# 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 Filer) 00086083		<ul><li>2 Total pages filed:</li><li>28</li></ul>
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Carl H.			Date Received  ELECTRONICALLY FILED
	NICKNAME LAST		SUFFIX	10/28/2024
	Tepper		SUFFIX	10,20,202 1
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 94534			Receipt # Amount
Change of Address	Lubbock, TX 79493			
	Lubbook, 17. 73433			Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRST		MI	
TREASURER NAME	Mr. Jay C.			
	NICKNAME LAST		SUFFIX	
	House		301117	
	110030			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEAS	SE); APT / SUIT	TE#; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	4609 86th St.			
(Residence or Business)	Lubbock, TX 79424			
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(806) 470-6163			
8 REPORT TYPE	January 15 30th day b	pefore election Runoff		15th day after campaign treasurer
				appointment (officeholder only)
	July 15 X 8th day be	efore election Exceede reporting	ed modified g limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year	N	Month Day	Year
COVERED	09/27/2024	THROUGH	10/26/2024	i e
10 ELECTION	ELECTION DATE		CTION TYPE	
	Month Day Year	Primary	Runoff	Other
	11/05/2024	χ General S	Special	
11 OFFICE	OFFICE HELD (if any)		FFICE SOUGHT	
	State Representative District 84 Lubb	ock St	tate Representa	tive District 84
	!	1		
	G	O TO PAGE 2		

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of 28

13 C / OH NAME	Tepper, Carl H. (The	Honorable)	<b>14</b> Filer ID (E 00086083	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or officel	nolder's knowledge or	
X Additional Pages	COMMITTEE TYPE COMMITTEE NAME				
	X GENERAL	Texas Alliance for Life PAC			
		COMMITTEE ADDRESS			
	SPECIFIC	8000 Centre Park Drive Suite 380			
		Austin, TX 78754			
		COMMITTEE CAMPAIGN TREASURER NAME			
		Shaw, James			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
		4505 Corazon Cv			
		Round Rock, TX 78681			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 40,551.72	
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 5,687.70	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 54,120.20	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		The Hon	orable Carl H. Tepper		
			Candidate or Officehold		
		Ç			
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before 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 officer	administering oath	

### CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

### FORM C/OH ADDENDUM

Page 3 of 28

				Fage 3 01 20
C / OH NAME	Tepper, Carl H. (The	Honorable)	Filer ID 00086083	(Ethics Commission Filers)
7 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have I	of political expenditures by political committee been made without the candidate's or officeho d to report this information only if they receive	lder's knowledge or co	onsent. Candidates and
( )	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas REALTORS PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	1115 San Jacinto Blvd., Ste. 200		
		Austin, TX 78701		
		COMMITTEE CAMPAIGN TREASURER NA	ME	
		Cantu, Leslie		
		COMMITTEE CAMPAIGN TREASURER AD	DRESS	
		PO Box 2246		
		Austin, TX 78768		

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

## FORM C/OH COVER SHEET PG 3

			4	4 of 28
<b>18</b> FILER NAME Tepper, Carl	(Ethics Commission F	ilers)		
20 SCHEDULE S NAME OF SCI			SUBTOTAL AMO	DUNT
1. X S	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 40	0,546.54
2. X S	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	5.18
3. X S	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X S	CHEDULE E: LOANS		\$	0.00
5. X S	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
6. X S	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X S	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00
8. X S	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X S	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10. S	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR STILLING OF STREET OF THE STREET	RETURNED	\$	
			•	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/5 Rpt: 5/28			
2	FILER NAME Tepper, Carl	H. (The Honorable)			3	Filer ID (Ethics Commission 00086083	n Filers)	
4	Date 10/22/2024	<ul><li>5 Full name of contributor Capital Leadership Fund</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$250.00	
8	Principal occu	Austin, TX 78701 pation / Job title (See Instruction		9 Employer (See Instructions	·,			
•	r inicipal occu	pation / 300 title (See instruction)	5)	3 Employer (See Instructions	·)			
	Date 10/22/2024	Full name of contributor Erben & Yarbrough  Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instruction:	5)	Employer (See Instructions	 ;)			
	Date	Full name of contributor			_	Amount of Contribution (ft)		
	10/22/2024	Golden Spread PAC Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			Amount of Contribution (\$)	\$2,000.00	
	Principal occu	Amarillo, TX 79105  pation / Job title (See Instruction:	5)	Employer (See Instructions	<u> </u> 5)			
	Date 10/22/2024	Full name of contributor HOMEPAC of Texas Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u> 5)			
	Date 10/25/2024	Full name of contributor Hrncirik, Bobbye (Ms.)  Contributor address; City; S  Lubbock, TX 79423	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$26.03	
	Principal occu Vice Preside	pation / Job title (See Instructions	5)	Employer (See Instructions UMC Health System	5)			
				<u> </u>				

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUI	E A1
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/5 Rpt: 6/28	
2	FILER NAME Tepper, Carl	H. (The Honorable)			3	Filer ID (Ethics Commission 00086083	on Filers)
4	Date 10/15/2024			7	Amount of Contribution (\$)	\$2,000.00	
8	Principal occu	Princeton, NJ 08540 pation / Job title (See Instructions	5)	9 Employer (See Instructions	()		
_	Date	Full name of contributor			_	Amount of Contribution (\$)	
	10/22/2024	PAC of the Independent I Contributor address; City; S				Amount of Contribution (\$)	\$750.00
	Principal occu	Austin, TX 78768 pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 10/22/2024	Full name of contributor PharmPac Contributor address; City; S	out-of-state PAC (ID#:_ cate; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78757 pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 10/21/2024	Full name of contributor Posey, Jake (Mr.)  Contributor address; City; S  Georgetown, TX 78633				Amount of Contribution (\$)	\$520.51
	Principal occu Attorney	pation / Job title (See Instructions	s)	Employer (See Instructions The Posey Law Firm, Po			
	Date 10/22/2024	Full name of contributor TBA Bank PAC - State Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/5 Rpt: 7/28	
2	FILER NAME Tepper, Carl	H. (The Honorable)		3	Filer ID (Ethics Commission 00086083	on Filers)
4	Date 10/15/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$22,500.00
_	Deignigal	Austin, TX 78701	O Franks ver (Cas Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/22/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-1951 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 10/22/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dairymen PAC Contributor address; City; State; Zip Code Austin, TX 78711			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Farm Bureau AGFUND  Contributor address; City; State; Zip Code  Waco, TX 76702-2689	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how to complete this for	m.		al pages Schedule A1: a: 4/5 Rpt: 8/28	
2	FILER NAME Tepper, Carl	H. (The Honorable)			r ID (Ethics Commission 186083	on Filers)
4	Date 10/22/2024				ount of Contribution (\$)	\$500.00
		Round Rock, TX 78664				
8	Principal occu	pation / Job title (See Instructions)  9	Employer (See Instructions)	)		
	Date 10/22/2024	Full name of contributor out-of-state PAC (ID#: Texas Homecare & Hospice PAC - State  Contributor address; City; State; Zip Code  Austin, TX 78759	)	Amo	ount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 10/22/2024	Full name of contributor out-of-state PAC (ID#: Texas Leads PAC Contributor address; City; State; Zip Code	)	Amo	ount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78767 pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#: Texas Optometric PAC  Contributor address; City; State; Zip Code  Austin, TX 78705	)	Amo	ount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 10/22/2024	Full name of contributor X out-of-state PAC (ID#: COC The Home Depot PAC Contributor address; City; State; Zip Code Washington, DC 20004	)	Amo	ount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 5/5 Rpt: 9/28	
2 FILER NAME Tepper, Car	l H. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086083
4 Date 10/22/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Vistra Employee PAC of Vistra Corp.</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$1,000.0
	Irving, TX 75039		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	ns)
Date 10/22/2024	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$1,000.0
Principal occı	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	ns)

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/28 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Tepper, Carl H. (The Honorable) 00086083 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/11/2024 Texas Farm Bureau AGFUND \$5.18 I AGFUND website 7 Contributor address; City; State; Zip Code endorsement Waco, TX 76702-2689 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLE	OGED CONTRIBUT	TONS			SCHEDULE B
T	he Instruction Guide expl	ains how to comple	te this form.	1	. Total pages Schedule B: Sch: 1/1 Rpt: 11/28
2 FILER N				3	B Filer ID (Ethics Commission Filers)
	Carl H. (The Honorable)			$\perp$	00086083
4 TOTAL	OF UNITEMIZED PLEDGI	ES			\$ 0.0
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:	)	8	9 In-kind description pledge (\$) (If applicable)
	7 Pledgor Address;	City; State; Zip Code			
					Check if travel outside of Texas. Complete Schedul
10 Principal	occupation / Job title (See Instruc	tions)	11 Employer (See Instr	ucti	ions)

LOANS				SCHEDUL	ΕE
The Instruc	ction Guide explains how to complete this	form.	1	ages Schedule E: /1 Rpt: 12/28	
2 FILER NAME Tepper, Carl	H. (The Honorable)		3 Filer ID 00086	(Ethics Commission F	ilers)
4 TOTAL OF	UNITEMIZED LOANS		•	\$	0.00
5 Date of loan	7 Name of lender out-of-state PA	AC (ID#:		9 Loan Amount (\$)	
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
				11 Maturity Date	
12 Principal occu	pation / Job title (See Instructions)	13 Employer (See Instruction	5)		
14 Description of None	Collateral	15 Check if personal funds w	ere deposite	d into political account (See Instructions)	
16 GUARANTOR INFORMATIO		1 <del></del>		19 Amount Guarantee	d (\$)
not applicat	ole <b>18</b> Guarantor address; City; State;	Zip Code			
20 Principal occu	pation	21 Employer (See Instruction	s)	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

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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed Credit Card Payment  The Instruction Guide explains how to complete this form.	above)
	inning EU
1 Total pages Schedule F1:2 FILER NAME3 Filer ID(Ethics CommSch: 1/12 Rpt: 13/28Tepper, Carl H. (The Honorable)00086083	ission Filers)
4 Date 5 Payee name	
10/17/2024 AC Hotel Bozeman Downtown	
6 Amount (\$)  7 Payee address; City; State; Zip Code  \$96.00  Bozeman, MT 59715	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Food/Beyerage Expense X Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE Check if Austin, TX, officeholder living expense	
Meeting to discuss officeholder issues du legislative conference regarding aerial fir	
Complete ONLY if direct	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
10/07/2024 Alamo Coffee Company	
Amount (\$) Payee address; City; State; Zip Code	
\$43.94 1021 Sendero Springs Dr	
Round Rock, TX 78681	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Toyas Complete Schedule Toyas C	
EXPENDITURE   FOOd/Beverage Expense   Limited by Texas. Complete Schedule 1.	
Check if Austin, TX, officeholder living expense  Campaign meal	
Campaign meai	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
10/17/2024 Austin-Bergstrom International Airport	
Amount (\$) Payee address; City; State; Zip Code	
\$27.34 3600 Presidential Blvd	
Austin, TX 78719	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas Complete Schedule Texas C	
FOOd/Beverage Expense	
Check if Austin, TX, officeholder living expense  Staff meal for travel to Montana for legisl	ativo
conference regarding aerial firefighting	uuv <del>c</del>
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought 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 -Event Expense Fees

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

	Candidate/Officenolder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 2/12 Rpt: 14/28	Tepper, Carl H. (The Honorable) 00086083				
4	Date	5 Payee name				
	10/21/2024	Austin-Bergstrom International Airport				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$74.00	3600 Presidential Blvd				
		Austin, TX 78719				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Airport parking fee				
		7 diport parking 100				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Pavee name				
	10/04/2024	Austin-Bergstrom International Airport				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$28.12	3600 Presidential Blvd				
		Austin, TX 78719				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
Airport meal						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	10/05/2024	Buc-ee's				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$40.30	1700 State Hwy 71 East				
	4.0.00	2.00 0.000, . 2 2001				
		Bastrop, TX 78602				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Gas for campaign travel				
	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

Polling Expense Travel
Printing Expense Travel
Salaries/Wages/Contract Labor OTHE

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 3/12 Rpt: 15/28	Tepper, Carl H. (The Honorable)	00086083		
4	Date	5 Payee name			
	10/07/2024	Canopy by Hilton San Antonio Riverwalk			
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode		
	\$29.90	123 N St Mary's St			
		San Antonio, TX 78205			
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.  Check if Austin, TX, officeholder living expense	
				Meeting to discuss campaign issues	
				, and the same of	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught	Office held	
	expenditure to benefit C/OI	4			
	Date	Payee name			
	10/08/2024	Dallas Fort Worth International Airport			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$2.00	2400 Aviation Dr			
		Dallas, TX 75261			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.	
	ZAI ZABITORZ			Check if Austin, TX, officeholder living expense	
				Airport toll fee (returning to Lubbock from conference in Dallas)	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught	Office held	
	expenditure to benefit C/OI		3		
	Date	Payee name			
	10/03/2024	Expedia, Inc			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$334.00	1111 Expedia Group Way W			
		Seattle, WA 98119			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Travel Out of District	` ´	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE			Check if Austin, TX, officeholder living expense	
				Hotel to blockwalk for political candidate (following conclusion of THRC retreat)	
	Commiste CNUV'' "	Condidate (Office helder verse		<u>,                                      </u>	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ugnt	Office held	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 16/28	Tepper, Carl H. (The Honorable) 00086083
4	Date	5 Payee name
	10/12/2024	Expedia, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$556.88	1111 Expedia Group Way W
		Seattle, WA 98119
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Hotel to blockwalk for political candidate
		Floter to blockwark for political carididate
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payee name
	10/17/2024	Harry Reid International Airport
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.60	5757 Wayne Newton Blvd
	Ψ32.00	3737 Wayne Newton Biva
		Las Vegas, NV 89119
	P.   P.   C.	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense    X   Check if travel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense
		Meals before connecting flight to Montana for
		legislative conference regarding aerial firefighting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/02/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.83	10019 S I-35 Frontage Rd
		Ç
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Water for office
	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 Comm

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 5/12 Rpt: 17/28	Tepper, Carl H. (The Honorable) 00086083				
4	Date	5 Payee name				
	10/15/2024	Informed Texans Foundation				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$15.82	PO Box 690024				
		Houston, TX 77269				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Online news subscription				
		Chimic none casconplion				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	10/25/2024	Isaac, Aiden (Mr.)				
	Amount (\$)	Payee address; City; State; Zip Code				
\$250.00 301 Village Oak Drive  Dripping Springs, TX 78620						
					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
		Campaign wages				
		Campaign nages				
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
Г	Date	Payee name				
	10/21/2024	JW Marriott Austin				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$46.97	110 E 2nd St				
		Austin, TX 78701				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		Meeting to discuss campaign/officeholder issues				
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct expenditure to benefit C/OI					
$\vdash$	•					

#### 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 Cor

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		
Ļ	<b>-</b>		
1	Total pages Schedule F1: Sch: 6/12 Rpt: 18/28	2 FILER NAME Tepper, Carl H. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00086083	
4	Date	5 Payee name	
	10/21/2024	Jam!	
6	Amount (\$) \$32.00	7 Payee address; City; State; Zip Code 25 W Main St	
	φ02.00		
_		Bozeman, MT 59715	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense    X   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense	
		Meeting to discuss officeholder issues during	
		legislative conference regarding aerial firefighting	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/27/2024	Latino Lubbock Magazine, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
\$1,050.00 PO Box 6473			
		Lubbock, TX 79493	
	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	
		Magazine advertisement	
		Magazine advertisement	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	10/07/2024	Lubbock Preston Smith International Airport	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.00	5401 N Martin L King Blvd	
		Lubbock, TX 79403	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense	
		Airport parking fee	
	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 Cor

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: 7/12 Rpt: 19/28	Tepper, Carl H. (The Honorable) 00086083
4	Date	5 Payee name
	10/02/2024	Murphy Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.57	8202 University Ave
		Lubbock, TX 79423
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas for campaign travel
		Sub for campaign haver
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/OI	
	Date	Dayso nama
	10/21/2024	Payee name Orlando's Italian Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.26	6951 Indiana Ave
		Lubbock, TX 79413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting to discuss campaign/officeholder issues
		Wiceting to discuss campaign/omeenouch issues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
	Date	Payeo namo
	10/15/2024	Payee name Project Destiny Amarillo PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2607 Wolflin Avenue PMB972
		Amarillo, TX 79109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
	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 Co

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	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: 8/12 Rpt: 20/28	Tepper, Carl H. (The Honorable) 00086083
4	Date	5 Payee name
	10/07/2024	Rosario's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$204.20	722 S St Mary's St
		San Antonio, TX 78205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting to discuss campaign issues
		The standard of the standard s
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/07/2024	Shell
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.57	County Rd 4260
		Hillsboro, TX 76645
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas for campaign travel
		Cas for earnpaight traver
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/22/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$478.28	2702 Love Field Drive
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Staff travel with member to Montana to attend legislative conference regarding aerial firefighting
$\vdash$	Complete ONLY if direct	
	Complete ONLY if direct expenditure to benefit C/Ol	<b>y</b>
$\vdash$		

#### SCHEDULE F1

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

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

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

bursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Country (OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 9/12 Rpt: 21/28	Tepper, Carl H. (The Honorable) 00086083					
4	Date	5 Payee name					
	09/30/2024	Southwest Airlines					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$362.98	2702 Love Field Drive					
		Dallas, TX 75235					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Airfare to attend Texas House Republican Caucus					
		Retreat and blockwalk for political candidates					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	10/04/2024	Southwest Airlines					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$132.31 2702 Love Field Drive						
	Dallas, TX 75235						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Rental car in Austin					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	10/17/2024	Squarespace					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$50.77	8 Clarkson St					
		New York, NY 10014					
	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  Website hosting					
		vveusite nosting					
_	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

I	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/12 Rpt: 22/28	Tepper, Carl H. (The Honorable)	00086083
4	Date	5 Payee name	
	09/27/2024	Stacked Breakfast and Lunch	
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е
	\$19.30	6015 82nd St, Ste. 5	
		Lubbock, TX 79424	
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.
			Check if Austin, TX, officeholder living expense  Meeting to discuss campaign/officeholder issues
			Meeting to disouss campaign/omeencider issues
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
	expenditure to benefit C/O		
H	Date	Payee name	
	10/21/2024	Sushi Junai	
	Amount (\$)	Payee address; City; State; Zip Cod	ρ
	\$58.66	1612 Lavaca St	
	400.00	1012 247404 61	
		Austin, TX 78701	
	PURPOSE	T.	h) Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Podu/Beverage Expense	Check if Austin, TX, officeholder living expense
			Meeting to discuss campaign/officeholder issues
			μ
	Complete ONLY if direct	Candidate/Officeholder name Office soug	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	9	
		Payee name	
	expenditure to benefit C/O		
	expenditure to benefit C/Ol	Payee name	ht Office held
_	expenditure to benefit C/OFDate 10/22/2024	Payee name The Salt Lick BBQ	ht Office held
_	Date 10/22/2024 Amount (\$)	Payee name The Salt Lick BBQ Payee address; City; State; Zip Cod	ht Office held
_	Date 10/22/2024 Amount (\$)	Payee name The Salt Lick BBQ Payee address; City; State; Zip Cod	ht Office held
_	Date 10/22/2024 Amount (\$)  PURPOSE	Payee name The Salt Lick BBQ Payee address; City; State; Zip Cod 18300 Ranch to Market Rd 1826  Driftwood, TX 78619	ht Office held
	Date 10/22/2024 Amount (\$) \$95.92	Payee name The Salt Lick BBQ  Payee address; City; State; Zip Cod 18300 Ranch to Market Rd 1826  Driftwood, TX 78619	e  b) Description  Check if travel outside of Texas. Complete Schedule T.
	Date 10/22/2024 Amount (\$)  PURPOSE OF	Payee name The Salt Lick BBQ  Payee address; City; State; Zip Cod 18300 Ranch to Market Rd 1826  Driftwood, TX 78619  (a) Category (See Categories listed at the top of this schedule)	e  b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Date 10/22/2024 Amount (\$)  PURPOSE OF	Payee name The Salt Lick BBQ  Payee address; City; State; Zip Cod 18300 Ranch to Market Rd 1826  Driftwood, TX 78619  (a) Category (See Categories listed at the top of this schedule)	e  b) Description  Check if travel outside of Texas. Complete Schedule T.
	Date 10/22/2024 Amount (\$)  PURPOSE OF EXPENDITURE	Payee name The Salt Lick BBQ  Payee address; City; State; Zip Cod 18300 Ranch to Market Rd 1826  Driftwood, TX 78619  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	e  b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss campaign/officeholder issues
	Date 10/22/2024 Amount (\$)  PURPOSE OF	Payee name The Salt Lick BBQ  Payee address; City; State; Zip Cod 18300 Ranch to Market Rd 1826  Driftwood, TX 78619  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name Office soug	e  b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss campaign/officeholder issues
	Date 10/22/2024 Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name The Salt Lick BBQ  Payee address; City; State; Zip Cod 18300 Ranch to Market Rd 1826  Driftwood, TX 78619  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name Office soug	e  b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss campaign/officeholder issues
	Date 10/22/2024 Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name The Salt Lick BBQ  Payee address; City; State; Zip Cod 18300 Ranch to Market Rd 1826  Driftwood, TX 78619  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name Office soug	e  b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss campaign/officeholder issues

#### 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	
-	Total pages Cabadula 54:	
1	Total pages Schedule F1: Sch: 11/12 Rpt: 23/28	2 FILER NAME Tepper, Carl H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086083
4	Date	5 Payee name
	10/16/2024	Townsquare Media Lubbock
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.60	4413 82nd St #300
		Lubbock, TX 79424
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Radio advertisement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/17/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.98	1725 3rd St
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Uber from BZN Airport to hotel for legislative
		conference regarding aerial firefighting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Daving marks
	10/21/2024	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.94	1725 3rd St
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District  X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Uber to BZN Airport following conclusion of
		legislative conference regarding aerial firefighting
_	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:					
	Sch: 12/12 Rpt: 24/28	Tepper, Carl H. (The Honorable)	00086083			
4	Date	5 Payee name				
	09/30/2024	Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode			
	\$57.07	1725 3rd St				
		San Francisco, CA 94158				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.		
	EXI ENDITORE			Check if Austin, TX, officeholder living expense		
				Uber to meeting to discuss campaign/officeholder issues		
_			<u> </u>			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held		
	Date	Payee name				
	10/12/2024	Uber				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$27.44 1725 3rd St					
		San Francisco, CA 94158				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.		
				Check if Austin, TX, officeholder living expense		
				Uber to meeting to dicuss campaign issues		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held				Office held		
	Complete ONLY if direct expenditure to benefit C/OI		igni	Office field		
	Date	Payee name				
	10/21/2024	Whole Foods Market				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$42.15	525 N Lamar Blvd				
		Austin, TX 78703				
	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.		
	LAI LINDITORE			Check if Austin, TX, officeholder living expense		
				Meeting to discuss campaign/officeholder issues		
	0 1. 5	0 51 10%	L_			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held		

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

CH			

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T: Sch: 1/4 Rpt: 25/28			
2 FILER NAME					,	mmission Filers)		
Tepper, Carl H. (The Honorable)					00086083			
			anization / Pledgor /Paye	ee				
AC Hotel Bozem	an Downt	town						
5 Contribution / Expe	5 Contribution / Expenditure reported on:							
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1							
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC			
6 Dates of Travel	7 Name	of person(s) traveli	ng					
	Stathatos, Parker (Mr.)							
	8 Departure city or name of departure location							
10/16/2024								
	9 Destina	ation city or name o	of destination location					
10/19/2024								
<b>10</b> Means of transpor	tation	11 Purpose of tra	vel (including name of c	onference, seminar, or	other event)			
		Attend legisla	ative conference rega	ırding aerial firefighti	ng			
Name of Contribut	or / Corpora	ation or Labor Orga	anization / Pledgor /Paye					
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  AC Hotel Bozeman Downtown								
Contribution / Expe	enditure rep	oorted on:						
Schedule A2								
Schedule F2	<b>=</b>	Schedule F4	Schedule G	Schedule H	Schedule COH-UC			
Dates of Travel								
Dates of Travel Name of person(s) traveling  Tenner Carl (The Hoporable)								
	Tepper, Carl (The Honorable)							
10/16/2024	Departure city or name of departure location  Lubbock							
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	Bozen							
Means of transpor	tation	i i	vel (including name of c ative conference rega		•			
			anization / Pledgor /Paye	ee				
Harry Reid Interi								
Contribution / Expenditure reported on:								
Schedule A2	;	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1		
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC			
Dates of Travel	Name of person(s) traveling							
	Statha	atos, Parker (Mr.)						
	Depart	ure city or name of	departure location					
10/16/2024								
Destination city or name of destination location								
10/16/2024	Bozeman							
Means of transpor	tation	Purpose of tra	vel (including name of c	onference, seminar, or	other event)			
Commercial Airp	lane	Attend legisla	Attend legislative conference regarding aerial firefighting					
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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Harry Reid International Airport 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) X Schedule F1 Schedule C2 Schedule D

Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
6 Dates of Travel	7 Name of person(s) traveling							
	Tepper, Carl (The Honorable)							
	8 Departure city or name of departure location							
10/16/2024	Lubbock							
	9 Destination city or name of destination location							
10/19/2024	Bozeman							
· ·	10 Means of transportation							
Commercial Airp	lane Attend legislati	ve conference regar	ding aerial firefighting					
Name of Contribut	or / Corporation or Labor Organi	zation / Pledgor /Paye	9					
Jam!								
Contribution / Exp	enditure reported on:							
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel	Name of person(s) traveling							
	Stathatos, Parker (Mr.)							
	Departure city or name of de	eparture location						
10/16/2024	Austin							
	Destination city or name of destination location							
10/19/2024	Bozeman							
Means of transpor	Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
	Attend legislati	ve conference regar	ding aerial firefighting					
Name of Contribut	or / Corporation or Labor Organi	zation / Pledgor /Paye	9					
Southwest Airlin	es							
Contribution / Exp	enditure reported on:							
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel	Name of person(s) traveling							
	Stathatos, Parker (Mr.)							
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10/16/2024	Austin							
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Means of transpor	Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
Attend legislative conference regarding aerial firefighting								
Forms provided by	exas Ethics Commission	www.ethics	.state.tx.us		Version V4.1.0.48da51f7			

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

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	or / Corpor	ation or Labor Orç	ganization / Pledgor /Pay	/ee					
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l <u>—</u>	/ Expenditure reported on:								
Schedule A2	브	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
6 Dates of Travel	7 Name of person(s) traveling								
	Stathatos, Parker (Mr.)								
	8 Departure city or name of departure location Austin  9 Destination city or name of destination location								
10/16/2024									
10/19/2024	Bozeman								
<b>10</b> Means of transpor		1		conference, seminar, or					
Commercial Aut	omobile	Attend legis	slative conference reg	arding aerial firefightir	ng 				
Name of Contribut	or / Corpor	ation or Labor Orç	ganization / Pledgor /Pay	/ee					
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Contribution / Expe			—	<b>—</b>		—			
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Schedule F2	Ш	Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel	Name of person(s) traveling								
	Stathatos, Parker (Mr.)								
	Departure city or name of departure location								
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		Destination city or name of destination location							
	10/19/2024 Bozeman								
Means of transportation  Purpose of travel (including name of conference, seminar, or other event)  Commercial Automobile  Attend legislative conference regarding aerial firefighting									
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	or / Corpor	ation or Labor Orç	ganization / Pledgor /Pay	/ee					
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Contribution / Expe			Cohodulo D(1)	Cobodulo C2	Cabadula D	Cabadula E1			
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Dates of Travel		of person(s) trave							
		er, Carl (The Ho	<u> </u>						
Departure city or name of departure location  10/16/2024 Lubbock									
10/16/2024		Lubbock							
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10/19/2024 Bozeman									
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Commercial Automobile Attend legislative conference regarding aerial firefighting									

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Uber 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC 6 Dates of Travel Name of person(s) traveling Tepper, Carl (The Honorable) 8 Departure city or name of departure location 10/16/2024 Lubbock Destination city or name of destination location 10/19/2024 Bozeman 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Commercial Automobile Attend legislative conference regarding aerial firefighting