CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1				
	Filer ID (Ethi	cs Commission Filers)	2 Total pages filed:	OFFICE USE ONLY
	00084941		88	Date Received
3	CANDIDATE /	MS / MRS / MR	FIRST MI	ELECTRONICALLY FILED
	OFFICEHOLDER NAME	The Honorable	Stephen	07/31/2025
		NICKNAME	LAST SUFFIX	
		Andy	Hopper	Date Hand-delivered or Date Postmarked
4	ORIGINAL	January 15	Runoff Other (specify)	Sale Hand Control of Sale Hospital
	REPORT TYPE	X July 15	Exceeded modified reporting limit	Receipt # Amount
		30th day before election	15th day after campaign treasurer	
		8th day before election	appointment (officeholder only) Final Report (Attach C/OH-FR)	Date Processed
5	ORIGINAL PERIOD	Month Day Yea		
5	COVERED	01/01/2025	THROUGH 06/30/2025	Date Imaged
6	EXPLANATION OF C		00/00/2020	
•			ly entered into the report as June 22, 2025. The check	was not received and accepted until June
	30, 2025.		-,	
7	AFFIDAVIT			
-				erjury, that this corrected report is true
			and correct.	
			Check the box next to any and all app	plicable statements:
			Somiannual reporter I civica	ar, or affirm that the original report
			X Semiannual reports: I swea was made in good faith and wit	
			misrepresent the information co	ontained in the report.
			X Other reports: I swear, or af	ffirm, that I am filing this corrected
			report not later than the 14th bu	usiness day after the date I learned
			that the report as originally filed	I is inaccurate or incomplete. I or omission in the report as originally
			filed was made in good faith.	or offission in the report as originally
			The Honorable	Stephen Hopper
			Signature of Cand	idate or Officeholder
	AFFIX NOTARY ST	AMP / SEAL ABOVE		
	Occurred to a second and	wilhood bodows was travels		dain dha
	Sworn to and subsc	ribed before me, by the sai	d, t	his the day
	of	, ∠u, to cer	ify which, witness my hand and seal of office.	
		er administering oath	Printed name of officer administering oath	Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00084941		2 Total pages filed: 88
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
NAME	The Honorable	Stephen			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	07/31/2025
	Andy	Hopper		33.1.	
4 CANDIDATE /			V.	ZIP CODE	Date Hand-delivered or Date Postmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AF PO Box 1052	71 / SUITE #, CIT	Υ,	ZIP CODE	Date Halla-delivered of Date Fostillarked
MAILING ADDRESS	PO BOX 1032				Receipt # Amount
Change of Address	Decatur, TX 76234				Date Processed
_					Date Processed
					Date Imaged
E CAMBAICN	MS / MRS / MR	FIDET		MI	
5 CAMPAIGN TREASURER		FIRST		MI	
NAME	Mrs.	Jean			
	NICKNAME	LAST		SUFFIX	
		Bassinger			
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP ⁻	Γ / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	210 Edgewood Dr				
(Residence or Business)					
(residence of business)	Highland Village, TX 750	077			
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION		
TREASURER	(972) 317-7286	ONE NOMBER E	ZATENSION		
PHONE	(372) 317-7200				
8 REPORT					
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer
	X July 15	8th day before	election \square	Exceeded modified	appointment (officeholder only) Final Report (Attach C/OH-FR)
	X Suly 15	Our day before	Siection	reporting limit	Tima Neport (Attach G/O/1411)
9 PERIOD	Month Day Year			Month Day	Year
COVERED	01/01/2025	T⊦	IROUGH	06/30/202	5
10 ELECTION	ELECTION DATE	.		ELECTION TYPE	
	Month Day Year	· LIP	rimary	Runoff	Other
		G	eneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
	State Representative Dis	strict 64			
		COT	O PAGE 2		
		GO I	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 88

13 C / OH NAME	Hopper, Stephen (Th	e Honorable)	14 Filer ID (1 00084941	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
	5)	\$ 97,956.42		
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 59,821.16
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 124,469.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 20,639.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hone	rable Stephen Hoppe	or.
			Candidate or Officehold	
AFFIX NO	TARY STAMP / SEAL ABO	•		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

18 FILER NAME Hopper, Steph	nen (The Honorable)	19 Filer ID 00084941	(Ethics Commissio	n Filers)				
20 SCHEDULE SU NAME OF SCHI			SUBTOTAL A	AMOUNT				
1. X SC	HEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	97,956.42				
2. X SC	HEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00				
3. X SC	HEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00				
4. X SC	HEDULE E: LOANS		\$	0.00				
5. X SC	\$	58,818.26						
6. X SC	HEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7. X SC	HEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00				
8. X SC	HEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,845.28				
9. X SC	HEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00				
10. SC	HEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$					
11. SC	HEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
12. SC	\$							
			•					

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/27 Rpt: 5/88	
2	FILER NAME Hopper, Ster	phen (The Honorable)			3	Filer ID (Ethics Commission 00084941	n Filers)
4	Date 06/23/2025	5 Full name of contributor Abusaad, Nazeh6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$200.00
8	Principal occu Attorney	Richardson, TX 75082 pation / Job title (See Instructions	s)	9 Employer (See Instruction: MAS Law	s)		
	Date 06/29/2025	Full name of contributor Alling, Jeff Contributor address; City; S Runaway Bay, TX 76426	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instruction:	<u> </u> s)		
	Date 06/29/2025	Full name of contributor Arens, Margie Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu	Argyle, TX 76226 pation / Job title (See Instructions	5)	Employer (See Instruction	s)		
	retired	patient, cos tias (cos metrodonio		retired	٠,		
	Date 06/26/2025	Full name of contributor Arredondo, Paul Contributor address; City; S Newark, TX 76071	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.26
	Principal occu retired	pation / Job title (See Instructions	s)	Employer (See Instruction: retired	<u> </u> s)		
	Date 06/30/2025	Full name of contributor Avellano, Deborah Contributor address; City; S Corinth, TX 76208	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions	5)	Employer (See Instruction: retired	s)		
					_		

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/27 Rpt: 6/88	
2	FILER NAME	phen (The Honorable)			3	Filer ID (Ethics Commission 00084941	on Filers)
_				1	ļ_		
4	Date 06/24/2025	5 Full name of contributorBartoli, Larry6 Contributor address; City; St	L		[']	Amount of Contribution (\$)	\$2,000.00
		Weatherford, TX 76087	,				
8	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/28/2025	Bass, Charles					\$50.00
		Contributor address; City; St	ate; Zip Code		1		
		Sunset, TX 76270					
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired			retired			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2025	Bassinger, Jimmy					\$1,000.00
		Contributor address; City; St	raddress; City; State; Zip Code				
			_				
		Highland Village, TX 7507			Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired			retired			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/23/2025	Bennett, Montgomery					\$2,000.00
		Contributor address; City; St	ate; Zip Code				
		Dallac TV 75254					
	Dringinal accu	Dallas, TX 75254 pation / Job title (See Instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employer (See Instructions	, 		
	business ow		,	self)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ΦΕΟ ΟΟ
	06/30/2025	Bentley, Christin					\$50.00
		Contributor address; City; St	ate; Zip Code				
		Flint, TX 75762					
	Principal occu	pation / Job title (See Instructions	Υ	Employer (See Instructions	;) 		
	retired	padon / 500 dde (See MsdacdONS	,	retired	,,		

	MONEI	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/27 Rpt: 7/88	
2	FILER NAME	Los (The Heavelle)		3	Filer ID (Ethics Commission Filers)	
_		phen (The Honorable)			00084941	
4	Date 06/26/2025	 Full name of contributor)		Amount of Contribution (\$) \$1,000.0	10
		Decatur, TX 76234				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructio retired	ons)		
	Date 06/29/2025	Full name of contributor			Amount of Contribution (\$) \$50.0	10
		Decatur, TX 76234	1			
	Principal occu Sales	pation / Job title (See Instructions)	Employer (See Instructio Juice plus	ons)		
	Date 06/30/2025	Full name of contributor)		Amount of Contribution (\$) \$1,000.0	10
		Boerne, TX 78006				
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructio Boerne Stage Airfield			_
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Burns, Brian Contributor address; City; State; Zip Code Denton, TX 76207			Amount of Contribution (\$) \$10.0	- 10
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ons)		_
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Burtless, Machelle Contributor address; City; State; Zip Code Denton, TX 76207			Amount of Contribution (\$) \$200.0	- 10
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructio retired	ons)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/27 Rpt: 8/88	
2	FILER NAME	the set (The the second)			3	Filer ID (Ethics Commission	on Filers)
		ohen (The Honorable)				00084941	
4	Date 06/30/2025	5 Full name of contributor Carroll, Don 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
		Port aransas, TX 78373					
8	Principal occu retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 06/23/2025	Full name of contributor [Carter, Jeffrey Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$500.00
		Streetman, TX 75859					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 06/23/2025	Full name of contributor [Caughlin, Judy Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$20.24
		Arlington, TX 76006					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	retired			retired			
	Date 06/25/2025	Full name of contributor [Caughlin, Judy Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$20.24
		Arlington, TX 76006			_		
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	·)		
	Date 06/26/2025	Full name of contributor Chafin, Robert Contributor address; City; Sta Aubrey, TX 76227	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$20.26
	Principal occu Consulting E	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/27 Rpt: 9/88	
2	FILER NAME Hopper, Step	ohen (The Honorable)			3	Filer ID (Ethics Commission 00084941	on Filers)
4	Date 06/23/2025	5 Full name of contributor Chalaki, Shahed6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
8	Principal occu Attorney	Carrolton, TX 75006 pation / Job title (See Instructions	s) !	Employer (See Instruction: Chalaki Law Firm	s)		
	Date 06/30/2025	Full name of contributor Chambers, Ruth Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu retired	Bulverde, TX 78163 pation / Job title (See Instructions	s)	Employer (See Instruction: retired	<u> </u> s)		
	Date 06/23/2025	Full name of contributor Cheshire, Cary Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	•	Beenbrook, TX 76116 pation / Job title (See Instructions	5)	Employer (See Instruction:	s)		
	Self-Employe Date 06/27/2025	Full name of contributor Coghlan, BRETT Contributor address; City; S Brenham, TX 77833	out-of-state PAC (ID#:	Criestille illuustries		Amount of Contribution (\$)	\$50.00
	Principal occu Captain	pation / Job title (See Instructions	s)	Employer (See Instruction: Austin County EMS	s)		
	Date 06/30/2025	Full name of contributor Cooke, William Contributor address; City; S Aurora, TX 76078	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions	5)	Employer (See Instruction: retired	s)		

MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1					
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 6/27 Rpt: 10/88	
2	FILER NAME Hopper, Step	hen (The Honorable)			3	Filer ID (Ethics Commission 00084941	n Filers)
4	Date 06/29/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	Daine in a la casa	Flower Mound, TX 75028	<u> </u>	Fundament (Construction			
8	Writer	pation / Job title (See Instructions)	9	Employer (See Instructions Corbett Strategic Comm		ications	
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID#:_ Cordray, Diana Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00
	Principal occu	Lindale, TX 75771 pation / Job title (See Instructions)		Employer (See Instructions	(;)		
	retired			retired	,		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Coston, Danny Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.26
		Decatur, TX 76234					
	Principal occu Auditor	pation / Job title (See Instructions)		Employer (See Instructions Hoya	i)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Crisp, Cullen Contributor address; City; State; Zip Code Granbury, TX 76049)		Amount of Contribution (\$)	\$500.00
	Principal occu Farmer	pation / Job title (See Instructions)		Employer (See Instructions Fall Creek	5)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Darby, Elaine Contributor address; City; State; Zip Code DENTON, TX 76209)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
			-				

MONETARY POLITICAL CONTRIBUTIONS SCHE		SCHEDUL	DULE A1				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/27 Rpt: 11/88	
2	FILER NAME	ala ar (Tha Haranala)			3	Filer ID (Ethics Commission	n Filers)
_		ohen (The Honorable)			Ļ	00084941	
4	Date 06/26/2025	5 Full name of contributorDarby, Susan6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Denton, TX 76207 pation / Job title (See Instructions	s) [0	9 Employer (See Instruction:	<u> </u>		
Ü	retired	pation / Job title (Jee manuellone	,	retired	٥,		
	Date 06/30/2025	Full name of contributor Davis, John Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Delevieral	Alvord, TX 76225	\	Faralassa (Osas kastaustisa	<u> </u>		
	Diagnostic S	pation / Job title (See Instructions	5)	Employer (See Instruction: Sonorus MI, Ilc	S)		
				John Grand Wil, lic	_		
	Date Full name of contributor out-of-state PAC (ID#: 06/29/2025 DeVine, Gaylyn Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00	
		Pearland, TX 77581					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instruction:	s)		
	Owner			DeVine Promotions			
Date 06/27/2029		Full name of contributor Dillard, Nancy Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Dringing conu	The Colony, TX 75056		Employer (See Instruction	<u></u>		
	retired	pation / Job title (See Instructions)	Employer (See Instruction: retired	5)		
	Date 06/23/2025	Full name of contributor Dolan, Bryan Contributor address; City; St Aurora, TX 76078	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Owner	pation / Job title (See Instructions	s)	Employer (See Instruction: Trinity Utilities & Boring			

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 8/27 Rpt: 12/88	
2	FILER NAME	shop (The Hoperable)			3	Filer ID (Ethics Commission	on Filers)
		ohen (The Honorable)			L	00084941	
4	Date 06/27/2025	5 Full name of contributorDolan, Bryan6 Contributor address; City; State	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
	Deinsinal case	Aurora, TX 76078	lo lo	Empleyer (Coa Instructions			
8		pation / Job title (See Instructions)) 9	Employer (See Instructions Trinity Utilities & Boring	5)		
	Owner			Thinky Othices & Borning	_		
	Date 06/30/2025	Full name of contributor Drewry, Chris Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Flint, TX 75762					
		pation / Job title (See Instructions))	Employer (See Instructions			
	Construction	Manager		Frontier Integrity Solutio	ns		
	Date 06/29/2025	Full name of contributor Elswick, Roger Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$2,000.00
		Houston, TX 77068					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u> </u>		
	Owner	('	Community Toyota Hon		Kia	
	Date	Full name of contributor	out-of-state PAC (ID#:	, ,	Г	Amount of Contribution (\$)	
	06/30/2025	FITE, RALPH Contributor address; City; Sta				, who directly contribution (c)	\$250.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u>L</u>		
	SVP-Finance			Welcome Group, LLC			
	Date 06/29/2025	Full name of contributor Follis, Thomas Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Boyd, TX 76023					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Project supe	rvisor		Paramount plumbing LL	C		

	MONET	ARY POLITICAL (SCHEDUL	HEDULE A1		
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/27 Rpt: 13/88	
2	FILER NAME Hopper, Step	ohen (The Honorable)			3	Filer ID (Ethics Commission 00084941	n Filers)
4	Date 06/29/2025	5 Full name of contributorFossil Pointe Sporting Gr6 Contributor address; City; S			7	Amount of Contribution (\$)	\$500.00
		Decatur, TX 76234					
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor Gadd, Janet Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.26
	Principal occu	The Colony, TX 75056 pation / Job title (See Instruction:	s)	Employer (See Instructions	 s)		
	retired	pano, 000 ano (000 monacas	-,	retired	-,		
	Date 06/30/2025	Full name of contributor Glass, Tom Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$25.00
		Hockley, TX 77447					
	Principal occu retired	pation / Job title (See Instruction:	5)	Employer (See Instructions retired	5)		
	Date 06/29/2025	Full name of contributor Gollihar, Lisa Contributor address; City; S Denton, TX 76207	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instruction	5)	Employer (See Instructions retired	s)		
	Date 06/26/2025	Full name of contributor Gooch, Terry Contributor address; City; S Little Elm, TX 75068	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.26
	Principal occuretired	pation / Job title (See Instruction	5)	Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL CON	SCHEDULE A1				
	The Instruc	ction Guide explains how to co	omplete this forn	1.	1	Total pages Schedule A1: Sch: 10/27 Rpt: 14/88	
2	FILER NAME Hopper, Step	ohen (The Honorable)			3	Filer ID (Ethics Commission 00084941	on Filers)
4	Date 06/23/2025	Gore, Rex	-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2,000.00
8	Principal occur	Austin, TX 78704 pation / Job title (See Instructions)	la la	Employer (See Instructions	<u> </u>		
	President	pation 7 300 title (See Instituctions)		Pjs of Texas	,		
	Date 06/29/2025	Full name of contributor out Gray, Michael Contributor address; City; State; Zip	-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Dringing aggr	Weatherford, TX 76085		Employer (See Instructions			
	Software Eng	pation / Job title (See Instructions) gineer		Employer (See Instructions Amazon)		
	Date 06/29/2025	Full name of contributor out Greenawalt, Julie Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Denton, TX 76207					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 06/26/2025	Hall, Phil	-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Videographe	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 06/26/2025	Full name of contributor out Hamiltom, Monica Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu homemaker	pation / Job title (See Instructions)		Employer (See Instructions homemaker)		
			•				

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains hov	v to complete this fo	orm.		1	Total pages Schedule A1: Sch: 11/27 Rpt: 15/88	
2	FILER NAME					3	Filer ID (Ethics Commission	on Filers)
		ohen (The Honorable)	_				00084941	
4	Date 06/26/2025	5 Full name of contributorHanna, Gail6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$500.00
		Denton, TX 76207						
8	Principal occu retired	pation / Job title (See Instruction	s)		mployer (See Instructions etired)		
	Date 06/30/2025	Full name of contributor Harris, Marilyn Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
		Sanger, TX 76266						
	Principal occu retired	pation / Job title (See Instruction	s)		Employer (See Instructions etired)		
	Date 06/29/2025	Full name of contributor Harvey, Tracy Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$100.00
		Decatur, TX 76234						
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions Iomemaker)		
	Date 06/29/2025	Full name of contributor Hektner, Paul and Bev Contributor address; City; S Paradise, TX 76073	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instruction	s)		Employer (See Instructions etired)		
	Date 06/30/2025	Full name of contributor Hopper, Daniel Contributor address; City; S Austin, TX 78745	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Engineer	pation / Job title (See Instruction	s)		Employer (See Instructions esla)		

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete tl	his for	m.	1	Total pages Schedule A1: Sch: 12/27 Rpt: 16/88	
2	FILER NAME Hopper, Step	ohen (The Honorable)			3	Filer ID (Ethics Commission 00084941	on Filers)
4	Date 06/25/2025	 Full name of contributor	`)	7	Amount of Contribution (\$)	\$1,000.00
0	Dringing agg	Hummelstown, PA 17036	10	Employer (See Instructions	<u></u>		
8	retired	pation / Job title (See Instructions)	g	Employer (See Instructions retired	»)		
	Date 06/26/2025	Full name of contributor out-of-state PAC Howell, Charles Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	<u> </u>	Decatur, TX 76234			<u></u>		
	Firefighter	pation / Job title (See Instructions)		Employer (See Instructions Denton Fire Dept.	5)		
	Date 06/29/2025	Full name of contributor out-of-state PAC Jackson, Dan Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$100.00
		Newark, TX 76071					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
	Date 06/30/2025	Full name of contributor out-of-state PAC Jones, Neal Contributor address; City; State; Zip Code Austin, TX 78735)		Amount of Contribution (\$)	\$500.00
	Principal occu lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Hillco Partners	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC Jones, Sharon Contributor address; City; State; Zip Code The Colony, TX 75056)		Amount of Contribution (\$)	\$20.24
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Guardian Pet Sitters	s)		
			1				

	MONET	ARY POLITICAL CO		SCHEDUL	.E A1		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 13/27 Rpt: 17/88	
2	FILER NAME Hopper, Step	ohen (The Honorable)			3	Filer ID (Ethics Commission 00084941	on Filers)
4	Date 06/29/2025	Kardong-Edgren, Suzan	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
	Dringing Loggy	Boston, MA 02129-4557	lo-	Employer (Coo Instructions	<u></u>		
8	professor	pation / Job title (See Instructions)		Employer (See Instructions MGH Institute of Health		ofessions School of Nursir	ng
	Date 06/30/2025	Kecseg, Robert Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	Winnsboro, TX 75494 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	retired			retired			
	Date 06/26/2025	Full name of contributor Kelsey, Lynne Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Denton, TX 76207					
	Principal occuretired	pation / Job title (See Instructions)		Employer (See Instructions retired	<u>(</u>		
	Date 06/30/2025	Full name of contributor Kubinski, Erik Contributor address; City; State; Blanco, TX 78606	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Undisclosed	5)		
	Date 06/27/2025	Full name of contributor LaHood, Marc Contributor address; City; State; San Antonio, TX 78232	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions LaHood Law PLLC	5)		
			l				

	MONEI	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to c	omplete this forn	1.	1	Total pages Schedule A1: Sch: 14/27 Rpt: 18/88	
2	FILER NAME	ohen (The Honorable)			3	Filer ID (Ethics Commission 00084941	on Filers)
_					_		
4	Date 06/29/2025	 Full name of contributor outline outline	ut-of-state PAC (ID#:i)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Flower Mound, TX 75022 pation / Job title (See Instructions)	اوا	Employer (See Instructions	<u> </u>		
0	retired	pation / Job title (See motractions)		retired	,		
	Date 06/29/2025	Lawson, Brent Contributor address; City; State; Zi	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Dringing con	van alstyne, TX 75495		Employer (Coo Instructions			
	retired	pation / Job title (See Instructions)		Employer (See Instructions) retired)		
		Full name of contributor 0				Amenine of Contribution (f)	
	Date 06/29/2025	Lepek, Kristi	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.26
		Contributor address; City; State; Zi	ip Code				
		Poolville, TX 76487-2551					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Medical Cod			Palo pinto General hosp			
	Date	Full name of contributor Ou	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2025	Lindemann, James Contributor address; City; State; Zi				`,	\$2,000.00
		Holliday, TX 76366					
	Principal occu business ow	pation / Job title (See Instructions) ner		Employer (See Instructions self)		
	Date	—	ut-of-state PAC (ID#:			Amount of Contribution (\$)	
	06/23/2025	Loewy, Adam					\$5,000.00
		Contributor address; City; State; Zi Austin, TX 78731	ip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Lawyer			Loewy Law firm			

	MONEI	ARY POLITICAL (CONTRIBUTIO	Ν	S		SCHEDUI	E A1
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 15/27 Rpt: 19/88	
2	FILER NAME					3	Filer ID (Ethics Commission	on Filers)
		ohen (The Honorable)	_			L	00084941	
4	Date 06/30/2025	5 Full name of contributor Luxton, Sally6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Paradise, TX 75073						
8	Principal occu retired	pation / Job title (See Instruction	s)	9	Employer (See Instructions retired	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/23/2025	Mark Anderson Law Firm Contributor address; City; S						\$3,000.00
		Fort Worth, TX 76102						
	Principal occu	pation / Job title (See Instruction:	s)		Employer (See Instructions	;) 		
	i iliopai oooa	padon, oos ano (oos mondonom	5)		Employer (eee meadoann	,,		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	06/27/2025	Martin, Darrell	_					\$3,000.00
		Contributor address; City; S	tate; Zip Code			1		
		Dovid TV 76022						
	Principal occu	Boyd, TX 76023 pation / Job title (See Instruction:	e)		Employer (See Instructions	·/		
	Chairman	pation / 300 title (See instruction	s)		ApexInvesting.com Dari		Martin	
	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	, permit detailigide 2 a	T	Amount of Contribution (\$)	
	06/29/2025	Martin-Tafoya, Judith	Out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	00/23/2023	Contributor address; City; S	tate; Zip Code					Ψ50.00
		Denton, TX 76207						
	Principal occu retired	pation / Job title (See Instruction:	s)		Employer (See Instructions retired	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/29/2025	McCarty, Julie						\$100.00
		Contributor address; City; S	tate; Zip Code					
		Grapevine, TX 76051						
	Principal occu RE	pation / Job title (See Instruction:	s)		Employer (See Instructions self	5)		

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/27 Rpt: 20/88	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		ohen (The Honorable)	_			00084941	
4	Date 06/28/2025	5 Full name of contributorMcDonald, Gloria6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Bartonville, TX 76226 pation / Job title (See Instructions)	Employer (See Instructions	s)		
•		er/Graphic Design	,	Self employed	-,		
	Date 06/30/2025	Full name of contributor Miller, Daniel Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$18.36
		Nederland, TX 77627			Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Technology		_		_		
	Date 06/24/2025	Full name of contributor Moulton, Jennifer Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$30.00
		Denton, TX 76207					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)		
	Service Supe		,	Kohls	•		
	Date 06/30/2025	Full name of contributor Mullens, Mark Contributor address; City; St Denton, TX 76201	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	5)		
	Date 06/24/2025	Full name of contributor Nease, Nelson Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Self	<u>. </u>		

	MONET	ARY POLITICAL COI	SCHEDULE A1				
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 17/27 Rpt: 21/88	
2	FILER NAME Hopper, Step	ohen (The Honorable)			3	Filer ID (Ethics Commission 00084941	on Filers)
4	Date 06/29/2025	 Full name of contributor	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$3,000.00
8	Principal occu	Bridgeport, TX 76426 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Managemen			Balsora provisions			
	Date 06/29/2025	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Fort Worth, TX 76108					
	Principal occup Program Mai	pation / Job title (See Instructions)		Employer (See Instructions) Lockheed Martin)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	06/26/2025	Passariello, Susan Contributor address; City; State; 2				(,	\$750.00
		Argyle, TX 76226					
	Principal occu VP of Market	pation / Job title (See Instructions) ting		Employer (See Instructions DATCU)		
	Date 06/23/2025	Phillips, Carla				Amount of Contribution (\$)	\$5.00
	Principal occu Real Estate I	pation / Job title (See Instructions) Broker		Employer (See Instructions Self-Employed)		
	Date 06/30/2025	Full name of contributor CPhillips, Carla Contributor address; City; State; 2	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Real Estate I	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed)		
	. Tour Estate I	5.5.01		Сол Етрюуси			

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 18/27 Rpt: 22/88	
2	FILER NAME	ohen (The Honorable)			3	Filer ID (Ethics Commission 00084941	n Filers)
_			——————————————————————————————————————		_		
4	Date 06/29/2025	5 Full name of contributorPlatt, Brenda6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	,	Amount of Contribution (\$)	\$100.00
	Dringing Lago	Bridgeport, TX 76426	lo	Family or (Con Instructions			
8	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions Mansion Minders	5)		
	Date 06/27/2025	Full name of contributor Poland, Jeffrey Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Argyle, TX 76226					
	Principal occu Pilot	pation / Job title (See Instructions)		Employer (See Instructions American Airlines	()		
	Date 06/29/2025	Full name of contributor Preston, Melinda Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Frisco, TX 75033					
		L pation / Job title (See Instructions) ton County Republican Party		Employer (See Instructions Melinda Preston	<u>(</u>		
	Date 06/30/2025	Full name of contributor Putnam, Felicia Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu bookkeeper	pation / Job title (See Instructions)		Employer (See Instructions Wesley Putnam Ministric			
	Date 06/30/2025	Full name of contributor Rhodes, Fran Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu President, no	pation / Job title (See Instructions) on profit		Employer (See Instructions True Texas Project	<u>,</u>		
			,				

	MONEI	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 19/27 Rpt: 23/88	
2	FILER NAME					3	Filer ID (Ethics Commission	n Filers)
	Hopper, Step	ohen (The Honorable)					00084941	
4	Date 06/30/2025	5 Full name of contributor Rivard, Kathi-Ann6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	7	Amount of Contribution (\$)	\$500.00
		Prosper, TX 75078						
8	Principal occu retired	pation / Job title (See Instruction	5)	9	Employer (See Instructions retired	s)		
	Date 06/23/2025	Full name of contributor Rodriguez, Mario Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00
		Cedar Hill, TX 75104						
	Principal occu retired	pation / Job title (See Instruction	5)		Employer (See Instructions retired	s)		
	Date 06/26/2025	Full name of contributor Rogers, Brett Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			•	Amount of Contribution (\$)	\$50.00
		Tyler, TX 75703						
	Principal occu	pation / Job title (See Instruction	S)		Employer (See Instructions	<u>. </u>		
	Marketing				Self			
	Date 06/27/2025	Full name of contributor Russo, Christopher Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu	El Lago, TX 77586 pation / Job title (See Instruction:	-1		Employer (See Instructions	<u>'</u>		
	President, N	on-Profit	5)		Strong Borders Foundate			
	Date 06/25/2025	Full name of contributor Safdarian, Nastaran Contributor address; City; S Dallas, TX 75230	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Doctor	pation / Job title (See Instruction:	5)		Employer (See Instructions Baylor University Medic		Center	

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/27 Rpt: 24/88	
2	FILER NAME	ohon (The Honorable)			3	Filer ID (Ethics Commission	on Filers)
		ohen (The Honorable)			╄	00084941	
4	Date 06/29/2025	5 Full name of contributor Schedcik, John6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Decatur, TX 76234					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Custom hom	ie builder		John Schedcik Custom	Ho	nes	
	Date 06/29/2025	Full name of contributor Shannon, Tracy Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Houston, TX 77339					
		pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	unemployed			unemployed			
	Date 06/23/2025	Full name of contributor Shields, Robert Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Heath, TX 75032					
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	<u> </u> s)		
	Owner	(,	MRI Centers of Texas	-,		
	Data	Full name of contributor			Т	Amount of Contribution (\$)	
	Date 06/26/2025	Slidell Ranch LLC Contributor address; City; S Argyle, TX 76226	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3,500.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Date 06/30/2025	Full name of contributor Smith, Mary Contributor address; City; S Arlington, TX 76016	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions	5)	Employer (See Instructions retired	s)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 21/27 Rpt: 25/88	
2	FILER NAME	-h (Th - 11 h l-)			3	Filer ID (Ethics Commission	on Filers)
_		ohen (The Honorable)			L	00084941	
4	Date 06/29/2025	 5 Full name of contributor Smith, Michael 6 Contributor address; City; Sta 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
_		Boyd, TX 76023	1-				
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	HVac installa	tion Manager		Aryco	_		
	Date 06/29/2025					Amount of Contribution (\$)	\$500.00
		Rhome, TX 76078					
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Director Fiserv			Employer (See Instructions Fiserv	s)		
	Date Full name of contributor out-of-state PAC (ID#:) Social Properties LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
		Shady Shores, TX 76208					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 06/29/2025				Amount of Contribution (\$)	\$100.00	
	Principal occu homemaker	pation / Job title (See Instructions)		Employer (See Instructions homemaker	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Spence, Randy Contributor address; City; State; Zip Code Decatur, TX 76234			Amount of Contribution (\$)	\$1,000.00		
	Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired				<u>I</u> 5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	v to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 22/27 Rpt: 26/88	
2	FILER NAME					3	Filer ID (Ethics Commission	on Filers)
	Hopper, Step	ohen (The Honorable)					00084941	
4	Date 06/23/2025	5 Full name of contributorSpencer, Deb6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	7	Amount of Contribution (\$)	\$20.00
		Boyd, TX 76023						
8	Principal occu retired	pation / Job title (See Instruction	s)		Employer (See Instructions retired)		
	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)				
	06/23/2025	Spencer, Deb						\$25.00
		Contributor address; City; S	tate; Zip Code					
	Boyd, TX 76023							
				Employer (See Instructions)			
	retired retire		retired					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/23/2025 Stanton, James					\$1,000.00		
		Contributor address; City; S	tate; Zip Code					
		Dallas, TX 75225						
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions)		
	Attorney				Stanton LLP			
	Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>)		Amount of Contribution (\$)	
	06/28/2025	Sullivan, Stephen	_ ` -					\$50.00
		Contributor address; City; S	tate; Zip Code					
		Denton, TX 76207						
	Principal occu retired	pation / Job title (See Instruction	s)		Employer (See Instructions retired)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/29/2025	Sullivan, Stephen						\$50.00
	Contributor address; City; State; Zip Code							
		Denton, TX 76207-1447						
	Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/27 Rpt: 27/88
2	FILER NAME Hopper, Step	ohen (The Honorable)		3	Filer ID (Ethics Commission Filers) 00084941
4	Date 06/30/2025	 Full name of contributor	7	Amount of Contribution (\$) \$10,000.00	
_		Victoria, TX 77901			
8	Principal occupation / Job title (See Instructions) Employer (See Instructions)		S)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/29/2025 Tanner, Russell Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$500.00
	Bridgeport, TX 76426 Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	Physician Assistant Be Well Prin			>)	
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 Texans for Truth and Liberty PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$25,000.00	
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date Full name of contributor out-of-state PAC (ID#:) Texas Gun Rights PAC Contributor address; City; State; Zip Code Weatherford, TX 76086		•	Amount of Contribution (\$) \$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date Full name of contributor out-of-state PAC (ID#:) 06/23/2025 Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 24/27 Rpt: 28/88	
2	FILER NAME	ohen (The Honorable)			3	Filer ID (Ethics Commission 00084941	n Filers)
4	Date 06/26/2025	Thale, Brent 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00	
8	Principal occu Software En		9	Employer (See Instructions Electronic Arts	<u> </u> s)		
	Date 06/30/2025	0/2025 Thielvoldt, Eric Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
	Fort Worth, TX 76126 Principal occupation / Job title (See Instructions) Engineer Engineer Employer (See Instruction Northrop Grumman			<u> </u> s)			
	Date 06/29/2025				Amount of Contribution (\$)	\$100.00	
		Valley View, TX 76272 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Deputy Director Date O6/28/2025 Full name of contributor out-of-state PAC (ID#:) Wakin, Jackie Contributor address; City; State; Zip Code Frisco, TX 75036-8842			Amount of Contribution (\$)	\$50.00		
	Principal occu Professional	pation / Job title (See Instructions Organizer	(3)	Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Waldeck, Art Contributor address; City; State; Zip Code Decatur, TX 76234		•	Amount of Contribution (\$)	\$50.00		
	Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired			<u>.</u> S)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to	o complete this form	m.	1	Total pages Schedule A1: Sch: 25/27 Rpt: 29/88		
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)	
		ohen (The Honorable)	_			00084941		
4	Date 06/29/2025	5 Full name of contributorWallace, Bonnie6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00	
		Llano, TX 78643						
8	Principal occu retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)			
_	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)				
	06/30/2025	Wheeler, Richard					\$25.00	
		Contributor address; City; State	e; Zip Code					
	Decatur, TX 76234							
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	retired retired							
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	#050.00	
	06/30/2025 White, Maggie					\$250.00		
		Contributor address; City; State	e; Zip Code					
		Denton, TX 76207-6681						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Medical Staf	f Coordinator		Cook Children's				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	06/26/2025	Wholesale Beer Distributors	of TexasBW-PAC				\$1,000.00	
		Contributor address; City; State	e; Zip Code					
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	:) 			
	i ililoipai occu	panon 7 dob title (dee mandetions)		Employer (See mandenons	')			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	06/30/2025	Williams, Judy	•				\$20.26	
		Contributor address; City; State	e; Zip Code					
	Dringing	Decatur, TX 76234		Employer (Cooks to store the	<u></u>			
	Principal occupation / Job title (See Instructions) Employer (See Instructions Customer Service Hughes Insurance				5)			
	Trugites insulance							

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/27 Rpt: 30/88	
2	FILER NAME Hopper, Step	ohen (The Honorable)			3	Filer ID (Ethics Commission 00084941	n Filers)
4	Date 06/30/2025	25 Wilson, Kirk 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
8	Principal occu CEO	Dallas, TX 75229 pation / Job title (See Instructions)	Employer (See Instructions T Wilson Western Front			
	Date 06/27/2025	06/27/2025 Wilson, Rich Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
	Sanger, TX 76266 Principal occupation / Job title (See Instructions) retired Employer (See Instruction retired			<u> </u> s)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Wilson, Rich Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu	Sanger, TX 76266 pation / Job title (See Instructions	\	Employer (See Instructions	-/- 		
	retired	pation / 300 title (See Instructions	,	retired	۰)		
	Date 06/28/2025	Full name of contributor Wilson, Teri Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.26
	Principal occu Retired	Sanger, TX 76266 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/29/2025 Winship, Terry Contributor address; City; State; Zip Code Decatur, TX 76234		•	Amount of Contribution (\$)	\$20.26		
	Principal occupation / Job title (See Instructions) retired Employer (See Instruction retired			Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/27 Rpt: 31/88	
2	FILER NAME Hopper, Step	ohen (The Honorable)		3	Filer ID (Ethics Commission 00084941	n Filers)
4	Date 06/30/2025	 Full name of contributor out-of-state PAC (ID#:_ Wise Republican Women Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$750.00
_		Boyd, TX 76023 pation / Job title (See Instructions) 9 Employer (See Instructions)				
8	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions))			
	Date 06/29/2025				Amount of Contribution (\$)	\$50.00
Denton, TX 76209						
	manager	Principal occupation / Job title (See Instructions) manager Employer (See Instructions) cds)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Womack, Richard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
		Valley View, TX 76272				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date Full name of contributor out-of-state PAC (ID#:) Varbrough, Jace Contributor address; City; State; Zip Code Sanger, TX 76266				Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions SL Law Firm)		

PLE	OGED CONTRIBU	TIONS			SCHEDUL	ΕВ	
T	he Instruction Guide exp	1	1 Total pages Schedule B: Sch: 1/1 Rpt: 32/88				
2 FILER NA	AME			3			
Hopper,	Stephen (The Honorable)				00084941		
4 TOTAL	OF UNITEMIZED PLEDO	GES			\$	0.00	
5 Date 6 Full name of pledgorout-of-state PAC (ID#:			#:	_) 8		n	
		_			pledge (\$) (If applicable)		
	7 Pledgor Address;	City; State; Zip Cod	le				
40.000			Taa		Check if travel outside of Texas. Complete S	Schedule T	
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See In:	struction	ons)		

l	LOANS					SCHEDU	LE E
7	The Instructio	on Guide explains how	1	ages Schedule E: /1 Rpt: 33/88			
	FILER NAME Hopper, Stepher	n (The Honorable)			3 Filer ID 000849	(Ethics Commission 941	Filers)
4 _	TOTAL OF UNITEMIZED LOANS				•	\$	0.00
5 [Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
f	s lender a inancial nstitution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12 F	Principal occupation	on / Job title (See Instruction	ns)	13 Employer (See Instruction	ns)	•	
14 [Description of Coll	ateral		15 Check if personal funds v	ere deposite	d into political account (See Instructions)	
	GUARANTOR NFORMATION	17 Name of guarantor				19 Amount Guarante	ed (\$)
	not applicable	18 Guarantor address;	City; State;	Zip Code			
20 F	Principal occupation	on		21 Employer (See Instruction	ns)	1	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	e Printing Salaries	-	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1: Sch: 1/51 Rpt: 34/88		1E tephen (The Honorable				l	Filer ID 00084941	(Ethics Commission Filers)
<u> </u>				-)					
4	Date 01/24/2025	5 Payee nam AT&T Inte							
6	Amount (\$)	7 Payee addr	ress; City;	State; Zip C	Code				
	\$55.54	208 South	Akard Street						
		Dallas, TX	75202						
8	PURPOSE		(See Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	internet	(222 Satisficial noted at the top o	o concouncy		Check if travel of			nplete Schedule T.
						X Check if Austin, internet	, TX,	officeholder living	g expense
						michiel			
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	<u>l</u> ouaht			Office he	eld
	expenditure to benefit C/OF								- -
	Date	Payee nam					-		_
	02/24/2025	AT&T Inte							
	Amount (\$)	Payee addr	. , , ,	State; Zip C	Code	_	_	_	
	\$55.54	208 South	Akard Street						
		Dallas, TX	75202						
	PURPOSE	(a) Category	(See Categories listed at the top of	f this schedule)	(b)	Description			
	OF EXPENDITURE	internet				=			nplete Schedule T.
						X Check if Austin, internet	, ιΧ,	officeholder living	g expense
	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office so	ought			Office he	eld
H	Date	Payee nam	<u> </u>				_		
	03/26/2025	AT&T Inte							
	Amount (\$)	Payee addr	ress; City;	State; Zip C	Code				_
	\$55.54	208 South	Akard Street						
		Dallas, TX	75202						
	PURPOSE OF	(a) Category ((See Categories listed at the top of	f this schedule)	(b)	Description		_ _	
	EXPENDITURE	internet				\blacksquare		de of Texas. Com officeholder living	nplete Schedule T. g expense
						internet	, ,		g - p
	Complete ONLY if direct expenditure to benefit C/OF		fficeholder name	Office so	ought			Office he	eld

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 2/51 Rpt: 35/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	04/24/2025	AT&T Internet
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.54	208 South Akard Street
		Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	internet Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	05/27/2025	AT&T Internet
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.61	208 South Akard Street
	Ψ00.01	200 South / that a Street
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	internet Check if travel outside of Texas. Complete Schedule T.
		internet.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payeo namo
	06/26/2025	Payee name AT&T Internet
	Amount (\$) \$60.61	Payee address; City; State; Zip Code 208 South Akard Street
	\$00.01	208 South Akaru Street
		Dallas, TX 75202
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) internet (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
Ļ		The Instruction Guide explains how to complete this form.	1
1	Total pages Schedule F1: Sch: 3/51 Rpt: 36/88	2 FILER NAME Hopper, Stephen (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084941
4	Date	5 Payee name	
	01/10/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$610.88	410 Terry Ave N	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	LAFENDITORE	l H	n, TX, officeholder living expense
		Supplies for	Austin Office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/15/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$465.90	410 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		supplies for a	austin office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/21/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$312.96	410 Terry Ave N	
		•	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	LAI LINDITORE		n, TX, officeholder living expense
		supplies for a	austin oπice
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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 r ayment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 4/51 Rpt: 37/88	Hopper, Stephen (The Honorable)		00084941	
4 Date	5 Payee name		•	
01/22/2025	Amazon			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$105.71	410 Terry Ave N			
	Seattle, WA 98109			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	supplies for austin office	I <u>—</u>	el outside of Texas. Com tin, TX, officeholder living	
		ı –	austin office	g expense
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	eld
expenditure to benefit C/O	H			
Date	Payee name			
01/24/2025	Amazon			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$56.02	410 Terry Ave N			
	Seattle, WA 98109			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	supplies for austin office	ı —	el outside of Texas. Com tin, TX, officeholder living	
			austin office	g expense
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	eld
expenditure to benefit C/O	H			
Date	Payee name			
02/03/2025	Amazon			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$33.53	410 Terry Ave N			
	Seattle, WA 98109			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	supplies for austin office	ı —	el outside of Texas. Com tin, TX, officeholder living	•
			austin office	g expense
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	eld
expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/51 Rpt: 38/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	02/06/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.55	410 Terry Ave N
l		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	supplies Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Grot	
	Date	Payee name
l	02/18/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.89	410 Terry Ave N
l		
l		Seattle, WA 98109
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	supplies Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
l		supplies
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	5.	
	Date	Payee name
L	03/03/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.69	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		supplies
		- Сарриос
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Eth	ics Commission Filers)
	Sch: 6/51 Rpt: 39/88	Hopper, Stephen (The Honorable) 00084941	
4	Date	5 Payee name	
	03/05/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$92.96	410 Terry Ave N	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	supplies Check if travel outside of Texas. Complete S	
		Check if Austin, TX, officeholder living expen	ise
		Supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
⊨	Date	Payee name	
	03/12/2025	Amazon	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$87.25		
	Ψ01.20	410 Tony / We IV	
		Seattle, WA 98109	
┡	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) supplies (b) Description Check if travel outside of Texas. Complete S	chedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expen	
		supplies	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialitire to benefit C/Oi		
	Date	Payee name	
	03/24/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$124.60	410 Terry Ave N	
l		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	supplies Check if travel outside of Texas. Complete S	
		Check if Austin, TX, officeholder living expensupplies	ise
l		Supplies	
\vdash	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

	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: 7/51 Rpt: 40/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	04/28/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.30	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		supplies
		Сарриос
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Data	
	Date	Payee name
	04/29/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.15	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies
		Зиррисэ
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/30/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.65	410 Terry Ave N
	Ψ0.00	120 Tonly rive it
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies
		Зиррпез
	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

Printing Expense Travel in Printing Expense Travel O Salaries/Wages/Contract Labor OTHER

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 8/51 Rpt: 41/88	2 FILER NAME Hopper, Stephen (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084941
4	Date 06/13/2025	5 Payee name Amazon	00001012
6	Amount (\$) \$391.99	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense or district office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/30/2025	Payee name Anedot, INC	
	Amount (\$) \$1,374.65	Payee address; City; State; Zip Code 1340 Poydras StreetSuite 1770New Orleans, LA 70112 Suite 1770 New Orleans, LA 70112	
	PURPOSE OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T. , TX, officeholder living expense ssing fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 05/28/2025	Payee name Austin City Gift Baskets	
	Amount (\$) \$292.29	Payee address; City; State; Zip Code 13581 Pond Springs Rd Ste 304 Austin, TX 78729	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. . TX, officeholder living expense mmittee Chairmen and Speaker
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 9/51 Rpt: 42/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	02/06/2025	Blackburn, Benjamin
6	Amount (\$) \$1,900.00	7 Payee address; City; State; Zip Code 605 W 14th St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	austin rent Check if travel outside of Texas. Complete Schedule T.
		\(\times\) Check if Austin, TX, officeholder living expense austin rent
		ausun rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/03/2025	Blackburn, Benjamin
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,900.00	605 W 14th St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	austin rent Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		austin rent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2025	Blackburn, Benjamin
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,900.00	605 W 14th St
	Ψ1,500.00	003 W 14th 3t
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Austin Rent for April Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Austin Rent for April
	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 Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 10/51 Rpt: 43/88	Hopper, Stephen (The Honorable) 00084941	
4	Date	5 Payee name	
	05/05/2025	Blackburn, Benjamin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,900.00	605 W 14th St	
		Austin, TX 78701	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Austin rent May Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Austin rent May	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_	Date	Davido namo	_
	06/11/2025	Payee name Blackburn, Benjamin	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,800.00	605 W 14th St	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	austin rent june and july Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		x Check if Austin, TX, officeholder living expense austin rent june and july	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
_	Date	Davida nama	=
	01/03/2025	Payee name Bluestone Creatives	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,510.00	2801 Network Boulevard	
		Suite 300	
		Frisco , TX 75034	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Consulting	
	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 Commi

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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/51 Rpt: 44/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	02/03/2025	Bluestone Creatives
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,595.00	2801 Network Boulevard
		Suite 300
		Frisco, TX 75034
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense consulting
		Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	02/28/2025	Bluestone Creatives
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	2801 Network Boulevard
		Suite 300
		Frisco , TX 75034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/17/2025	Bluestone Creatives
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,525.00	2801 Network Boulevard
		Suite 300
		Frisco , TX 75034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		consulting
L	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 12/51 Rpt: 45/88	Hopper, Stephen (The Honorable) 00084941	
4	Date	5 Payee name	
	04/10/2025	Bluestone Creatives	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,525.00	2801 Network Boulevard	
		Suite 300	
		Frisco , TX 75034	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		consulting	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	05/05/2025	Bluestone Creatives	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$556.60	2801 Network Boulevard	
		Suite 300	
		Frisco , TX 75034	
			_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Consulting	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	05/07/2025	Bluestone Creatives	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,525.00	2801 Network Boulevard	
		Suite 300	
		Frisco , TX 75034	
	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Consulting	
	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

l	Credit Card Payment	The Instruction Guide explains how to co	mplete	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/51 Rpt: 46/88	Hopper, Stephen (The Honorable)		00084941
4	Date	5 Payee name		
	06/09/2025	Bluestone Creatives		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$2,525.00	2801 Network Boulevard		
		Suite 300		
		Frisco , TX 75034		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense
				Solicularing
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ight	Office held
ĺ	expenditure to benefit C/OI		J -	- 1- 1 - 1- 1
H	Date	Payee name		
	01/15/2025	Cava		
	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$125.31	515 Congress Ave	Juc	
	4120.01	010 Collig. 000 / WC		
		Austin, TX 78701		
	PURPOSE		/b) -	2 minding
		(a) Category (See Categories listed at the top of this schedule)	(D)	Description Check if travel outside of Texas. Complete Schedule T.
l	OF	Food/Reverage Evpense	ΙГ	Check if traver outside or rexas. Complete schedule 1.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
		Food/Beverage Expense	[[f	
				Check if Austin, TX, officeholder living expense
	EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense
	EXPENDITURE	Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense food for austin staff
	EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense food for austin staff
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense food for austin staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ıght	Check if Austin, TX, officeholder living expense food for austin staff
_	Complete ONLY if direct expenditure to benefit C/OhDate 01/13/2025	Candidate/Officeholder name Office sou H Payee name Costco	ıght	Check if Austin, TX, officeholder living expense food for austin staff
	Complete ONLY if direct expenditure to benefit C/OFDate 01/13/2025 Amount (\$)	Candidate/Officeholder name Payee name Costco Payee address; City; State; Zip Co	ıght	Check if Austin, TX, officeholder living expense food for austin staff
_	Complete ONLY if direct expenditure to benefit C/OFDate 01/13/2025 Amount (\$)	Candidate/Officeholder name Payee name Costco Payee address; City; State; Zip Co	ıght	Check if Austin, TX, officeholder living expense food for austin staff
	Complete ONLY if direct expenditure to benefit C/Ol Date 01/13/2025 Amount (\$) \$363.99	Candidate/Officeholder name Payee name Costco Payee address; City; State; Zip Co 4301 W William Cannon	ight ode	Check if Austin, TX, officeholder living expense food for austin staff
	Complete ONLY if direct expenditure to benefit C/OFDate 01/13/2025 Amount (\$) \$363.99	Candidate/Officeholder name Payee name Costco Payee address; City; State; Zip Co 4301 W William Cannon Austin, TX 78749	ight ode	Check if Austin, TX, officeholder living expense Ood for austin staff Office held Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/Ol Date 01/13/2025 Amount (\$) \$363.99	Candidate/Officeholder name Payee name Costco Payee address; City; State; Zip Co 4301 W William Cannon Austin, TX 78749 (a) Category (See Categories listed at the top of this schedule)	ode	Check if Austin, TX, officeholder living expense Ood for austin staff Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OFDate 01/13/2025 Amount (\$) \$363.99	Candidate/Officeholder name Payee name Costco Payee address; City; State; Zip Co 4301 W William Cannon Austin, TX 78749 (a) Category (See Categories listed at the top of this schedule)	ode	Check if Austin, TX, officeholder living expense Ood for austin staff Office held Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OFDate 01/13/2025 Amount (\$) \$363.99 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name Costco Payee address; City; State; Zip Co 4301 W William Cannon Austin, TX 78749 (a) Category (See Categories listed at the top of this schedule) supplies for austin office	ght (b) [[[] [] [] []	Check if Austin, TX, officeholder living expense Ood for austin staff Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for austin office
	Complete ONLY if direct expenditure to benefit C/OFDate 01/13/2025 Amount (\$) \$363.99	Candidate/Officeholder name Payee name Costco Payee address; City; State; Zip Co 4301 W William Cannon Austin, TX 78749 (a) Category (See Categories listed at the top of this schedule) supplies for austin office Candidate/Officeholder name Office sou	ght (b) [[[] [] [] []	Check if Austin, TX, officeholder living expense Ood for austin staff Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Ol Date 01/13/2025 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Payee name Costco Payee address; City; State; Zip Co 4301 W William Cannon Austin, TX 78749 (a) Category (See Categories listed at the top of this schedule) supplies for austin office Candidate/Officeholder name Office sou	ght (b) [[[] [] [] []	Check if Austin, TX, officeholder living expense Ood for austin staff Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for austin office
	Complete ONLY if direct expenditure to benefit C/Ol Date 01/13/2025 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Payee name Costco Payee address; City; State; Zip Co 4301 W William Cannon Austin, TX 78749 (a) Category (See Categories listed at the top of this schedule) supplies for austin office Candidate/Officeholder name Office sou	ght (b) [[[] [] [] []	Check if Austin, TX, officeholder living expense Ood for austin staff Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for austin office

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Calc. 1.1. Ed	
1	Total pages Schedule F1:	
L	Sch: 14/51 Rpt: 47/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	04/09/2025	Cunningham, Hannah
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$100.00	339 County Road 2320
	Ψ100.00	333 County Modu 2020
		Decatur, TX 76234
8	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
		wage
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/Of	<u> </u>
	Date	Payee name
	05/02/2025	Cunningham, Hannah
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	339 County Road 2320
	Ψ30.00	333 County Modu 2020
		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
		wage
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/02/2025	Cunningham, Hannah
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	339 County Road 2320
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Docatur TV 76224
		Decatur, TX 76234
	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 expenses
		Check if Austin, TX, officeholder living expense Wage
		wayc
_	Complete ONLY !! -!!	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	p = 1 1 12 12 13 3/01	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
┝	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
ľ	Sch: 15/51 Rpt: 48/88	Hopper, Stephen (The Honorable)	00084941
4	Date	5 Payee name	
	01/04/2025	Darsch, Nathan	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$35.00	9024 Northgate Blvd	
	400.00	Apt. 2329	
		Austin, TX 78758	
Ļ			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	untaida af Taura Carrellata Cabadula T
	EXPENDITURE	Calarics, Wages, Contract Easter	outside of Texas. Complete Schedule T. TX, officeholder living expense
		wage	3.4.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Г	Date	Payee name	
	01/17/2025	Darsch, Nathan	
Н	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	9024 Northgate Blvd	
		Apt. 2329	
		Austin, TX 78758	
⊢	PURPOSE		
	OF	,	outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Eabor	TX, officeholder living expense
		wage	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/03/2025	Darsch, Nathan	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	9024 Northgate Blvd	
		Apt. 2329	
		Austin, TX 78758	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		wage	
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/51 Rpt: 49/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	01/09/2025	Decatur Chamber of Commerce
6	Amount (\$) \$20.00	7 Payee address; City; State; Zip Code PO Box 474 Decatur, TX 76234
Ļ	DUDDOOF	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ticket for District Coordinator
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/19/2025	Decatur Chamber of Commerce
	Amount (\$) \$20.00	Payee address; City; State; Zip Code PO Box 474
		Decatur, TX 76234
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ticket for district coordinator
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/18/2025	Payee name Decatur Chamber of Commerce
	Amount (\$) \$20.00	Payee address; City; State; Zip Code PO Box 474
		Decatur, TX 76234
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ticket for district coordinator
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 17/51 Rpt: 50/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	01/06/2025	Denton County Hamburger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.39	507 W University Dr
		Denton, TX 76201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Food for staff visiting district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_	Date	Davies same
		Payee name
	04/22/2025	Denton County Hamburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,136.63	507 W University Dr
		Denton, TX 76201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Taste of Texas Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		items donated to Taste of Texas representing HD 64
		The state of the s
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/03/2025	Denton County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	2921 Country Club Drive,
	•	Suite 102
		Denton, TX 76210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Lincoln Regan Dinner
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experioralie to belieff C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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 Schedule F1:	
	Sch: 18/51 Rpt: 51/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	06/29/2025	Denton County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$260.73	2921 Country Club Drive,
		Suite 102
		Denton, TX 76210
8	PURPOSE	
°	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		donation for July 4th event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/11/2025	Denton Record Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.99	2413 Ft Worth Dr
	,	
		Denton, TX 76205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/10/2025	Donuts 4 U
	Amount (\$)	Payee address; City; State; Zip Code
	\$223.57	1425 E Rundberg Ln
	ΦΖΖ3.31	
		#400
		Austin, TX 78753
	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 Opening Day office food for guests
		Opening Day office food for guests
	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 Legal Services 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: 19/51 Rpt: 52/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	03/21/2025	Doordash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$203.15	303 2nd St.
		suite 800
		San Francisco, CA 94107
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 food for austin staff
		100น 101 สนรแก้ รเสก
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	04/14/2025	Doordash
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.39	303 2nd St.
		suite 800
		San Francisco, CA 94107
	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 food for staff
		iou ioi stati
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/17/2025	Doordash
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.23	303 2nd St.
		suite 800
		San Francisco, CA 94107
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		food for staff
\vdash	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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/51 Rpt: 53/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	05/16/2025	Doordash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$82.86	303 2nd St.
		suite 800
		San Francisco, CA 94107
8	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
		food for staff
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	05/27/2025	Doordash
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.65	303 2nd St.
		suite 800
		San Francisco, CA 94107
	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
		food for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date 05/30/2025	Payee name Doordash
		11.11.
	Amount (\$)	Payee address; City; State; Zip Code
	\$198.77	303 2nd St.
		suite 800
		San Francisco, CA 94107
	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 food for staff
		1000 101 31411
	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 Committ 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

e Travel in Distriction Travel Out of Distriction OTHER (enter a contract Labor OTHER (enter a c

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed al Credit Card Payment The Instruction Guide explains how to complete this form.	bove)
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commiss	sion Filers)
Sch: 21/51 Rpt: 54/88 Hopper, Stephen (The Honorable) 00084941	
4 Date 5 Payee name	
01/21/2025 Dropbox	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$21.31 333 Brannan Street	
San Francisco, CA 94107	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Subscription Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense subscription	
Subscription	
0 Complete ONLY if direct Condidate/Officeholder name Office cought	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
·	
Date Payee name	
02/18/2025 Dropbox	
Amount (\$) Payee address; City; State; Zip Code	
\$21.31 333 Brannan Street	
San Francisco, CA 94107	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Taxes Complete Schedule Tax	
Subscription Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
subscription	
Subscription	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
03/18/2025 Dropbox	
Amount (\$) Payee address; City; State; Zip Code	
\$21.31 333 Brannan Street	
San Francisco, CA 94107	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Subscription Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officenoider living expense	
subscription	
Complete ONLY if direct Condidate/Officeholder research Office accepts	
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/Officeholder/Political C Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: 2	P. FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/51 Rpt: 55/88	Hopper, Stephen (The Honorable) 00084941
4 Date 5	Payee name
04/18/2025	Dropbox
6 Amount (\$)	Payee address; City; State; Zip Code 333 Brannan Street San Francisco, CA 94107
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/19/2025	Dropbox
Amount (\$) \$21.31	Payee address; City; State; Zip Code 333 Brannan Street
	San Francisco, CA 94107
PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/17/2025	Dropbox
Amount (\$) \$21.31	Payee address; City; State; Zip Code 333 Brannan Street
	San Francisco, CA 94107
PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) Subscription (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/51 Rpt: 56/88	Hopper, Stephen (The Honorable)	00084941
4	Date	5 Payee name	•
	01/06/2025	Ebay	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$161.18	2145 Hamilton Ave	
		San Jose, CA 95125	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Art for Austin Office	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Art for Austin Office
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	'		
	Date	Payee name	
L	01/17/2025	Etsy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$84.65	117 Adams St.	
		Brooklyn, NY 11201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	supplies for austin office	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense supplies for austin office
			supplied for addult office
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	05/19/2025	Etsy	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	
	\$243.36	117 Adams St.	
	÷= :3.00		
		Brooklyn, NY 11201	
\vdash	PURPOSE	-	Description
	OF	(a) Category (See Categories listed at the top of this schedule) staff end of session gifts	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Stair Crit of Session gires	Check if Austin, TX, officeholder living expense
			staff end of session gifts
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experientare 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 Solarios (Magne) (Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)	
Sch: 24/51 Rpt: 57/88	Hopper, Stephen (The Honorable)	00084941	
4 Date	5 Payee name		<u>'</u>
05/19/2025	Etsy		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$153.87	117 Adams St.		
	Brooklyn, NY 11201		
8 PURPOSE	·	(h)	Description
OF	(a) Category (See Categories listed at the top of this schedule) end of session gifts for staff	(5)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	end of session gills for stan		Check if Austin, TX, officeholder living expense
			end of session gifts for staff
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held
expenditure to benefit C/C	IT.		
Date	Payee name		
02/13/2025	First State Bank Credit Card		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$165.62	PO Box 569100		
	Dallas, TX 75365		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF	Credit Card Payment	'	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX, officeholder living expense
			credit card payment
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soil	ught	Office held
Date	Payee name		
03/13/2025	First State Bank Credit Card		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$232.84	PO Box 569100		
	Dallas, TX 75365		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE			Check if Austin, TX, officeholder living expense
			credit card payment
		<u> </u>	200
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office held
Exponential of the bottom of the	··		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Constitution Properties Mode Page 1

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Legal Services Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)				
	Credit Card Payment			The Instruction G	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 25/51 Rpt: 58/88		Hopper, Ste	phen (The Hor	norable)					00084941		
4	Date	5	Payee name					•				
	04/15/2025			ank Credit Ca	rd							
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$340.23		PO Box 569	100								
			Dallas, TX 7	5365								
8	PURPOSE	(a)		e Categories listed at	the ten of this eak	andula)	(b)	Description				
	OF	(",	Credit Card		tne top of this scr	iedule)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	g expense	
								credit card pa	aym	ent		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	experialitate to belieff 6/01											
	Date		Payee name									
	05/13/2025		First State B	ank Credit Ca	rd							
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$87.61		PO Box 569	100								
			Dallas, TX 7	5365								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Credit Card	Payment				=			nplete Schedule T.	
								CC payment	, IX,	officeholder livin	g expense	
								oo payment				
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI						9					
_	Date	Π	Payee name									
	01/17/2025		Frugia, Clair	e								
	Amount (\$)		Payee addres		State	; Zip Co	dь					
	\$25.00		56080 Centu	-	Sidic	, Ζιρ Co	uc					
	420.00		occoo cont	a., 5								
			Warren, OR	07053								
	DUDDOCE						/b\	Description				
	PURPOSE OF	(a) 		e Categories listed at ges/Contract L		nedule)	(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Salalles/Wa	yes/Contract L	ـمان			<u></u>		officeholder livin		
								wages				
L												
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	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/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: 26/51 Rpt: 59/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	02/03/2025	Frugia, Claire
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	56080 Century Dr.
		Warren, OR 97053
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 TV officeholder living average.
		Check if Austin, TX, officeholder living expense Wage
		wage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	03/10/2025	Frugia, Claire
H	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	56080 Century Dr.
	φσσ.σσ	coocc contaily 2
		Warren, OR 97053
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		wage
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	04/08/2025	Frugia, Claire
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	56080 Century Dr.
		Warren, OR 97053
	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
		wage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 27/51 Rpt: 60/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
l	05/02/2025	Frugia, Claire
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	56080 Century Dr.
l		
l		Warren, OR 97053
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		wage
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
l	Date	Payee name
	06/02/2025	Frugia, Claire
	Amount (\$)	Payee address; City; State; Zip Code
l	\$50.00	56080 Century Dr.
l		
		Warren, OR 97053
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
l	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		wage
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
⊨	Data	Development
l	Date 01/17/2025	Payee name Fuller, Levi
┡		
l	Amount (\$) \$25.00	Payee address; City; State; Zip Code 10300 Criswell Rd
l	\$25.00	10300 Criswell Ru
l		A TV 70754
L		Austin, TX 78754
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Mages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Wage
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		

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/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/51 Rpt: 61/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	02/03/2025	Fuller, Levi
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	10300 Criswell Rd
		Austin, TX 78754
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
		wage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/10/2025	Fuller, Levi
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	10300 Criswell Rd
		Austin, TX 78754
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		wage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Davida nama
	04/08/2025	Payee name Fuller, Levi
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	10300 Criswell Rd
	Ψ30.00	10300 Chawell IN
		Austin, TX 78754
	PURPOSE	In.
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		wage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit 0/01	·

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 Lenal 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: 29/51 Rpt: 62/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	05/02/2025	Fuller, Levi
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	10300 Criswell Rd
		Austin, TX 78754
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
		wage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	David and the second
	06/02/2025	Payee name
L		Fuller, Levi
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	10300 Criswell Rd
		Austin, TX 78754
	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 Wage
		wage
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Data	Davida marra
	Date 01/02/2025	Payee name
L		Google Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.36	500 W 2nd St
		Suite 2900
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
1		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
\vdash		

SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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	, -	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/51 Rpt: 63/88	Hopper, Stephen (The Honorable) 00084941
4		5 Payee name
	02/03/2025	Google Suites
6	Amount (\$) \$48.36	7 Payee address; City; State; Zip Code 500 W 2nd St
	\$48.30	Suite 2900
		Austin, TX 78701
8	PURPOSE	<u> </u>
ľ	OF	(a) Category (See Categories listed at the top of this schedule) subscription (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		subscription
Ļ	Onwellate ONII V if disease	Out it is to the later and the second of the
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	Dete	
	Date 03/03/2025	Payee name Google Suites
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$48.36	500 W 2nd St
	Ψ-0.00	Suite 2900
		Austin, TX 78701
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	subscription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		subscription
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
H	Date	Payee name
	04/02/2025	Google Suites
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$46.86	500 W 2nd St
		Suite 2900
		Austin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	subscription Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense subscription
		Subscription
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 31/51 Rpt: 64/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	05/01/2025	Google Suites
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$48.36	500 W 2nd St
l		Suite 2900
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	subscription Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
┝	Date	Paragraphic state of the state
l	06/02/2025	Payee name Google Suites
┡		
l	Amount (\$) \$48.36	Payee address; City; State; Zip Code 500 W 2nd St
	φ40.30	
		Suite 2900
L		Austin, TX 78701
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Subscription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		subscription
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/06/2025	Griffin Communications
	Amount (\$)	Payee address; City; State; Zip Code
l	\$500.00	176 Venice Cove
l		
		Austin, TX 78737
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Consulting
		Consulting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense 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: 32/51 Rpt: 65/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	02/04/2025	Griffin Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	176 Venice Cove
		Austin, TX 78737
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense consulting
		Consularing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	03/04/2025	Griffin Communications
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	176 Venice Cove
	4000.00	210 101100 0010
		Austin, TX 78737
	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 consulting
		Consulting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/08/2025	Griffin Communications
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	176 Venice Cove
	Ψ300.00	170 Vehice cove
		Austin, TX 78737
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
ı		

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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	,
_	Sch: 33/51 Rpt: 66/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	05/05/2025	Griffin Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	176 Venice Cove
		Austin, TX 78737
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
•	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consulting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beriefft C/Oi	1
	Date	Payee name
	06/09/2025	Griffin Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	176 Venice Cove
		Austin, TX 78737
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		consulting
	Commission ONII V if disposit	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/21/2025	Hill Country Spring Water
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.99	10019 S Interstate 35 Frontage Rd
		Austin, TX 78747
	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 water delivery service for austin office
		water derivery service for adstirt office
	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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 34/51 Rpt: 67/88	Hopper, Stephen (The Honorable) 00084941	
4	Date	5 Payee name	
	03/04/2025	Hill Country Spring Water	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$37.99	10019 S Interstate 35 Frontage Rd	
	!		
		Austin, TX 78747	
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	
	!	water delivery service austin office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
H	Date	Payee name	=
	03/18/2025	Hill Country Spring Water	
_	Amount (\$)	Payee address; City; State; Zip Code	4
	\$31.99	10019 S Interstate 35 Frontage Rd	
	ΨΟΣ.ΘΘ	10019 3 IIItelstate 33 Floritage Ru	
		Austin, TX 78747	
	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 water delivery service for austin office	
	!	water delivery service for additionate	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
H	Data		_
	Date 04/10/2025	Payee name Hill Country Spring Water	
		Hill Country Spring Water	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$31.99	10019 S Interstate 35 Frontage Rd	
	!		
		Austin, TX 78747	
	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	
	!	water delivery service for austin office	
	1		
	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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica		or OTHER (enter a category not listed above)
L	Credit Card Payment	The Instruction Guide explains how to complete this for	n.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
L	Sch: 35/51 Rpt: 68/88	Hopper, Stephen (The Honorable)	00084941
4	Date	5 Payee name	·
	05/02/2025	Hill Country Spring Water	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$31.99	10019 S Interstate 35 Frontage Rd	
		Austin, TX 78747	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 dod/Beverage Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
			elivery service for austin office
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/30/2025	Hill Country Spring Water	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$31.99	10019 S Interstate 35 Frontage Rd	
		Austin, TX 78747	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	1 000/Develage Expense	travel outside of Texas. Complete Schedule T.
		l	Austin, TX, officeholder living expense Austin office
		indio 10	Traditive office
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H	Date	Payee name	
	06/15/2025	Hopper, Amanda	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,561.00	1581 County Road 2224	
	, , , , , ,		
		Decatur, TX 76234	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment Relimbarsement	travel outside of Texas. Complete Schedule T.
		l Li Check ii loan rep	Avment
		l loan rep	٠٠٠٠٠٠
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		2
Eo:	rms provided by Texas F	thice Commission was athics state ty us	Version V// 1.0 f10d0fd9

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	se Printing Salarie		se s/Contract Labor		Travel in District Travel Out of Distr OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:						l	Filer ID	(Ethics Commission Filers)
L	Sch: 36/51 Rpt: 69/88	Hopper, St	ephen (The Honorabl	e)				00084941	
4	Date	5 Payee name	?						
	01/03/2025	Hoy, Ella							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip (Code				
	\$1,750.00	219 Aman	da Way						
		Decatur, T	X 76234						
8	PURPOSE	(a) Category (s	See Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE		ages/Contract Labor	. uno conocació,		_ ·	outsid	le of Texas. Compl	lete Schedule T.
	EXPENDITORE					ш	, TX, (officeholder living e	expense
						wages			
<u> </u>	0 1. 0		~					- · · ·	
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office s	ought			Office hel	d
	Date	Payee name	9						
	02/03/2025	Hoy, Ella							
	Amount (\$)	Payee addre	ess; City;	State; Zip (Code				
	\$1,000.00	219 Amano	da Way						
		Decatur, T	X 76234						
	PURPOSE	(a) Category (s	See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE		ages/Contract Labor			Check if travel	outsid	le of Texas. Compl	lete Schedule T.
	EXPENDITORE					_	, TX, (officeholder living e	expense
						wage			
_	Complete ONII V Stalling at	Condid-+-/C1	Finabaldar rases	O#:	01127-1			Office I. I	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name	Office s	ougnt			Office hel	u
	•								
	Date	Payee name							
	03/10/2025	Hoy, Ella							
	Amount (\$)	Payee addre		State; Zip (Code				
	\$100.00	219 Aman	da Way						
		Decatur, T	X 76234						
	PURPOSE	(a) Category (S	See Categories listed at the top o	of this schedule)	(b)	Description	_		
	OF EXPENDITURE	Salaries/W	ages/Contract Labor					le of Texas. Compl	
						Check if Austin, wage	, TX, (officeholder living e	expense
						vvage			
_	Complete ONLY if direct	Candidate/∩f	ficeholder name	Office s	nuaht			Office hel	d
	expenditure to benefit C/O		noonolaer name	Office St	Jugiil			Omoe nei	u .

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	orm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 37/51 Rpt: 70/88	Hopper, Stephen (The Honorable)	00084941
4	Date	5 Payee name	•
	03/19/2025	Hoy, Ella	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$320.00	219 Amanda Way	
		Decatur, TX 76234	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	OF EXPENDITURE	Travel Out of District	k if travel outside of Texas. Complete Schedule T.
			k if Austin, TX, officeholder living expense to district from Austin by DD
		uave, i	o district from Additi by DD
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Omee neid
_	Date	Payee name	
	04/08/2025	Hoy, Ella	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	219 Amanda Way	
	Ψ100.00	210 / Unanda Way	
		Decatur, TX 76234	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip Salarias (Magas / Contract Labor Chec	NTION k if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Jaianes/ Wages/Contract Eabor	k if Austin, TX, officeholder living expense
		wage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/02/2025	Hoy, Ella	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	219 Amanda Way	
		Decatur, TX 76234	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	ntion
	OF EXPENDITURE	Salaries/Wages/Contract Labor	k if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		k if Austin, TX, officeholder living expense
		wage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field

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 compl	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 38/51 Rpt: 71/88	Hopper, Stephen (The Honorable)			00084941	
4	Date	5 Payee name		_		
	06/02/2025	Hoy, Ella				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$100.00	219 Amanda Way				
		Decatur, TX 76234				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor		l outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		_	n, TX	, officeholder living	g expense
			wage			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	ald
9	Complete ONLY if direct expenditure to benefit C/OI				Office fi	eiu
_						
	Date	Payee name				
	01/21/2025	Loom				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$18.00	2225 Lawson Lane				
		Santa Clara , CA 95054				
	PURPOSE OF	,	Description			
	EXPENDITURE	subscription	ш		ide of Texas. Com , officeholder living	
			subscription	., .,	, omeonolog man	g oxponed
			·			
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/OI	1				
	Date	Payee name				
	02/19/2025	Loom				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$18.00	2225 Lawson Lane				
		Santa Clara , CA 95054				
	PURPOSE		Description			
	OF	subscription		l outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		ш	n, TX	, officeholder living	g expense
			subscription			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld
	S. portantare to borient 0/01	•				

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 co	ompl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 39/51 Rpt: 72/88	Hopper, Stephen (The Honorable)			00084941	
4	Date	5 Payee name		<u> </u>		
	03/19/2025	Loom				
6	Amount (\$)	7 Payee address; City; State; Zip C	ode			
	\$18.00	2225 Lawson Lane				
		Santa Clara , CA 95054				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	subscription		Check if travel outsi		
	EXPENDITURE			Check if Austin, TX,	officeholder living	g expense
				subscription		
L			<u> </u>			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught		Office he	eia
⊨	·					
	Date	Payee name				
	04/21/2025	Loom				
	Amount (\$)	Payee address; City; State; Zip C	ode			
	\$18.00	2225 Lawson Lane				
		Santa Clara , CA 95054				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE Subscription Check if travel outside of Texas. Complete Sched Check if Austin, TX, officeholder living expense						
				subscription	onicendider living	g expense
				,,,,,		
	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught		Office he	eld
	expenditure to benefit C/OI	1				
_	Date	Payee name				
	05/19/2025	Loom				
	Amount (\$)	Payee address; City; State; Zip C	ode			
	\$18.00	2225 Lawson Lane	50.0			
	,					
		Santa Clara , CA 95054				
	PURPOSE		(b)	Description		
	OF	(a) Category (See Categories listed at the top of this schedule) Subscription	(6)	Description Check if travel outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Subscription		Check if Austin, TX,		
				Subscription		
L						
	Complete ONLY if direct	Candidate/Officeholder name Office soil	ıght		Office he	eld
	expenditure to benefit C/OI	1				

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 40/51 Rpt: 73/88	2 FILER NAME Hopper, Stephen (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084941
4	Date	5 Payee name
	06/20/2025	Loom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.00	2225 Lawson Lane
		Santa Clara , CA 95054
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	subscription Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experioration to belieff C/Oi	1
	Date	Payee name
	01/13/2025	Lowe's
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.06	6400 Brodie Ln
	4000	
		Aughin TV 7074F
		Austin, TX 78745
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	supplies for austin office Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		supplies for austin office
		Supplies for austin office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	·	
	Date	Payee name
	01/22/2025	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$402.63	675 Ponce De Leon Avenue
		Northeast Suite 5000
		Atlanta, GA 30308
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Subscription (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		subscription
	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 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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/51 Rpt: 74/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	02/24/2025	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$402.63	675 Ponce De Leon Avenue
		Northeast Suite 5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense subscription
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/24/2025	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$402.63	675 Ponce De Leon Avenue
		Northeast Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	04/22/2025	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$402.63	675 Ponce De Leon Avenue
	Ψ402.03	
		Northeast Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		subscription
		Saassiipasii
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/51 Rpt: 75/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	05/22/2025	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$364.68	675 Ponce De Leon Avenue
		Northeast Suite 5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/23/2025	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$364.68	675 Ponce De Leon Avenue
		Northeast Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	subscription Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
L	01/13/2025	Papa Johns
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.67	411 W Martin Luther King Jr Blvd
		Austin, TX 78701
	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 food for austin staff
		100น 101 สนรนา รเสา
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising 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: 43/51 Rpt: 76/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	04/02/2025	Papa Johns
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$172.95	411 W Martin Luther King Jr Blvd
		Austin, TX 78701
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense food for austin staff
		1000 101 austin stan
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	03/14/2025	Printplace.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.28	1130 Ave H East
		Arlington, TX 76011
	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 district office
		district office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	05/27/2025	Printplace.com
		·
	Amount (\$)	Payee address; City; State; Zip Code 1130 Ave H East
	\$150.66	TIOU AVE II LASI
		Adjusted TV 70011
		Arlington, TX 76011
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		printing
	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 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	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: 44/51 Rpt: 77/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	01/06/2025	Putnam, Rachel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	997 CR 1111
		Decatur, TX 76234
8	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 Wages
		wages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	01/06/2025	Rudy's BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.18	520 S Interstate 35
		Denton, TX 76205
	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 food for staff visiting district
		lood for stair visiting district
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/04/2025	Sams Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.42	2850 W University Drive
		Decatur, TX 76201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies for Austin office Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies for Austin office
_	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

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: 45/51 Rpt: 78/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	01/10/2025	Sams Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.54	4970 W Highway 290
		Austin, TX 78735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	supplies for austin office Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense supplies for austin office
		Supplies for austin office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payee name
	01/21/2025	Sams Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$246.73	4970 W Highway 290
		Austin, TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	supplies for austin office Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		supplies for austin office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name
	03/12/2025	Sams Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.62	4970 W Highway 290
		Austin, TX 78735
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 46/51 Rpt: 79/88	Hopper, Stephen (The Honorable)	00084941
4	Date	5 Payee name	
	03/26/2025	Sams Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$136.67	4970 W Highway 290	
		Austin, TX 78735	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	supplies Check if travel	outside of Texas. Complete Schedule T.
		Supplies	, TX, officeholder living expense
		Supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Cinde Hold
_	Date	Payee name	
	04/18/2025	Sams Club	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$109.45	4970 W Highway 290	
	Ψ103.43	4570 W Highway 250	
		Austin, TX 78735	
_	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE	Supplies L	, TX, officeholder living expense
		supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/19/2025	Sams Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.35	4970 W Highway 290	
		Austin, TX 78735	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	supplies Check if travel of	outside of Texas. Complete Schedule T.
		Check if Austin	, TX, officeholder living expense
		supplies	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	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: 47/51 Rpt: 80/88	Hopper, Stephen (The Honorable) 00084941							
4	Date	5 Payee name							
	04/21/2025	Spangler Studio							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,800.00	300 Virginia St.							
		Charlestown, WV 25301							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Panoramic photo of House chamber Check if travel outside of Texas. Complete Schedule T.							
		members 89th lege							
		lege							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	expenditure to benefit C/O	the state of the s							
	Date	Payee name							
	05/12/2025	Texans For Vaccine Choice							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$252.50	1540 Keller Parkway							
		Ste. 108 #166							
		Keller, TX 76248							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By							
	EA LIBITE.	Candidate/Officeholder/Political Committee							
		Donation for movie event							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	05/08/2025	Texas House Member Dining							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$101.50	1100 Congress Ave							
		Austin, TX 78701							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense							
		X Check if Austin, TX, officeholder living expense							
		Tab for House Members Lounge snack/dining							
	0 1 0 0 1 1 1 1								
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	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: 48/51 Rpt: 81/88	Hopper, Stephen (The Honorable) 00084941								
4	Date	Payee name								
	05/27/2025	Texas House Member Dining								
6	Amount (\$)	7 Payee address; City; State; Zip Code	_							
	\$61.50	1100 Congress Ave								
		Austin, TX 78701								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_							
	OF EXPENDITURE	Food/Beverage Expense								
		X Check if Austin, TX, officeholder living expense House Member tab in dining lounge								
		Tiouse Member tab in dining lounge								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_							
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·								
	Date	Payee name	-							
	02/06/2025	Texas House Republican Caucus								
	Amount (\$)	Payee address; City; State; Zip Code	_							
	\$1,000.00	PO Box 13305								
		Austin, TX 78711								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.								
		Caucus membership fee								
		Saucus membership rec								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_							
	expenditure to benefit C/OI	н								
	Date	Payee name	_							
	06/30/2025	Texas House of Representatives								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$81.05	1100 Congress Ave								
		Austin, TX 78701								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Flags for district memorials								
	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 -

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: 49/51 Rpt: 82/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	02/05/2025	Texas State Preservation Board
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.00	201 E 14th St
		Austin , TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	tv hanging for austin office Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense tv hanging for austin office
		to hanging for austin office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Date	Payee name
	03/18/2025	True Texas Project
	Amount (\$)	Payee address; City; State; Zip Code
	\$395.00	1220-G Airport Freeway
		#602
		Bedford, TX 76022
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee
		Texas Tought Evenit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Davida marea
	04/16/2025	Payee name Venmo
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2211 North First Street
		San Jose , CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	sine die shirts for staff Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense sine die shirts for staff
		Silie die Stilits für Stall
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 50/51 Rpt: 83/88	Hopper, Stephen (The Honorable) 00084941
4	Date	5 Payee name
	04/21/2025	Venmo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.16	2211 North First Street
		San Jose , CA 95131
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/28/2025	Venmo
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	2211 North First Street
		San Jose , CA 95131
	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 House Member lounge food credit
		riodes member loanige rood dreak
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/30/2025	Vistaprint
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.01	275 Wyman Street
		Waltham, MA 24510
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense note cards
		11010 04140
H	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)

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

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/Political Committee Credit Card Payment			mmittee I						OTHER (enter a category not listed above)			
				The instruction Gui	ue explains now	to com	ipie	te this form.	_			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)	
	Sch: 51/51 Rpt: 84/88		Hopper, Ste	phen (The Hono	rable)					00084941	-	
4	Date	5	Payee name									
	01/29/2025		Wise County	/ Committee on A	Aging							
6	Amount (\$)	7	Payee addres	s; City;	State; Zij	n Code	e					_
	\$510.65		300 N Trinity			,						
	Ψ020.00		Α	, 0.								
				70004								
			Decatur, TX	76234								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule) (I	b)	Description				
	OF EXPENDITURE			s/Donations Mad							omplete Schedule T.	
			Candidate/C	Officeholder/Politi	ical Committee	9		Check if Austin, Meals on Who			ng expense	
								ivicais on vvii	eei	s Gaia		
							_					_
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offic	ceholder name	Office	e sough	ht			Office	held	
	experience to benefit of o	_										
	Date		Payee name									
	03/10/2025		Wise County	/ Messanger								
	Amount (\$)		Payee addres	s; City;	State; Zi	p Code	е					
	\$35.00		PO Box 149									
			Decatur, TX	76224								
		_				1.0						_
	PURPOSE OF	(a) 		e Categories listed at the	e top of this schedule) (b)	Description	o. stol	do of Toyon Co	omplete Schedule T.	
	EXPENDITURE		subscription					Check if Austin,				
								subscription				
								·				
	Complete ONLY if direct		Candidate/Offic	eholder name	Office	e sough	ht			Office	held	_
	expenditure to benefit C/O		7 di Tara da Co, O 1110	onerae. name	55 .	o ooug.				000		
\vdash												\dashv

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 1/4 Rpt: 85/88	Hopper, Stephen (1			00084941				
4	CREDIT CARD ISSUER	Name of final First Sta	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$	0.0)0		
6	PAYMENT	(a) Amount Charged \$106.12	(b) Date of Charge 01/20/2025	(c) Date(s) 03/12/20	Credit Card Issue 25	er Paid			
7	PAYEE	(a) Payee name Matt's El Rancho		(b) Payee 2613 S I Austin, T	∟amar Blvd	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	ENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			otion neeting				
L	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense		
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$132.50	(b) Date of Charge 02/10/2025	(c) Date(s) 03/12/20	Credit Card Issue 25	er Paid			
PAYEE		(a) Payee name Shoal Creel Saloon		(b) Payee 909 N La Austin, T	ımar Blvd	City,	State,	Zip Code	
EXPENDITURE		(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descrip					
Non-Political (c) Check if travel outside of Tex			of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	pense		
е	Complete ONLY if direct			e sought		Office held			
	PAYMENT	(a) Amount Charged \$8.82	(b) Date of Charge 02/13/2025	(c) Date(s) Credit Card Issuer 03/12/2025		er Paid			
PAYEE		(a) Payee name Lyft	1	(b) Payee 185 Berr Suite 400 San Fran	y St	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political Non-Political	EXPENDITURE (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Descriptransport	ation for political				
\vdash	(c)				Check if Austin, TX	, officeholder living ex Office held	pense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Onicendider	name Unice	e sought		Office field			
ı									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	Fotal pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 2/4 Rpt: 86/88	Hopper, Stephen (T		00084941					
4 CREDIT CARD ISSUER	Name of financial institution see previous		EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$ 0.00			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		(c) Date(s) Credit Card Issuer Paid				
	\$292.23	03/12/2025	04/12/202	5				
7 PAYEE	(a) Payee name Capitol Grill		(b) Payee ad	ddress;	City,	State,	Zip Code	
			117 W 4th	St.				
			Austin, TX					
8 PURPOSE OF	(a) Category	(b) Description						
X Political	PENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			litical meeting				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
	\$48.00	03/13/2025	04/12/202	o O				
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
	Matt's El Rancho		2613 S La	ımar Blvd				
			Austin, TX 78704					
PURPOSE OF	(a) Category	of this schodule)	(b) Descripti					
EXPENDITURE	(See Categories listed at the top of this schedule) Food/Beverage Expense		food for political meeting					
X Political	X Political							
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid 05/12/2025					
	\$60.34	03/17/2025	05/12/202	5				
PAYEE	(a) Payee name	ı	(b) Payee ad	ddress;	City,	State,	Zip Code	
	To a Obit Date		1409 Lava	Lavaca				
	Texas Chili Parlor							
			Austin, TX 78701					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Descripti	•				
l <u>—</u>	Food/Beverage Exper	•	food for po	litical meeting				
X Political								
Non-Political	(c) defined in a super causing of the superior companies			Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	name Offic	e sought		Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
Sch: 3/4 Rpt: 87/88	Hopper, Stephen (1	Γhe Honorable)	00084941						
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$14.60	03/21/2025	05/12/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Lyft		185 Berry St Suite 400 San Francisco, CA 94107	107					
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipm Expense	•	transportation to political meeting						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expen	se				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$12.67	(b) Date of Charge 03/21/2025	(c) Date(s) Credit Card Issue 05/12/2025	er Paid					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Lyft		185 Berry St Suite 400 San Francisco, CA 94107						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Transportation Equipment And Related			transportation to political meeting					
Non-Political				, officeholder living expen	se				
Complete ONLY if direct	(c) Show it days data or rough constitution in			ce sought Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$327.62	(b) Date of Charge 06/06/2025	(c) Date(s) Credit Card Issue	r Paid					
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code			
	Hampton Inn		110 US-287						
			Decatur, TX 76234						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE (See Categories listed at the top of this schedule) hotel for COS in district for meetings		•	hotel for COS in district for meetings						
ı =	X Political								
Non-Political	(C) Check if travel outside								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sought	Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	rage Expense s/Memorials Expense ices	Polling Expense Printing Expense	Travel in District Travel Out of District	t egory not listed above)				
		The Insti	ruction Guide explains	how to complete this form.						
1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission File										
l	Sch: 4/4 Rpt: 88/88	Hopper, Stephen (T	he Honorable)		00084941					
4	CREDIT CARD	Name of financial institution		5 TOTAL OF UNITEMIZED						
l	ISSUER	see pi	evious	EXPENDITURES CHARGED TO A CREDI	_ \$	0.00				
		•		CARD	`					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid					
l		\$842.38	06/01/2025							
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip	Code			
l		Face de Chas		200 Congress Ave						
l		Fogo de Chao								
L				Austin, TX 78701						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	a wina					
		Food/Beverage Expe		staff end of session gath	ering					
	Political									
L	X Non-Political	I	of Texas. Complete Schedule		X, officeholder living					
	Complete ONLY if direct complete to benefit C/OH	Candidate/Officeholder	name C	Office sought	Office held					
- 67	xperiulture to beliefit C/On									
l										