

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | | | |
|--|---|--|--|---|--|
| 1 Filer ID (Ethics Commission Filers) 00084941 | | 2 Total pages filed: 88 | | OFFICE USE ONLY | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Stephen | MI MI | Date Received ELECTRONICALLY FILED 07/31/2025 | |
| | NICKNAME Andy | LAST Hopper | SUFFIX | Date Hand-delivered or Date Postmarked | |
| 4 ORIGINAL REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) | Receipt # | |
| | <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded modified reporting limit | | Amount | |
| | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | Date Processed | |
| | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | Date Imaged | |
| 5 ORIGINAL PERIOD COVERED | Month Day Year 01/01/2025 | THROUGH | Month Day Year 06/30/2025 | | |

6 EXPLANATION OF CORRECTION

A donation date from Robert Bruce was incorrectly entered into the report as June 22, 2025. The check was not received and accepted until June 30, 2025.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Stephen Hopper

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer 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 complete this form. | | 1 Filer ID (Ethics Commission Filers) 00084941 | | 2 Total pages filed: 88 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | | FIRST Stephen | MI | |
| | NICKNAME Andy | | LAST Hopper | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | | ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 1052 Decatur, TX 76234 | | ZIP CODE | |
| | | OFFICE USE ONLY | | | |
| | | Date Received ELECTRONICALLY FILED 07/31/2025 | | | |
| | | Date Hand-delivered or Date Postmarked | | | |
| 5 CAMPAIGN TREASURER NAME | | MS / MRS / MR Mrs. | | FIRST Jean | MI |
| | | NICKNAME | | LAST Bassinger | SUFFIX |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 210 Edgewood Dr Highland Village, TX 75077 | | | |
| 7 CAMPAIGN TREASURER PHONE | | AREA CODE PHONE NUMBER EXTENSION (972) 317-7286 | | | |
| 8 REPORT TYPE | | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| 9 PERIOD COVERED | | Month Day Year THROUGH Month Day Year 01/01/2025 06/30/2025 | | | |
| 10 ELECTION | | ELECTION DATE Month Day Year | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | | OFFICE HELD (if any) State Representative District 64 | | 12 OFFICE SOUGHT (if known) | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

3 of 88

| | | | |
|----------------|---------------------------------|-------------|----------------------------|
| 13 C / OH NAME | Hopper, Stephen (The Honorable) | 14 Filer ID | (Ethics Commission Filers) |
| | | 00084941 | |

| | | |
|--|--|--------------------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | |
| | COMMITTEE TYPE | COMMITTEE NAME |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------|---|----|------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 97,956.42 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 59,821.16 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 124,469.10 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 20,639.00 |

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Stephen Hopper

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

4 of 88

| | | | |
|---|---|--------------------------------|----------------------------|
| 18 FILER NAME Hopper, Stephen (The Honorable) | | 19 Filer ID 00084941 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 97,956.42 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 0.00 |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | 0.00 |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ | 0.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 58,818.26 |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | 0.00 |
| 7. | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | 0.00 |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | 1,845.28 |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | 0.00 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/27 Rpt: 5/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abusaad, Nazeh <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75082 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) MAS Law |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alling, Jeff <hr/> Contributor address; City; State; Zip Code Runaway Bay, TX 76426 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) PIP |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arens, Margie <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arredondo, Paul <hr/> Contributor address; City; State; Zip Code Newark, TX 76071 | Amount of Contribution (\$) \$20.26 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avellano, Deborah <hr/> Contributor address; City; State; Zip Code Corinth, TX 76208 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/27 Rpt: 6/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartoli, Larry 6 Contributor address; City; State; Zip Code Weatherford, TX 76087 | 7 Amount of Contribution (\$) \$2,000.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Charles Contributor address; City; State; Zip Code Sunset, TX 76270 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassinger, Jimmy Contributor address; City; State; Zip Code Highland Village, TX 75077 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Montgomery Contributor address; City; State; Zip Code Dallas, TX 75254 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) business owner | | Employer (See Instructions) self |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Christin Contributor address; City; State; Zip Code Flint, TX 75762 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/27 Rpt: 7/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/26/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bivens, Lisa <hr/> 6 Contributor address; City; State; Zip Code Decatur, TX 76234 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bramlett, Sherry <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) Juice plus |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce, Robert <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Boerne Stage Airfield |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Brian <hr/> Contributor address; City; State; Zip Code Denton, TX 76207 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) pilot | | Employer (See Instructions) CAE |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burtless, Machele <hr/> Contributor address; City; State; Zip Code Denton, TX 76207 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/27 Rpt: 8/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Don <hr/> 6 Contributor address; City; State; Zip Code Port aransas, TX 78373 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Jeffrey <hr/> Contributor address; City; State; Zip Code Streetman, TX 75859 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caughlin, Judy <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006 | Amount of Contribution (\$) \$20.24 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caughlin, Judy <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006 | Amount of Contribution (\$) \$20.24 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chafin, Robert <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227 | Amount of Contribution (\$) \$20.26 |
| Principal occupation / Job title (See Instructions) Consulting Engineer | | Employer (See Instructions) self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/27 Rpt: 9/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalaki, Shahed <hr/> 6 Contributor address; City; State; Zip Code Carrolton, TX 75006 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Chalaki Law Firm |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Ruth <hr/> Contributor address; City; State; Zip Code Bulverde, TX 78163 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheshire, Cary <hr/> Contributor address; City; State; Zip Code Beenbrook, TX 76116 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Self-Employed | | Employer (See Instructions) Cheshire Industries |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coghlan, BRETT <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Captain | | Employer (See Instructions) Austin County EMS |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooke, William <hr/> Contributor address; City; State; Zip Code Aurora, TX 76078 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/27 Rpt: 10/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Christopher <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75028 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Writer | | 9 Employer (See Instructions) Corbett Strategic Communications |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordray, Diana <hr/> Contributor address; City; State; Zip Code Lindale, TX 75771 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coston, Danny <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234 | Amount of Contribution (\$) \$20.26 |
| Principal occupation / Job title (See Instructions) Auditor | | Employer (See Instructions) Hoya |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crisp, Cullen <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Farmer | | Employer (See Instructions) Fall Creek |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darby, Elaine <hr/> Contributor address; City; State; Zip Code DENTON, TX 76209 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/27 Rpt: 11/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/26/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darby, Susan <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76207 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John <hr/> Contributor address; City; State; Zip Code Alvord, TX 76225 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Diagnostic Sonographer | | Employer (See Instructions) Sonorus MI, llc |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVine, Gaylyn <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) DeVine Promotions |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillard, Nancy <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolan, Bryan <hr/> Contributor address; City; State; Zip Code Aurora, TX 76078 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Trinity Utilities & Boring |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/27 Rpt: 12/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/27/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolan, Bryan <hr/> 6 Contributor address; City; State; Zip Code Aurora, TX 76078 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Owner | | 9 Employer (See Instructions) Trinity Utilities & Boring |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drewry, Chris <hr/> Contributor address; City; State; Zip Code Flint, TX 75762 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Construction Manager | | Employer (See Instructions) Frontier Integrity Solutions |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elswick, Roger <hr/> Contributor address; City; State; Zip Code Houston, TX 77068 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Community Toyota Honda Kia |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FITE, RALPH <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77042 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) SVP-Finance | | Employer (See Instructions) Welcome Group, LLC |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Follis, Thomas <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Project supervisor | | Employer (See Instructions) Paramount plumbing LLC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/27 Rpt: 13/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossil Pointe Sporting Grounds LLC <hr/> 6 Contributor address; City; State; Zip Code Decatur, TX 76234 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gadd, Janet <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056 | Amount of Contribution (\$) \$20.26 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Tom <hr/> Contributor address; City; State; Zip Code Hockley, TX 77447 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gollihar, Lisa <hr/> Contributor address; City; State; Zip Code Denton, TX 76207 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooch, Terry <hr/> Contributor address; City; State; Zip Code Little Elm, TX 75068 | Amount of Contribution (\$) \$20.26 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/27 Rpt: 14/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Rex <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704 | 7 Amount of Contribution (\$) \$2,000.00 |
| 8 Principal occupation / Job title (See Instructions) President | | 9 Employer (See Instructions) Pjs of Texas |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Michael <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76085 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Software Engineer | | Employer (See Instructions) Amazon |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenawalt, Julie <hr/> Contributor address; City; State; Zip Code Denton, TX 76207 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Phil <hr/> Contributor address; City; State; Zip Code Rhome, TX 76078 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Videographer | | Employer (See Instructions) Self |
| Date 06/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamiltom, Monica <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) homemaker | | Employer (See Instructions) homemaker |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/27 Rpt: 15/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/26/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanna, Gail <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76207 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Marilyn <hr/> Contributor address; City; State; Zip Code Sanger, TX 76266 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Tracy <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) homemaker | | Employer (See Instructions) homemaker |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hektner, Paul and Bev <hr/> Contributor address; City; State; Zip Code Paradise, TX 76073 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Daniel <hr/> Contributor address; City; State; Zip Code Austin, TX 78745 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) Tesla |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/27 Rpt: 16/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/25/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Hummelstown, PA 17036 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Charles <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Firefighter | | Employer (See Instructions) Denton Fire Dept. |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Dan <hr/> Contributor address; City; State; Zip Code Newark, TX 76071 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Neal <hr/> Contributor address; City; State; Zip Code Austin, TX 78735 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) lobbyist | | Employer (See Instructions) Hillco Partners |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Sharon <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056 | Amount of Contribution (\$) \$20.24 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Guardian Pet Sitters |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/27 Rpt: 17/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kardong-Edgren, Suzan <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02129-4557 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) professor | | 9 Employer (See Instructions) MGH Institute of Health Professions School of Nursing |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kecseg, Robert <hr/> Contributor address; City; State; Zip Code Winnsboro, TX 75494 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelsey, Lynne <hr/> Contributor address; City; State; Zip Code Denton, TX 76207 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubinski, Erik <hr/> Contributor address; City; State; Zip Code Blanco, TX 78606 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) Undisclosed |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaHood, Marc <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) LaHood Law PLLC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/27 Rpt: 18/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Mellany <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75022 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Brent <hr/> Contributor address; City; State; Zip Code van alstyne, TX 75495 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lepek, Kristi <hr/> Contributor address; City; State; Zip Code Poolville, TX 76487-2551 | Amount of Contribution (\$) \$20.26 |
| Principal occupation / Job title (See Instructions) Medical Coder | | Employer (See Instructions) Palo pinto General hospital |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindemann, James <hr/> Contributor address; City; State; Zip Code Holliday, TX 76366 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) business owner | | Employer (See Instructions) self |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loewy, Adam <hr/> Contributor address; City; State; Zip Code Austin, TX 78731 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) Loewy Law firm |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/27 Rpt: 19/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luxton, Sally <hr/> 6 Contributor address; City; State; Zip Code Paradise, TX 75073 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Anderson Law Firm <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76102 | Amount of Contribution (\$) \$3,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Darrell <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023 | Amount of Contribution (\$) \$3,000.00 |
| Principal occupation / Job title (See Instructions) Chairman | | Employer (See Instructions) ApexInvesting.com Darrell Martin |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin-Tafoya, Judith <hr/> Contributor address; City; State; Zip Code Denton, TX 76207 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, Julie <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) RE | | Employer (See Instructions) self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/27 Rpt: 20/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Gloria <hr/> 6 Contributor address; City; State; Zip Code Bartonville, TX 76226 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Photographer/Graphic Design | | 9 Employer (See Instructions) Self employed |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Daniel <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627 | Amount of Contribution (\$) \$18.36 |
| Principal occupation / Job title (See Instructions) Technology Consultant | | Employer (See Instructions) Self |
| Date 06/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moulton, Jennifer <hr/> Contributor address; City; State; Zip Code Denton, TX 76207 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Service Supervisor | | Employer (See Instructions) Kohls |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullens, Mark <hr/> Contributor address; City; State; Zip Code Denton, TX 76201 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nease, Nelson <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) lobbyist | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/27 Rpt: 21/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pack, Rocky <hr/> 6 Contributor address; City; State; Zip Code Bridgeport, TX 76426 | 7 Amount of Contribution (\$) \$3,000.00 |
| 8 Principal occupation / Job title (See Instructions) Management | | 9 Employer (See Instructions) Balsora provisions |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Bernard <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Program Manager | | Employer (See Instructions) Lockheed Martin |
| Date 06/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Passariello, Susan <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226 | Amount of Contribution (\$) \$750.00 |
| Principal occupation / Job title (See Instructions) VP of Marketing | | Employer (See Instructions) DATCU |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Carla <hr/> Contributor address; City; State; Zip Code Rhome, TX 76078 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Real Estate Broker | | Employer (See Instructions) Self-Employed |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Carla <hr/> Contributor address; City; State; Zip Code Rhome, TX 76078 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Real Estate Broker | | Employer (See Instructions) Self-Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/27 Rpt: 22/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Platt, Brenda <hr/> 6 Contributor address; City; State; Zip Code Bridgeport, TX 76426 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) President | | 9 Employer (See Instructions) Mansion Minders |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poland, Jeffrey <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Pilot | | Employer (See Instructions) American Airlines |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, Melinda <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Chair of Denton County Republican Party | | Employer (See Instructions) Melinda Preston |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putnam, Felicia <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234-5807 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) bookkeeper | | Employer (See Instructions) Wesley Putnam Ministries |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Fran <hr/> Contributor address; City; State; Zip Code Keller, TX 76244 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) President, non profit | | Employer (See Instructions) True Texas Project |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/27 Rpt: 23/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivard, Kathi-Ann <hr/> 6 Contributor address; City; State; Zip Code Prosper, TX 75078 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Mario <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Brett <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Marketing | | Employer (See Instructions) Self |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Christopher <hr/> Contributor address; City; State; Zip Code El Lago, TX 77586 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) President, Non-Profit | | Employer (See Instructions) Strong Borders Foundation |
| Date 06/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safdarian, Nastaran <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Baylor University Medical Center |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/27 Rpt: 24/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schedcik, John <hr/> 6 Contributor address; City; State; Zip Code Decatur, TX 76234 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Custom home builder | | 9 Employer (See Instructions) John Schedcik Custom Homes |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Tracy <hr/> Contributor address; City; State; Zip Code Houston, TX 77339 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) unemployed | | Employer (See Instructions) unemployed |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shields, Robert <hr/> Contributor address; City; State; Zip Code Heath, TX 75032 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) MRI Centers of Texas |
| Date 06/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slidell Ranch LLC <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226 | Amount of Contribution (\$) \$3,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mary <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/27 Rpt: 25/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Michael <hr/> 6 Contributor address; City; State; Zip Code Boyd, TX 76023 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Hvac Installation Manager | | 9 Employer (See Instructions) Aryco |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Valarie <hr/> Contributor address; City; State; Zip Code Rhome, TX 76078 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Director | | Employer (See Instructions) Fiserv |
| Date 06/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Social Properties LLC <hr/> Contributor address; City; State; Zip Code Shady Shores, TX 76208 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Kim <hr/> Contributor address; City; State; Zip Code Granbury, TX 76048 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) homemaker | | Employer (See Instructions) homemaker |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spence, Randy <hr/> 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 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/27 Rpt: 26/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Deb <hr/> 6 Contributor address; City; State; Zip Code Boyd, TX 76023 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Deb <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton, James <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Stanton LLP |
| Date 06/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Stephen <hr/> Contributor address; City; State; Zip Code Denton, TX 76207 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Stephen <hr/> Contributor address; City; State; Zip Code Denton, TX 76207-1447 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/27 Rpt: 27/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TUCM PAC 6 Contributor address; City; State; Zip Code Victoria, TX 77901 | 7 Amount of Contribution (\$) \$10,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanner, Russell Contributor address; City; State; Zip Code Bridgeport, TX 76426 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Physician Assistant | | Employer (See Instructions) Be Well Primary Care |
| Date 06/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Truth and Liberty PAC Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$25,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Gun Rights PAC Contributor address; City; State; Zip Code Weatherford, TX 76086 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/27 Rpt: 28/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/26/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thale, Brent <hr/> 6 Contributor address; City; State; Zip Code Antioch, CA 94509 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Software Engineer | | 9 Employer (See Instructions) Electronic Arts |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thielvoldt, Eric <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) Northrop Grumman |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillman, Calvin <hr/> Contributor address; City; State; Zip Code Valley View, TX 76272 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Deputy Director | | Employer (See Instructions) FAA |
| Date 06/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wakin, Jackie <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036-8842 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Professional Organizer | | Employer (See Instructions) Self |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldeck, Art <hr/> 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 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/27 Rpt: 29/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Bonnie <hr/> 6 Contributor address; City; State; Zip Code Llano, TX 78643 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Richard <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Maggie <hr/> Contributor address; City; State; Zip Code Denton, TX 76207-6681 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Medical Staff Coordinator | | Employer (See Instructions) Cook Children's |
| Date 06/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of TexasBW-PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Judy <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234 | Amount of Contribution (\$) \$20.26 |
| Principal occupation / Job title (See Instructions) Customer Service | | Employer (See Instructions) Hughes Insurance |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 26/27 Rpt: 30/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Kirk <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) T Wilson Western Frontier |
| Date 06/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Rich <hr/> Contributor address; City; State; Zip Code Sanger, TX 76266 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Rich <hr/> Contributor address; City; State; Zip Code Sanger, TX 76266 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Teri <hr/> Contributor address; City; State; Zip Code Sanger, TX 76266 | Amount of Contribution (\$) \$20.26 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Self |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winship, Terry <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234 | Amount of Contribution (\$) \$20.26 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 27/27 Rpt: 31/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise Republican Women <hr/> 6 Contributor address; City; State; Zip Code Boyd, TX 76023 | 7 Amount of Contribution (\$) \$750.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Douglas <hr/> Contributor address; City; State; Zip Code Denton, TX 76209 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) manager | | Employer (See Instructions) cds |
| Date 06/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Womack, Richard <hr/> Contributor address; City; State; Zip Code Valley View, TX 76272 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, Jace <hr/> Contributor address; City; State; Zip Code Sanger, TX 76266 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) SL Law Firm |

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 32/88

2 FILER NAME

Hopper, Stephen (The Honorable)

3 Filer ID (Ethics Commission Filers)
00084941

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

7 Pledgor Address; City; State; Zip Code

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 33/88 |
| 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 0.00 |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution? | 8 Lender address; City; State; Zip Code | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 1/51 Rpt: 34/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 01/24/2025 | 5 Payee name AT&T Internet | |
| 6 Amount (\$) \$55.54 | 7 Payee address; City; State; Zip Code 208 South Akard Street Dallas, TX 75202 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) internet | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense internet |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/24/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name AT&T Internet | | |
| Amount (\$) \$55.54 | Payee address; City; State; Zip Code 208 South Akard Street Dallas, TX 75202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) internet | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense internet |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/26/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name AT&T Internet | | |
| Amount (\$) \$55.54 | Payee address; City; State; Zip Code 208 South Akard Street Dallas, TX 75202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) internet | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense internet |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/26/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name AT&T Internet | | |
| Amount (\$) \$55.54 | Payee address; City; State; Zip Code 208 South Akard Street Dallas, TX 75202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) internet | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense internet |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 2/51 Rpt: 35/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 04/24/2025 | 5 Payee name AT&T Internet | |
| 6 Amount (\$) \$55.54 | 7 Payee address; City; State; Zip Code 208 South Akard Street Dallas, TX 75202 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) internet | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense internet |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/27/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name AT&T Internet | | |
| Amount (\$) \$60.61 | Payee address; City; State; Zip Code 208 South Akard Street Dallas, TX 75202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) internet | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense internet |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/26/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name AT&T Internet | | |
| Amount (\$) \$60.61 | Payee address; City; State; Zip Code 208 South Akard Street Dallas, TX 75202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) internet | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense internet |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 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 01/10/2025 | 5 Payee name Amazon | |
| 6 Amount (\$) \$610.88 | 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies for Austin Office | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Austin Office |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/15/2025 | Payee name Amazon | |
| Amount (\$) \$465.90 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies for austin office | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for austin office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/21/2025 | Payee name Amazon | |
| Amount (\$) \$312.96 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies for austin office | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for austin office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 4/51 Rpt: 37/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 01/22/2025 | 5 Payee name Amazon | |
| 6 Amount (\$) \$105.71 | 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies for austin office | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for austin office |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/24/2025 | Candidate/Officeholder name Payee name Amazon | |
| Amount (\$) \$56.02 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies for austin office | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for austin office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/03/2025 | Candidate/Officeholder name Payee name Amazon | |
| Amount (\$) \$33.53 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies for austin office | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for austin office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 5/51 Rpt: 38/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 02/06/2025 | 5 Payee name Amazon | |
| 6 Amount (\$) \$7.55 | 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/18/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Amazon | | |
| Amount (\$) \$12.89 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Amazon | | |
| Amount (\$) \$46.69 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 6/51 Rpt: 39/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 03/05/2025 | 5 Payee name Amazon | |
| 6 Amount (\$) \$92.96 | 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/12/2025 | Payee name Amazon | |
| Amount (\$) \$87.25 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2025 | Payee name Amazon | |
| Amount (\$) \$124.60 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 7/51 Rpt: 40/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 04/28/2025 | 5 Payee name Amazon | |
| 6 Amount (\$) \$17.30 | 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/29/2025 | Candidate/Officeholder name Payee name Amazon | Office sought Office held |
| Amount (\$) \$18.15 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/30/2025 | Candidate/Officeholder name Payee name Amazon | Office sought Office held |
| Amount (\$) \$8.65 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

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 | |
| 6 Amount (\$) \$391.99 | 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) technology for district office | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense technology for district office |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online processing fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | 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 | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts for 2 Committee Chairmen and Speaker |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 9/51 Rpt: 42/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 02/06/2025 | 5 Payee name Blackburn, Benjamin | |
| 6 Amount (\$) \$1,900.00 | 7 Payee address; City; State; Zip Code 605 W 14th St Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) austin rent | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense austin rent |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/03/2025 | Candidate/Officeholder name Payee name Blackburn, Benjamin | |
| Amount (\$) \$1,900.00 | Payee address; City; State; Zip Code 605 W 14th St Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) austin rent | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense austin rent |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/05/2025 | Candidate/Officeholder name Payee name Blackburn, Benjamin | |
| Amount (\$) \$1,900.00 | Payee address; City; State; Zip Code 605 W 14th St Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Austin Rent for April | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin Rent for April |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 10/51 Rpt: 43/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 05/05/2025 | 5 Payee name Blackburn, Benjamin | |
| 6 Amount (\$) \$1,900.00 | 7 Payee address; City; State; Zip Code 605 W 14th St Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Austin rent May | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Austin rent May |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/11/2025 | Payee name Blackburn, Benjamin | |
| Amount (\$) \$3,800.00 | Payee address; City; State; Zip Code 605 W 14th St Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) austin rent june and july | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense austin rent june and july |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/03/2025 | Payee name Bluestone Creatives | |
| Amount (\$) \$2,510.00 | Payee address; City; State; Zip Code 2801 Network Boulevard Suite 300 Frisco , TX 75034 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 11/51 Rpt: 44/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 02/03/2025 | 5 Payee name Bluestone Creatives | |
| 6 Amount (\$) \$2,595.00 | 7 Payee address; City; State; Zip Code 2801 Network Boulevard Suite 300 Frisco , TX 75034 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/28/2025 | Payee name Bluestone Creatives | |
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 2801 Network Boulevard Suite 300 Frisco , TX 75034 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/17/2025 | Payee name Bluestone Creatives | |
| Amount (\$) \$2,525.00 | Payee address; City; State; Zip Code 2801 Network Boulevard Suite 300 Frisco , TX 75034 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

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

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 13/51 Rpt: 46/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/09/2025 | 5 Payee name Bluestone Creatives | |
| 6 Amount (\$) \$2,525.00 | 7 Payee address; City; State; Zip Code 2801 Network Boulevard Suite 300 Frisco , TX 75034 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/15/2025 | Payee name Cava | |
| Amount (\$) \$125.31 | Payee address; City; State; Zip Code 515 Congress Ave Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for austin staff |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/13/2025 | Payee name Costco | |
| Amount (\$) \$363.99 | Payee address; City; State; Zip Code 4301 W William Cannon Austin, TX 78749 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies for austin office | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for austin office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 14/51 Rpt: 47/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 04/09/2025 | 5 Payee name Cunningham, Hannah | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 339 County Road 2320 Decatur, TX 76234 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/02/2025 | Candidate/Officeholder name Payee name Cunningham, Hannah | |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 339 County Road 2320 Decatur, TX 76234 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/02/2025 | Candidate/Officeholder name Payee name Cunningham, Hannah | |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 339 County Road 2320 Decatur, TX 76234 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 15/51 Rpt: 48/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 01/04/2025 | 5 Payee name Darsch, Nathan | |
| 6 Amount (\$) \$35.00 | 7 Payee address; City; State; Zip Code 9024 Northgate Blvd Apt. 2329 Austin, TX 78758 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/17/2025 | Payee name Darsch, Nathan | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 9024 Northgate Blvd Apt. 2329 Austin, TX 78758 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/03/2025 | Payee name Darsch, Nathan | |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 9024 Northgate Blvd Apt. 2329 Austin, TX 78758 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

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

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 17/51 Rpt: 50/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 01/06/2025 | 5 Payee name Denton County Hamburger | |
| 6 Amount (\$) \$74.39 | 7 Payee address; City; State; Zip Code 507 W University Dr Denton, TX 76201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for staff visiting district |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/22/2025 | Candidate/Officeholder name Payee name Denton County Hamburger | |
| Amount (\$) \$1,136.63 | Payee address; City; State; Zip Code 507 W University Dr Denton, TX 76201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Taste of Texas | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense items donated to Taste of Texas representing HD 64 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/03/2025 | Candidate/Officeholder name Payee name Denton County Republican Party | |
| Amount (\$) \$1,250.00 | Payee address; City; State; Zip Code 2921 Country Club Drive, Suite 102 Denton, TX 76210 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lincoln Regan Dinner |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 18/51 Rpt: 51/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/29/2025 | 5 Payee name Denton County Republican Party | |
| 6 Amount (\$) \$260.73 | 7 Payee address; City; State; Zip Code 2921 Country Club Drive, Suite 102 Denton, TX 76210 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation for July 4th event |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/11/2025 | Payee name Denton Record Chronicle | |
| Amount (\$) \$49.99 | Payee address; City; State; Zip Code 2413 Ft Worth Dr Denton, TX 76205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/10/2025 | Payee name Donuts 4 U | |
| Amount (\$) \$223.57 | Payee address; City; State; Zip Code 1425 E Rundberg Ln #400 Austin, TX 78753 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Opening Day office food for guests |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 19/51 Rpt: 52/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 03/21/2025 | 5 Payee name Doordash | |
| 6 Amount (\$) \$203.15 | 7 Payee address; City; State; Zip Code 303 2nd St. suite 800 San Francisco, CA 94107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for austin staff |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/14/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$75.39 | Payee name Doordash Payee address; City; State; Zip Code 303 2nd St. suite 800 San Francisco, CA 94107 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for staff |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/17/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$61.23 | Payee name Doordash Payee address; City; State; Zip Code 303 2nd St. suite 800 San Francisco, CA 94107 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for staff |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 20/51 Rpt: 53/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 05/16/2025 | 5 Payee name Doordash | |
| 6 Amount (\$) \$82.86 | 7 Payee address; City; State; Zip Code 303 2nd St. suite 800 San Francisco, CA 94107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for staff |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/27/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$63.65 | Payee name Doordash Payee address; City; State; Zip Code 303 2nd St. suite 800 San Francisco, CA 94107 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for staff |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/30/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$198.77 | Payee name Doordash Payee address; City; State; Zip Code 303 2nd St. suite 800 San Francisco, CA 94107 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for staff |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 21/51 Rpt: 54/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 01/21/2025 | 5 Payee name Dropbox | |
| 6 Amount (\$) \$21.31 | 7 Payee address; City; State; Zip Code 333 Brannan Street San Francisco, CA 94107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/18/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$21.31 | Payee name Dropbox 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/18/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$21.31 | Payee name Dropbox 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 22/51 Rpt: 55/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 04/18/2025 | 5 Payee name Dropbox | |
| 6 Amount (\$) \$21.31 | 7 Payee address; City; State; Zip Code 333 Brannan Street San Francisco, CA 94107 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/19/2025 | Candidate/Officeholder name Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/17/2025 | Candidate/Officeholder name Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/17/2025 | Candidate/Officeholder name Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 23/51 Rpt: 56/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 01/06/2025 | 5 Payee name Ebay | |
| 6 Amount (\$) \$161.18 | 7 Payee address; City; State; Zip Code 2145 Hamilton Ave San Jose, CA 95125 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Art for Austin Office | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Art for Austin Office |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/17/2025 | Payee name Etsy | |
| Amount (\$) \$84.65 | Payee address; City; State; Zip Code 117 Adams St. Brooklyn, NY 11201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies for austin office | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for austin office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/19/2025 | Payee name Etsy | |
| Amount (\$) \$243.36 | Payee address; City; State; Zip Code 117 Adams St. Brooklyn, NY 11201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) staff end of session gifts | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff end of session gifts |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 24/51 Rpt: 57/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 05/19/2025 | 5 Payee name Etsy | |
| 6 Amount (\$) \$153.87 | 7 Payee address; City; State; Zip Code 117 Adams St. Brooklyn, NY 11201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) end of session gifts for staff | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense end of session gifts for staff |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/13/2025 | Payee name First State Bank Credit Card | |
| Amount (\$) \$165.62 | Payee address; City; State; Zip Code PO Box 569100 Dallas, TX 75365 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/13/2025 | Payee name First State Bank Credit Card | |
| Amount (\$) \$232.84 | Payee address; City; State; Zip Code PO Box 569100 Dallas, TX 75365 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 25/51 Rpt: 58/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 04/15/2025 | 5 Payee name First State Bank Credit Card | |
| 6 Amount (\$) \$340.23 | 7 Payee address; City; State; Zip Code PO Box 569100 Dallas, TX 75365 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card payment |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/13/2025 | Payee name First State Bank Credit Card | |
| Amount (\$) \$87.61 | Payee address; City; State; Zip Code PO Box 569100 Dallas, TX 75365 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC payment |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/17/2025 | Payee name Frugia, Claire | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 56080 Century Dr. Warren, OR 97053 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wages |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 26/51 Rpt: 59/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 02/03/2025 | 5 Payee name Frugia, Claire | |
| 6 Amount (\$) \$50.00 | 7 Payee address; City; State; Zip Code 56080 Century Dr. Warren, OR 97053 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/10/2025 | Payee name Frugia, Claire | |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 56080 Century Dr. Warren, OR 97053 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/08/2025 | Payee name Frugia, Claire | |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 56080 Century Dr. Warren, OR 97053 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 27/51 Rpt: 60/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 05/02/2025 | 5 Payee name Frugia, Claire | |
| 6 Amount (\$) \$50.00 | 7 Payee address; City; State; Zip Code 56080 Century Dr. Warren, OR 97053 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/02/2025 | Payee name Frugia, Claire | |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 56080 Century Dr. Warren, OR 97053 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/17/2025 | Payee name Fuller, Levi | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 10300 Criswell Rd Austin, TX 78754 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 28/51 Rpt: 61/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 02/03/2025 | 5 Payee name Fuller, Levi | |
| 6 Amount (\$) \$50.00 | 7 Payee address; City; State; Zip Code 10300 Criswell Rd Austin, TX 78754 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/10/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Fuller, Levi | | |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 10300 Criswell Rd Austin, TX 78754 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/08/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Fuller, Levi | | |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 10300 Criswell Rd Austin, TX 78754 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 29/51 Rpt: 62/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 05/02/2025 | 5 Payee name Fuller, Levi | |
| 6 Amount (\$) \$50.00 | 7 Payee address; City; State; Zip Code 10300 Criswell Rd Austin, TX 78754 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/02/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Fuller, Levi | | |
| Amount (\$) \$50.00 | Payee address; City; State; Zip Code 10300 Criswell Rd Austin, TX 78754 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/02/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Google Suites | | |
| Amount (\$) \$48.36 | Payee address; City; State; Zip Code 500 W 2nd St Suite 2900 Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 30/51 Rpt: 63/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 02/03/2025 | 5 Payee name Google Suites | |
| 6 Amount (\$) \$48.36 | 7 Payee address; City; State; Zip Code 500 W 2nd St Suite 2900 Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$48.36 | Payee name Google Suites Payee address; City; State; Zip Code 500 W 2nd St Suite 2900 Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/02/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$46.86 | Payee name Google Suites Payee address; City; State; Zip Code 500 W 2nd St Suite 2900 Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 31/51 Rpt: 64/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 05/01/2025 | 5 Payee name Google Suites | |
| 6 Amount (\$) \$48.36 | 7 Payee address; City; State; Zip Code 500 W 2nd St Suite 2900 Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/02/2025 | Payee name Google Suites | |
| Amount (\$) \$48.36 | Payee address; City; State; Zip Code 500 W 2nd St Suite 2900 Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/06/2025 | Payee name Griffin Communications | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 176 Venice Cove Austin, TX 78737 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 32/51 Rpt: 65/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 02/04/2025 | 5 Payee name Griffin Communications | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 176 Venice Cove Austin, TX 78737 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/04/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Griffin Communications | | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 176 Venice Cove Austin, TX 78737 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/08/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Griffin Communications | | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 176 Venice Cove Austin, TX 78737 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 33/51 Rpt: 66/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 05/05/2025 | 5 Payee name Griffin Communications | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 176 Venice Cove Austin, TX 78737 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/09/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Griffin Communications | | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 176 Venice Cove Austin, TX 78737 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/21/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Hill Country Spring Water | | |
| Amount (\$) \$64.99 | Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd Austin, TX 78747 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water delivery service for austin office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 34/51 Rpt: 67/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 03/04/2025 | 5 Payee name Hill Country Spring Water | |
| 6 Amount (\$) \$37.99 | 7 Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd Austin, TX 78747 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water delivery service austin office |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/18/2025 | Payee name Hill Country Spring Water | |
| Amount (\$) \$31.99 | Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd Austin, TX 78747 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water delivery service for austin office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/10/2025 | Payee name Hill Country Spring Water | |
| Amount (\$) \$31.99 | Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd Austin, TX 78747 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water delivery service for austin office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 35/51 Rpt: 68/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 05/02/2025 | 5 Payee name Hill Country Spring Water | |
| 6 Amount (\$) \$31.99 | 7 Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd Austin, TX 78747 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water delivery service for austin office |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/30/2025 | Payee name Hill Country Spring Water | |
| Amount (\$) \$31.99 | Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Rd Austin, TX 78747 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense water for Austin office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/15/2025 | Payee name Hopper, Amanda | |
| Amount (\$) \$2,561.00 | Payee address; City; State; Zip Code 1581 County Road 2224 Decatur, TX 76234 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense loan repayment |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 36/51 Rpt: 69/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 01/03/2025 | 5 Payee name Hoy, Ella | |
| 6 Amount (\$) \$1,750.00 | 7 Payee address; City; State; Zip Code 219 Amanda Way Decatur, TX 76234 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wages |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/03/2025 | Candidate/Officeholder name Hoy, Ella | |
| Amount (\$) \$1,000.00 | Office sought Office held | |
| | Payee name Hoy, Ella | |
| | Payee address; City; State; Zip Code 219 Amanda Way Decatur, TX 76234 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/10/2025 | Candidate/Officeholder name Hoy, Ella | |
| Amount (\$) \$100.00 | Office sought Office held | |
| | Payee name Hoy, Ella | |
| | Payee address; City; State; Zip Code 219 Amanda Way Decatur, TX 76234 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 37/51 Rpt: 70/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 03/19/2025 | 5 Payee name Hoy, Ella | |
| 6 Amount (\$) \$320.00 | 7 Payee address; City; State; Zip Code 219 Amanda Way Decatur, TX 76234 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense travel to district from Austin by DD |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/08/2025 | Payee name Hoy, Ella | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 219 Amanda Way Decatur, TX 76234 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/02/2025 | Payee name Hoy, Ella | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 219 Amanda Way Decatur, TX 76234 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 38/51 Rpt: 71/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 06/02/2025 | 5 Payee name Hoy, Ella | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 219 Amanda Way Decatur, TX 76234 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wage |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | |
| Date 01/21/2025 | Candidate/Officeholder name Loom | |
| Amount (\$) \$18.00 | Office sought 2225 Lawson Lane Santa Clara , CA 95054 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Date 02/19/2025 | Candidate/Officeholder name Loom | |
| Amount (\$) \$18.00 | Office sought 2225 Lawson Lane Santa Clara , CA 95054 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 39/51 Rpt: 72/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 03/19/2025 | 5 Payee name Loom | |
| 6 Amount (\$) \$18.00 | 7 Payee address; City; State; Zip Code 2225 Lawson Lane Santa Clara , CA 95054 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/21/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$18.00 | Payee name Loom Payee address; City; State; Zip Code 2225 Lawson Lane Santa Clara , CA 95054 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/19/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$18.00 | Payee name Loom Payee address; City; State; Zip Code 2225 Lawson Lane Santa Clara , CA 95054 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 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 06/20/2025 | 5 Payee name Loom | |
| 6 Amount (\$) \$18.00 | 7 Payee address; City; State; Zip Code 2225 Lawson Lane Santa Clara , CA 95054 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/13/2025 | Payee name Lowe's | |
| Amount (\$) \$64.06 | Payee address; City; State; Zip Code 6400 Brodie Ln Austin, TX 78745 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies for austin office | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for austin office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/22/2025 | Payee name MailChimp | |
| Amount (\$) \$402.63 | Payee address; City; State; Zip Code 675 Ponce De Leon Avenue Northeast Suite 5000 Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 41/51 Rpt: 74/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 02/24/2025 | 5 Payee name MailChimp | |
| 6 Amount (\$) \$402.63 | 7 Payee address; City; State; Zip Code 675 Ponce De Leon Avenue Northeast Suite 5000 Atlanta, GA 30308 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2025 | Payee name MailChimp | |
| Amount (\$) \$402.63 | Payee address; City; State; Zip Code 675 Ponce De Leon Avenue Northeast Suite 5000 Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/22/2025 | Payee name MailChimp | |
| Amount (\$) \$402.63 | Payee address; City; State; Zip Code 675 Ponce De Leon Avenue Northeast Suite 5000 Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 42/51 Rpt: 75/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 05/22/2025 | 5 Payee name MailChimp | |
| 6 Amount (\$) \$364.68 | 7 Payee address; City; State; Zip Code 675 Ponce De Leon Avenue Northeast Suite 5000 Atlanta, GA 30308 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/23/2025 | Payee name MailChimp | |
| Amount (\$) \$364.68 | Payee address; City; State; Zip Code 675 Ponce De Leon Avenue Northeast Suite 5000 Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/13/2025 | Payee name Papa Johns | |
| Amount (\$) \$94.67 | Payee address; City; State; Zip Code 411 W Martin Luther King Jr Blvd Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for austin staff |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 43/51 Rpt: 76/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 04/02/2025 | 5 Payee name Papa Johns | |
| 6 Amount (\$) \$172.95 | 7 Payee address; City; State; Zip Code 411 W Martin Luther King Jr Blvd Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for austin staff |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/14/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Printplace.com | | |
| Amount (\$) \$61.28 | Payee address; City; State; Zip Code 1130 Ave H East Arlington, TX 76011 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense district office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/27/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Printplace.com | | |
| Amount (\$) \$150.66 | Payee address; City; State; Zip Code 1130 Ave H East Arlington, TX 76011 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 44/51 Rpt: 77/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 01/06/2025 | 5 Payee name Putnam, Rachel | |
| 6 Amount (\$) \$60.00 | 7 Payee address; City; State; Zip Code 997 CR 1111 Decatur, TX 76234 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/06/2025 | Payee name Rudy's BBQ | |
| Amount (\$) \$42.18 | Payee address; City; State; Zip Code 520 S Interstate 35 Denton, TX 76205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for staff visiting district |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/04/2025 | Payee name Sams Club | |
| Amount (\$) \$71.42 | Payee address; City; State; Zip Code 2850 W University Drive Decatur, TX 76201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies for Austin office | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Austin office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 45/51 Rpt: 78/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 01/10/2025 | 5 Payee name Sams Club | |
| 6 Amount (\$) \$33.54 | 7 Payee address; City; State; Zip Code 4970 W Highway 290 Austin, TX 78735 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies for austin office | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for austin office |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/21/2025 | Payee name Sams Club | |
| Amount (\$) \$246.73 | Payee address; City; State; Zip Code 4970 W Highway 290 Austin, TX 78735 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies for austin office | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies for austin office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/12/2025 | Payee name Sams Club | |
| Amount (\$) \$143.62 | Payee address; City; State; Zip Code 4970 W Highway 290 Austin, TX 78735 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 46/51 Rpt: 79/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 03/26/2025 | 5 Payee name Sams Club | |
| 6 Amount (\$) \$136.67 | 7 Payee address; City; State; Zip Code 4970 W Highway 290 Austin, TX 78735 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/18/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Sams Club | | |
| Amount (\$) \$109.45 | Payee address; City; State; Zip Code 4970 W Highway 290 Austin, TX 78735 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/19/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Sams Club | | |
| Amount (\$) \$71.35 | Payee address; City; State; Zip Code 4970 W Highway 290 Austin, TX 78735 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 47/51 Rpt: 80/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 04/21/2025 | 5 Payee name Spangler Studio | |
| 6 Amount (\$) \$1,800.00 | 7 Payee address; City; State; Zip Code 300 Virginia St. Charlestown, WV 25301 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Panoramic photo of House chamber members 89th lege | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Panoramic photo of House chamber members 89th lege |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/12/2025 | Payee name Texans For Vaccine Choice | |
| Amount (\$) \$252.50 | Payee address; City; State; Zip Code 1540 Keller Parkway Ste. 108 #166 Keller, TX 76248 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for movie event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/08/2025 | Payee name Texas House Member Dining | |
| Amount (\$) \$101.50 | Payee address; City; State; Zip Code 1100 Congress Ave Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Tab for House Members Lounge snack/dining |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 48/51 Rpt: 81/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 05/27/2025 | 5 Payee name Texas House Member Dining | |
| 6 Amount (\$) \$61.50 | 7 Payee address; City; State; Zip Code 1100 Congress Ave Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense House Member tab in dining lounge |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/06/2025 | Payee name Texas House Republican Caucus | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code PO Box 13305 Austin, TX 78711 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Caucus membership fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/30/2025 | Payee name Texas House of Representatives | |
| Amount (\$) \$81.05 | Payee address; City; State; Zip Code 1100 Congress Ave Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flags for district memorials |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 49/51 Rpt: 82/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 02/05/2025 | 5 Payee name Texas State Preservation Board | |
| 6 Amount (\$) \$65.00 | 7 Payee address; City; State; Zip Code 201 E 14th St Austin , TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) tv hanging for austin office | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tv hanging for austin office |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/18/2025 | Payee name True Texas Project | |
| Amount (\$) \$395.00 | Payee address; City; State; Zip Code 1220-G Airport Freeway #602 Bedford, TX 76022 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texas Tough Event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/16/2025 | Payee name Venmo | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 2211 North First Street San Jose , CA 95131 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) sine die shirts for staff | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sine die shirts for staff |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 50/51 Rpt: 83/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 04/21/2025 | 5 Payee name Venmo | |
| 6 Amount (\$) \$81.16 | 7 Payee address; City; State; Zip Code 2211 North First Street San Jose , CA 95131 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/28/2025 | Payee name Venmo | |
| Amount (\$) \$60.00 | Payee address; City; State; Zip Code 2211 North First Street San Jose , CA 95131 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense House Member lounge food credit |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/30/2025 | Payee name Vistaprint | |
| Amount (\$) \$66.01 | Payee address; City; State; Zip Code 275 Wyman Street Waltham, MA 24510 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense note cards |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 51/51 Rpt: 84/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 Date 01/29/2025 | 5 Payee name Wise County Committee on Aging | |
| 6 Amount (\$) \$510.65 | 7 Payee address; City; State; Zip Code 300 N Trinity St A Decatur, TX 76234 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals on Wheels Gala |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/10/2025 | Payee name Wise County Messenger | |
| Amount (\$) \$35.00 | Payee address; City; State; Zip Code PO Box 149 Decatur, TX 76234 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) subscription | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|----------------------------------|--|
| 1 Total pages Schedule F4: Sch: 1/4 Rpt: 85/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00084941 |
| 4 CREDIT CARD ISSUER | Name of financial institution First State Bank | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0.00 |
| 6 PAYMENT | (a) Amount Charged \$106.12 | (b) Date of Charge 01/20/2025 | (c) Date(s) Credit Card Issuer Paid 03/12/2025 |
| 7 PAYEE | (a) Payee name Matt's El Rancho | | (b) Payee address; City, State, Zip Code 2613 S Lamar Blvd Austin, TX 78704 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description political meeting |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$132.50 | (b) Date of Charge 02/10/2025 | (c) Date(s) Credit Card Issuer Paid 03/12/2025 |
| PAYEE | (a) Payee name Shoal Creel Saloon | | (b) Payee address; City, State, Zip Code 909 N Lamar Blvd Austin, TX 78703 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description political meeting |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$8.82 | (b) Date of Charge 02/13/2025 | (c) Date(s) Credit Card Issuer Paid 03/12/2025 |
| PAYEE | (a) Payee name Lyft | | (b) Payee address; City, State, Zip Code 185 Berry St Suite 400 San Francisco, CA 94107 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description transportation for political meeting |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|----------------------------------|---|
| 1 Total pages Schedule F4: Sch: 2/4 Rpt: 86/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 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 \$292.23 | (b) Date of Charge 03/12/2025 | (c) Date(s) Credit Card Issuer Paid 04/12/2025 |
| 7 PAYEE | (a) Payee name Capitol Grill | | (b) Payee address; City, State, Zip Code 117 W 4th St. Austin, TX 78701 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description food for political meeting |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$48.00 | (b) Date of Charge 03/13/2025 | (c) Date(s) Credit Card Issuer Paid 04/12/2025 |
| PAYEE | (a) Payee name Matt's El Rancho | | (b) Payee address; City, State, Zip Code 2613 S Lamar Blvd Austin, TX 78704 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description food for political meeting |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| PAYMENT | (a) Amount Charged \$60.34 | (b) Date of Charge 03/17/2025 | (c) Date(s) Credit Card Issuer Paid 05/12/2025 |
| PAYEE | (a) Payee name Texas Chili Parlor | | (b) Payee address; City, State, Zip Code 1409 Lavaca Austin, TX 78701 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description food for political meeting |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|----------------------------------|--|--|
| 1 Total pages Schedule F4: Sch: 3/4 Rpt: 87/88 | | 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 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 \$14.60 | (b) Date of Charge 03/21/2025 | (c) Date(s) Credit Card Issuer Paid 05/12/2025 | |
| 7 PAYEE | | (a) Payee name Lyft | | (b) Payee address; City, State, Zip Code 185 Berry St Suite 400 San Francisco, CA 94107 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description transportation to political meeting | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| PAYMENT | | (a) Amount Charged \$12.67 | (b) Date of Charge 03/21/2025 | (c) Date(s) Credit Card Issuer Paid 05/12/2025 | |
| PAYEE | | (a) Payee name Lyft | | (b) Payee address; City, State, Zip Code 185 Berry St Suite 400 San Francisco, CA 94107 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | | (b) Description transportation to political meeting | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |
| PAYMENT | | (a) Amount Charged \$327.62 | (b) Date of Charge 06/06/2025 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name Hampton Inn | | (b) Payee address; City, State, Zip Code 110 US-287 Decatur, TX 76234 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | (a) Category (See Categories listed at the top of this schedule) hotel for COS in district for meetings | | (b) Description hotel for COS in district for meetings | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought Office held | |

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|----------------------------------|--|
| 1 Total pages Schedule F4: Sch: 4/4 Rpt: 88/88 | 2 FILER NAME Hopper, Stephen (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 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 \$842.38 | (b) Date of Charge 06/01/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Fogo de Chao | | (b) Payee address; City, State, Zip Code 200 Congress Ave Austin, TX 78701 |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description staff end of session gathering |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |