution (\$)	\$25.00
		Sanger, TX 76266					
	Principal occu Farmer Rand	pation / Job title (See Instructions) cher		Employer (See Instructions Self	5)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Cure, Richard Contributor address; City; State; Zip Code Sanger, TX 76266)		Amount of Contribution (\$)	\$25.00
	Principal occu Farmer Rand	pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u>		
	Date 02/19/2024	Full name of contributor out-of-state PAC (ID#: DeVine, Gaylyn Contributor address; City; State; Zip Code Pearland, TX 77581)		Amount of Contribution (\$)	\$50.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions DeVine Promotions & P		ing	
			<u> </u>				

	MONET	ARY POLITICAL CONTR		E A1			
	The Instru	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 7/38	
2	FILER NAME Hopper, Step	ohen (Mr.)			3	Filer ID (Ethics Commissio 00084941	n Filers)
4	Date 01/27/2024	 Full name of contributor out-of-sta Dolan, Bryan Contributor address; City; State; Zip Cod)	7	Amount of Contribution (\$)	\$50.00
_		Aurora, TX 76078			<u></u>		
8	Owner	pation / Job title (See Instructions)	9	Employer (See Instructions Trinity Utilities & Boring	5)		
	Date 02/06/2024	Fridley, Dale Contributor address; City; State; Zip Cod)		Amount of Contribution (\$)	\$25.00
	Principal occu	Denton, TX 76207 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Pilot	,		American Airlines			
	Date 02/22/2024	Gooch, Terry)		Amount of Contribution (\$)	\$100.00
		Little Elm, TX 75068					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
	Date 02/21/2024	Hanna, Ray				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 02/05/2024	Hineman, Lisa	ate PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Accountant	pation / Job title (See Instructions)		Employer (See Instructions Numed, Inc.	5)		
			'				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 8/38	
2	FILER NAME Hopper, Step	ohen (Mr.)			3	Filer ID (Ethics Commission 00084941	n Filers)
4	Date 02/24/2024	5 Full name of contributor	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$100.00
		PONDER, TX 76259					
8	Principal occu retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 01/29/2024	Johnson, Maurice Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Engineer			Smith System			
	Date 02/11/2024	Full name of contributor Kelly, Shawn Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Alvord, TX 76225					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions PicFlips, LLC	5)		
	Date 01/27/2024	Full name of contributor Martin Tafoya, Judith Contributor address; City; State; Denton, TX 76207	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occuretired	pation / Job title (See Instructions)		Employer (See Instructions retired	<u>l</u> 5)		
	Date 01/26/2024	Full name of contributor Milton, Chris Contributor address; City; State; Coppell, TX 75019	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Exports Cler	pation / Job title (See Instructions) k		Employer (See Instructions UPS Supply Chain Solu		1	
			I				

	MONET	ARY POLITICAL CON	S 	SCHEDULE A1			
	The Instru	ction Guide explains how to co	omplete this forn	n.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 9/38	
2	FILER NAME Hopper, Step	ohen (Mr.)			3	Filer ID (Ethics Commission 00084941	n Filers)
4	Date 02/05/2024	 5 Full name of contributor out Noyes, Patricia 6 Contributor address; City; State; Zip)	7	Amount of Contribution (\$)	\$100.00
		Bridgeport, TX 76426					
8	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 02/22/2024	Full name of contributor out O'Bannon, Glenn Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$33.34
	Principal occu	Glendale, AZ 85302 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	retired			retired			
	Date 02/21/2024	Full name of contributor out Pack, Rocky Contributor address; City; State; Zip	-of-state PAC (ID#: o Code			Amount of Contribution (\$)	\$50.00
		Bridgeport, TX 76426					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 02/05/2024	Phillips, Carla	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Real Estate	pation / Job title (See Instructions) Broker		Employer (See Instructions Self-Employed)		
	Date 02/03/2024	Smith, Gregory	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Pilot	pation / Job title (See Instructions)		Employer (See Instructions AMR	<u> </u>		
			1				

	MONET	ARY POLITICAL CONTRIB		SCHEDUL	LE A1		
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 10/38	
2	FILER NAME Hopper, Step	hen (Mr.)			3	Filer ID (Ethics Commission 00084941	n Filers)
4	Date 01/29/2024	 Full name of contributor out-of-state P. Smith, Roderick Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Boyd, TX 76023 pation / Job title (See Instructions)	la	Employer (See Instructions	<u> </u>		
Ü	Consultant	oution / Job title (See Institutions)		self	"		
	Date 02/19/2024	Full name of contributor out-of-state Passain, Kim Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
		Fort Worth, TX 76137					
	Principal occu homemaker	pation / Job title (See Instructions)		Employer (See Instructions homemaker	s)		
	Date 01/30/2024	Full name of contributor out-of-state P. Spain, Kim Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$200.00
		Fort Worth, TX 76137					
	Principal occu homemaker	pation / Job title (See Instructions)		Employer (See Instructions homemaker	s)		
	Date 02/02/2024	Full name of contributor out-of-state P. Spencer, Deb Contributor address; City; State; Zip Code Boyd, TX 76023)	•	Amount of Contribution (\$)	\$25.00
	Principal occu retired	oation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 01/26/2024	Full name of contributor out-of-state P. Spencer, Deb Contributor address; City; State; Zip Code Boyd, TX 76023)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 11/38
2	FILER NAME Hopper, Step	ohen (Mr.)			3	Filer ID (Ethics Commission Filers) 00084941
4	Date 02/03/2024	 Full name of contributor			7	Amount of Contribution (\$) \$50.00
_		Sanger, TX 76266	1-		_	
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)	
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID# Sutton, Warner kimo Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$) \$100.00
	Principal occu	Denton, TX 76207 pation / Job title (See Instructions)	_	Employer (See Instructions	<u> </u>	
	Retired	,		None	,	
	Date 02/17/2024	Full name of contributor	:)		Amount of Contribution (\$) \$20.24
	Deinsinal assu	Runaway Bay, TX 76426	_	Franksian (Caa kastuustians	<u></u>	
	Turbine Con	pation / Job title (See Instructions) trols TFA		Employer (See Instructions GE/FieldCore	»)	
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID# Texans United for a Conservative Majority Contributor address; City; State; Zip Code VICTORIA, TX 77901)		Amount of Contribution (\$) \$50,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID# Texans United for a Conservative Majority Contributor address; City; State; Zip Code VICTORIA, TX 77901	:			Amount of Contribution (\$) \$20,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
			1			

	MONET	ARY POLITICAL CO	NTRIBUTION	IS		SCHEDULE A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 12/38
2	FILER NAME Hopper, Step	ohen (Mr.)			3	Filer ID (Ethics Commission Filers) 00084941
4	Date 02/23/2024	 5 Full name of contributor Texans United for a Conserva 6 Contributor address; City; State; 			7	Amount of Contribution (\$) \$10,000.00
		VICTORIA, TX 77901				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)	
	Date 02/06/2024	Full name of contributor Texans United for a Conserva Contributor address; City; State;				Amount of Contribution (\$) \$50,000.00
	Deinsinal assu	VICTORIA, TX 77901		Employer (Cook both satisface		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Date 02/13/2024	Full name of contributor Thompson, Richard Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$200.00
		Rhome, TX 76078	1			
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired)	
	Date 02/20/2024	Via, Martha	out-of-state PAC (ID#:			Amount of Contribution (\$) \$500.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)	
	Date 02/04/2024	Wakefield, Cara	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)	
			1			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 9/9 Rpt: 13/38		
2	FILER NAME Hopper, Step			3	Filer ID (Ethics Commission 00084941	n Filers)
4	Date 02/02/2024	 Full name of contributor out-of-state PAC (ID#:_ Wilson, Teri Contributor address; City; State; Zip Code 	7	Amount of Contribution (\$)	\$20.24	
_	Daine in all a con-	Sanger, TX 76266	10 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
8	retired	pation / Job title (See Instructions)	9 Employer (See Instructions retired	5)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:_ Windle, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.24
	Principal occu	Denton, TX 76207 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired			
	Date 01/30/2024	Full name of contributor out-of-state PAC (ID#:_ Winship, Terry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.24
		Decatur, TX 76234				
	Principal occu Interim Servi	pation / Job title (See Instructions) ing Rep	Employer (See Instructions United Fidelity Funding	5)		
	Date Full name of contributor out-of-state PAC (IE o2/01/2024 smith, michael Contributor address; City; State; Zip Code Boyd, TX 76023				Amount of Contribution (\$)	\$100.00
	Principal occu HVACR	pation / Job title (See Instructions)	Employer (See Instructions UNT)		

CONTRIBUTIONS	L		SCHEDULE A2	
The Instruction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 14/38			
2 FILER NAME Hopper, Stephen (Mr.)	3	Filer ID (Ethics Commission Filers) 00084941		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	\$			
5 Date 02/06/2024 6 Full name of contributor out-of-state PAC (ID#: Texans United for a Conservative Majority 7 Contributor address; City; State; Zip Code	8	Amount of 9 In-kind contribution contribution (\$) description \$50,000.00 TV Ad buy		
VICTORIA, TX 77901			Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	DICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title ((FO	R JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's s	spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	12	EII ED NAME		· ·		<u> </u>		3	Filer ID	(Ethics Commiss	ion Eilere)
			Hopper, Ste							0008494	•	ion i licis)
	Sch: 1/24 Rpt: 15/38	L	поррег, эк	eprieri (ivir.)						0006494	<u> </u>	
4	Date	5	Payee name									
	02/24/2024		Anedot, INC									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$145.38		•	as StreetSuite				0112				
	42.0.00		Suite 1770			, _		·				
		L	New Orlear	ıs, LA 70112								
8	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees					느			omplete Schedule T.	
	EXI ENDITORE							Check if Austin				
								Anedot Fees	tor	reporting	period.	
9	Complete ONLY if direct		Candidate/Off	ceholder name	(Office sou	ght			Office	held	
	expenditure to benefit C/O	H										
	Date		Payee name									
	02/02/2024		Denton Cou	ınty Republica	n Party							
	Amount (\$)	H	Payee addre	ss; City;	State	: Zip Co	de					
	\$1,638.51		2921 Country Club Drive,									
	Ψ1,000.01											
			Suite 102									
			Denton, TX	76210								
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Event Expe					-			omplete Schedule T.	
	LAI LINDITORE			Check if Austin, TX, officeholder living expense								
								Event Expens	se			
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	held	
	expenditure to benefit C/O	П										
	Date	Π	Payee name									
	02/23/2024		Direct Texa	s Marketing G	roup							
\vdash	Amount (\$)	\vdash	Payee addre		•	; Zip Co	de					
	\$42,324.92		1260 S Bus	•	Sidic	, <u>-</u> .p -00	40					
	φ 4 ∠,3∠4.9∠		1200 3 DUS	III 53 I∏ 33								
		L	New Braun	fels, TX 78130								
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Direct Mail					므			omplete Schedule T.	
	ZA ZADITORZ							Check if Austin	ı, TX,	officeholder li	ving expense	
								Direct Mail				
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	held	
	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	ment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 2/24 Rpt: 16/38	Hopper, Stephen (Mr.)		00084941				
4	Date	5 Payee name		<u> </u>				
	02/20/2024	Dropbox						
6	Amount (\$)	7 Payee address; City; State; Zip C	ode					
	\$12.78	333 Brannan Street						
		San Francisco, CA 94107						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Misc Office Expense		Check if travel outside of Texas. Complete Schedule T.				
				Check if Austin, TX, officeholder living expense Dropbox				
				Διομισοχ				
9	Complete ONLY if direct	Candidate/Officeholder name Office so	liaht	Office held				
ľ	expenditure to benefit C/OI		agrit	Cince Hold				
⊨	Date	Payee name						
	02/05/2024	Eventbrite						
	Amount (\$)	Payee address; City; State; Zip C	ode					
	\$24.99	209 Tenth Ave S	oue					
	Ψ24.33	203 Tellul Ave 3						
		Nachvilla, TN 27202						
L	DUDD 005	Nashville, TN 37203	Las					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(D)	Description Check if travel outside of Texas. Complete Schedule T.				
l	EXPENDITURE	Web tool	Check if Austin, TX, officeholder living expense					
l				Events				
L								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held				
	experialiture to benefit C/Oi	1						
	Date	Payee name						
	02/22/2024	Firebaugh, Joe						
	Amount (\$)	Payee address; City; State; Zip C	ode					
	\$854.37	2211 North First Street						
		San Jose, CA 95131						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
l	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.				
				Check if Austin, TX, officeholder living expense Website				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held				
	expenditure to benefit C/OI		J					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ 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		
1	Total pages Schodula F1:	· · · · · · · · · · · · · · · · · · ·	-
1	Total pages Schedule F1: Sch: 3/24 Rpt: 17/38	2 FILER NAME Hopper, Stephen (Mr.) 3 Filer ID (Ethics Commission Filers) 00084941	
4	·		_
4	Date	5 Payee name	
L	02/20/2024	First Graphic Services	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$313.38	229 Garvon St	
		Garland, TX 75040	
			_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Printed Materials	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	n e e e e e e e e e e e e e e e e e e e	
	Date	Payee name	=
	01/26/2024	First Graphic Services	
_	Amount (\$)	Payee address; City; State; Zip Code	_
	` ,		
	\$2,483.80	229 Garvon St	
		Garland, TX 75040	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Big Signage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
⊨	Data	Davies warms	=
	Date	Payee name	
	02/21/2024	First Graphic Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$612.70	1010 West Bus 380	
		Decatur, TX 76234	
_	PURPOSE		4
	OF	l	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	ľ
		Printed Materials	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	•		_
			ı

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising 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 complete this form.								
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 4/24 Rpt: 18/38	Hopper, Stephen (Mr.)	00084941						
4	Date	5 Payee name	•						
	01/29/2024	First State Bank							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$20.00	661 W Thompson St							
		Decatur, TX 76234							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription						
	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.						
	LXI LINDITORE	I	Check if Austin, TX, officeholder living expense						
		Bai	nk Fee						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
9	Complete ONLY if direct expenditure to benefit C/OI		Office field						
	Date	Payee name							
	02/05/2024	First State Bank							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$20.00	661 W Thompson St							
		Decatur, TX 76234							
	PURPOSE OF		scription						
	EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		I	nk Fee						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI	Н							
	Date	Payee name							
	02/06/2024	First State Bank							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$15.00	661 W Thompson St							
		'							
		Decatur, TX 76234							
	PURPOSE		scription						
	OF		Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE		Check if Austin, TX, officeholder living expense						
		Bai	nk Fee						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	experiulture to beliefft C/OI								

SCHEDULE F1

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

Fees Office Overhead/F Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/C

	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: 5/24 Rpt: 19/38	Hopper, Stephen (Mr.) 00084941							
4	Date	5 Payee name							
	02/08/2024	First State Bank							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$15.00	661 W Thompson St							
		Decatur, TX 76234							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Bank Fee							
_									
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	02/09/2024	First State Bank							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$20.00	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.							
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Bank Fee							
		Dalik Fee							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
_	Data								
	Date 02/12/2024	Payee name							
		First State Bank							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$15.00	661 W Thompson St							
		Decatur, TX 76234							
	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 Fee							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·							

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 6/24 Rpt: 20/38	Hopper, Stephen (Mr.) 00084941					
4	Date	5 Payee name					
	02/12/2024	First State Bank					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$15.00	661 W Thompson St					
		Decatur, TX 76234					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Bank Fee					
		Dankie					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/O						
\vdash	Dete						
	Date	Payee name					
	02/15/2024	First State Bank					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$20.00	661 W Thompson St					
		Decatur, TX 76234					
	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 Fee					
		Bankiree					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·					
	Data	David and the second se					
	Date 02/15/2024	Payee name First State Bank					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$20.00	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 Fee					
		Dalik Fee					
	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 -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/24 Rpt: 21/38	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	02/23/2024	First State Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	661 W Thompson St
		Decatur, TX 76234
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
		Daily ree
_	Complete ONU V if alice	Condidate/Officeholder name
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	02/23/2024	First State Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	661 W Thompson St
		Decatur, TX 76234
	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 Fee
		Bankiree
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/16/2024	Fox, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$275.00	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 Austin, TX, officeholder living expense
		Blockwalker Pay
	Commission ONE V. C. P.	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/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 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:		;	3 Filer ID	(Ethics Commission Filers)		
	Sch: 8/24 Rpt: 22/38	Hopper, Stephen (Mr.)		00084941			
4	Date	5 Payee name					
	02/21/2024	Fox, James					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$250.00	2174 FM 51					
		Decatur, TX 76234					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor		utside of Texas. Com			
			Blockwalker P	TX, officeholder living) expense		
			Dioonwantor i	uj			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	5l4		
Ĭ	expenditure to benefit C/OI			Omoo m	514		
	Date	Davias nama					
	02/01/2024	Payee name Fox, James					
		•					
	Amount (\$) \$80.00	Payee address; City; State; Zip Code 2174 FM 51					
	Φου.υυ	2174 FWI 51					
		Danatus TV 70004					
		Decatur, TX 76234					
	PURPOSE OF	,	Description	utaida of Tayon Com	plata Cabadula T		
	EXPENDITURE	Salaries/Wages/Contract Labor	—	utside of Texas. Com TX, officeholder living			
			Blockwalker P				
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld		
	expenditure to benefit C/OI	1					
	Date	Payee name					
	02/16/2024	Gideons 300					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,283.33	6101 Long Prairie					
		STE 744-244					
		Flower Mound, TX 75028					
	PURPOSE		Description				
	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense		utside of Texas. Com	plete Schedule T.		
	EXPENDITURE	· ····································	Check if Austin,	TX, officeholder living	g expense		
			Printing				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld		
	experiulture to beliefft 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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/24 Rpt: 23/38	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	02/20/2024	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
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	01/31/2024	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
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	+
Г	Date	Payee name
	01/29/2024	Google
Г	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 Add
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			rards/Memorials Exper Services		g Expens es/Wages	se s/Contract Labor		avel Out of Dis HER (enter a	strict category not listed a	bove)		
Credit Card Payment			The I	nstruction Guide e	explains how to	compl	ete this form.						
1	Total pages Schedule F1:	2	FILER NAME				[3 Fil	er ID	(Ethics Commis	sion Filers)		
	Sch: 10/24 Rpt: 24/38		Hopper, Stepher	ı (Mr.)				00	0084941				
4	Date	5	Payee name										
	02/22/2024		Google										
6	Amount (\$)	7	Payee address;	City;	State; Zip	Code							
	\$500.00		1600 Amphithea	tre Pkwy									
			San Jose, CA 94	.043									
8	PURPOSE	(a	Category (See Cate	gories listed at the top	of this schedule)	(b)	Description						
	OF EXPENDITURE		Advertising Expe		,					plete Schedule T.			
	EXI ENDITORE						Check if Austin,	TX, offi	ceholder living	j expense			
							Digital Ads						
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officehol	der name	Office	sought			Office h	eld			
	Date		Payee name										
	02/21/2024		Google										
	Amount (\$)	H	Payee address;	City;	State; Zip	Code							
	\$500.00		1600 Amphithea	-	Otato, Lip	0000							
	4000.00			,									
			San Jose, CA 94	.043									
	PURPOSE	(a)	Category (See Cate	gories listed at the top	of this schedule)	(b)	Description						
	OF EXPENDITURE		Advertising Expe		,		Check if travel or	utside d	f Texas. Com	plete Schedule T.			
	EXPENDITORE		Chec					Check if Austin, TX, officeholder living expense					
							Digital Ads						
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officehol	der name	Office	sought			Office h	eld			
	experientare to benefit 6/01												
	Date		Payee name										
	02/12/2024		Google										
	Amount (\$)		Payee address;	City;	State; Zip	Code							
	\$500.00		1600 Amphithea	tre Pkwy									
			San Jose, CA 94	.043									
	PURPOSE	(2)				(b)	Description						
	OF	ا ^{(م}	Category (See Cate Advertising Expe		of this schedule)	(6)	Description Check if travel out	utside d	of Texas. Com	plete Schedule T.			
	EXPENDITURE		Advertising Expe	1126			Check if Austin,						
							Digital Ads						
	Complete ONLY if direct	_	Candidate/Officehol	der name	Office	sought			Office h	eld			
	expenditure to benefit C/OI	Н				-							

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	s form.
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/24 Rpt: 25/38	Hopper, Stephen (Mr.)	00084941
4	Date	Payee name	-
	01/26/2024	Google	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1600 Amphitheatre Pkwy	
		San Jose, CA 94043	
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Desc	crintion
	OF	· · · · · · · · · · · · · · · · · · ·	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	c	Check if Austin, TX, officeholder living expense
		Digi	tal Ads
Ļ	Complete ONII V if direct	Condidate Office holder name	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office neta
L	Data		
	Date	Payee name	
	02/16/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1600 Amphitheatre Pkwy	
		San Jose, CA 94043	
	PURPOSE OF) Category (See Categories listed at the top of this schedule) (b) Desc	
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			tal Ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	02/02/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$255.89	1600 Amphitheatre Pkwy	
		· · · · · · · · · · · · · · · · · · ·	
		San Jose, CA 94043	
H	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	c	Check if Austin, TX, officeholder living expense
		Digit	tal Ads
L	0 1: 0:::::::::::::::::::::::::::::::::		05.1
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/24 Rpt: 26/38	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	02/20/2024	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
		2 · g
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	02/05/2024	Hazlitt Industries LLC
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$5,025.00	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 Consultant
		Consulati
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/31/2024	Hyde Media Group
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,409.60	827 W Pearl St
	, -, ·····	
		Granbury, TX 76048
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Print Media
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/24 Rpt: 27/38	Hopper, Stephen (Mr.)	00084941
4	Date	5 Payee name	·
	02/14/2024	loffice	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$83.89	1010 West Bus 380	
		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
			Timod Materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	02/02/2024	Ioffice	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$36.37	1010 West Bus 380	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Decatur, TX 76234	
-	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Misc
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	-		
	Date	Payee name	
	02/16/2024	Laney, Kelly	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.00	449 CR 1742	
		Chico, TX 76431	
	PURPOSE OF	- (Description Description
	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	
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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/24 Rpt: 28/38	Hopper, Stephen (Mr.)	00084941
4	Date	5 Payee name	
	02/13/2024	M3thod Agency	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$720.00	30 N Gould	
		#4000	
		Sheridan, WY 82801	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense	in, TX, officeholder living expense
		Consultant	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experience to benefit Gree	···	
	Date	Payee name	
	02/22/2024	MailChimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$326.74	675 Ponce De Leon Avenue	
		Northeast Suite 5000	
		Atlanta, GA 30308	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Calicitation (Fundraising Expanse)	el outside of Texas. Complete Schedule T.
	EXPENDITURE	T Solicitation and all sing Expense	in, TX, officeholder living expense
		Email Progr	am
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
		<u> </u>	
	Date	Payee name	
	02/01/2024	McDonald, Archer	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,086.00	1200 Amherst Dr.	
		Denton, TX 76201	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Eabor	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Blockwalker	
			·
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	OTTER (enter a category not listed above)
1	Total pages Schedule F1:		B Filer ID (Ethics Commission Filers)
	Sch: 15/24 Rpt: 29/38	Hopper, Stephen (Mr.)	00084941
4	Date	5 Payee name	
	02/16/2024	McDonald, Archer	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$875.00	1200 Amherst Dr.	
		Denton, TX 76201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Galaries/ Wages/ Cornitact Labor	tside of Texas. Complete Schedule T.
		Blockwalker Po	TX, officeholder living expense
		Biodiwanci i	ay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		
H	Date	Payee name	
	02/16/2024	McDonald, Scott	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,350.00	1200 Amherst Dr.	
	, ,		
		Denton, TX 76201	
┝	PURPOSE		
	OF		ntside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, 1	X, officeholder living expense
		Blockwalker Pa	ay
L	Operation ONLY & Street	Out in the 10ff of helder and the 10ff of hel	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
⊨	Data		
	Date 02/01/2024	Payee name McDonald, Scott	
L			
	Amount (\$) \$1,725.00	Payee address; City; State; Zip Code 1200 Amherst Dr.	
	\$1,725.00	1200 Affillerst Dr.	
		Dorton TV 76201	
L	DUDD005	Denton, TX 76201	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel out	itside of Texas. Complete Schedule T.
	EXPENDITURE	J Salaries/ Wages/ Contract Eabor	X, officeholder living expense
		Blockwalker Pa	ay
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	/n	
_			

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: 16/24 Rpt: 30/38	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	01/31/2024	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
		Digital Aus
Ļ	Operation ONE V if dispose	Open Fields (Office health and an annual state of the seconds)
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	02/09/2024	Meta
	Amount (\$)	Payee address; City; State; Zip Code
	\$204.78	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
	_,, _,,,,,,	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	
L		
	Date	Payee name
	02/06/2024	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
\vdash	Commission ON II V 15 allians	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/24 Rpt: 31/38	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	02/23/2024	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
		Digital / tus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/29/2024	Meta
H	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital Ads
		2 · g
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/29/2024	Meta
Н	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Digital Ads
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 18/24 Rpt: 32/38	Hopper, Stephen (Mr.)		00084941		
4	Date	5 Payee name		-		
	02/16/2024	Meta				
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le			
	\$900.00	1 Hacker Way				
		<u>-</u>				
		Menlo Park, CA 94025				
8	PURPOSE		(h)	Description		
٦	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(5)	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense		
				Digital Ads		
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held		
	expenditure to benefit C/O	1				
	Date	Payee name				
	02/20/2024	Meta				
	Amount (\$)	Payee address; City; State; Zip Cod	le			
	\$900.00	1 Hacker Way				
		Menlo Park, CA 94025				
	PURPOSE	T	(h)	Description		
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(2)	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense		
				Digital Ads		
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held		
	expenditure to benefit C/O	1				
	Date	Payee name				
	02/14/2024	Meta				
	Amount (\$)	Payee address; City; State; Zip Cod	le			
	\$900.00	1 Hacker Way				
		•				
		Menlo Park, CA 94025				
	DUDDOCE		/b\	December 1		
	PURPOSE OF	,	(D)	Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense		
				Digital Ads		
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held		
	expenditure to benefit C/O	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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/24 Rpt: 33/38	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	02/20/2024	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
		Digital / ldS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/20/2024	Meta
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	1 Hacker Way
	4000.00	
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	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	· · · · · · · · · · · · · · · · · · ·
	Data	
	Date 02/20/2024	Payee name Meta
	Amount (\$) \$900.00	Payee address; City; State; Zip Code 1 Hacker Way
	φ900.00	Triatker way
		Menlo Park, CA 94025
	DUDDOCE	<u> </u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Digital Ads
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitie to beliefft C/O	<u> </u>

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: 20/24 Rpt: 34/38	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	02/21/2024	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	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/01/2024	Name Tag Wizard
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.40	2021 St. Augustine Road East
		Jacksonville, FL 32207
	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
		Fillited Waterials
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	02/09/2024	Persuasion Perfected
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	700 Pennsylvania Ave, SE
		2nd Floor
		Washington, DC 20003
	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.
	LAFLINDITORL	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	· · · · · · · · · · · · · · · · · · ·
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/24 Rpt: 35/38	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	02/20/2024	Print Place
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,001.91	1130 Ave H East
		Arlington, TX 76011
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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/08/2024	Robson Publishing
	Amount (\$)	Payee address; City; State; Zip Code
	\$394.95	9532 E Riggs Rd
		Sun Lakes, AZ 85248
	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
		Print Media
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/16/2024	Rzucidlo, Avery
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	13708 George Foster Rd
		Ponder, TX 76259
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
L	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Event Exacounting/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 Gitl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	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: 22/24 Rpt: 36/38	Hopper, Stephen (Mr.) 00084941
4	Date	5 Payee name
	02/01/2024	Rzucidlo, Avery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.50	13708 George Foster Rd
		Ponder, TX 76259
8	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
		Diockwarker i dy
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Dougo nama
	02/07/2024	Payee name
L		Sign Up Genius
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.99	1213 W Morehead St
		Suite 500
		Charlotte, SC 28208
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Web tool Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Misc
		IVIISC
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Data	Davida marra
	Date 02/09/2024	Payee name Strategic Media Placement Inc.
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$20,000.00	7669 Stagers Loop
		Delaware, OH 43015
	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 Aus
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/Ol	
\vdash		

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 Salaries (Contract Labor,

	Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:							
	Sch: 23/24 Rpt: 37/38	Hopper, Stephen (Mr.) 00084941						
4	Date	5 Payee name						
	02/02/2024	Tri M Graphics						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$6,057.52							
		Owatonna, MN 55060						
8	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.						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		Direct Mail						
_								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	02/05/2024	Tri M Graphics						
Amount (\$) Payee address; City; State; Zip Code								
	\$12,555.03	\$12,555.03 625 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.						
		Check if Austin, TX, officeholder living expense						
		Direct Mail						
	Complete ONLY if direct Condidate/Officeholder name Office cought Office hold							
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Data							
	Date 01/29/2024	Payee name						
		Tri M Graphics						
	Amount (\$) Payee address; City; State; Zip Code							
	\$25,109.92	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. Check if Austin, TX, officeholder living expense						
		Direct Mail						
		Direct Wall						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	•						

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: 24/24 Rpt: 38/38		Hopper, Stephen (Mr.)				00084941		
4	Date	5	Payee name						
L	02/15/2024		Tri M Graphics						
6	Amount (\$) \$34,247.18	7	Payee address; City; 625 E Main St.	Sta	ate; Zip (Code			
L			Owatonna, MN 55060						
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories liste Direct Mail	d at the top of this	schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct Mail		
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date		Payee name						
L	02/23/2024		Tri M Graphics						
	Amount (\$) \$20,698.52		Payee address; City; 625 E Main St.	Sta	ate; Zip (Code			
	Owatonna, MN 55060								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories liste Direct Mail	d at the top of this	schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct Mail		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								