

**STATE / COUNTY CHAIR  
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH  
COVER SHEET PG 1**

The SC C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00090464	2 Total pages filed: 12
3 CANDIDATE NAME	MS / MRS / MR Mr.	FIRST Don	MI	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST Hooper	SUFFIX	Date Received ELECTRONICALLY FILED 02/02/2026
4 CANDIDATE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked
	811 Main Suite 1100 Houston, TX 77010			Receipt #
				Amount
				Date Processed
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Rachel	MI	
	NICKNAME	LAST Hooper	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	811 Main Suite 1100 Houston, TX 77002			
7 CAMPAIGN TREASURER PHONE	AREA CODE (713) 646-1329	PHONE NUMBER	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before convention / election	<input type="checkbox"/> Runoff	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before convention / election	<input type="checkbox"/> Final report (Attach SC C/OH-FR)	
9 PERIOD COVERED	Month 01/01/2026	Day	Year	Month 01/22/2026
10 CONVENTION / ELECTION DATE	Month	Day	Year	11 OFFICE SOUGHT  <input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR
12 POLITICAL PARTY	Republican			COUNTY (If Applicable) Harris

**GO TO PAGE 2**

STATE / COUNTY CHAIR  
CAMPAIGN FINANCE REPORT:  
SUPPORT & TOTALS

FORM SC C/OH  
COVER SHEET PG 2

2 of 12

13 CANDIDATE NAME	Hooper, Don (Mr.)		14 Filer ID (Ethics Commission Filers) 00090464												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2,721.78												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 2,160.60												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,584.54												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 500.00												

17 AFFADAVIT

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.

Mr. Don Hooper

Signature of Candidate

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

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

3 of 12

<b>18</b> CANDIDATE NAME Hooper, Don (Mr.)	<b>19</b> Filer ID (Ethics Commission Filers) 00090464
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
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	
SUBTOTAL AMOUNT	
\$ 2,721.78	
\$ 0.00	
\$ 0.00	
\$ 500.00	
\$ 137.24	
\$ 0.00	
\$ 0.00	
\$ 1,507.62	
\$ 515.74	
\$	
\$	
\$	
\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 1/2 Rpt: 4/12
<b>2</b> FILER NAME Hooper, Don (Mr.)			<b>3</b> Filer ID (Ethics Commission Filers) 00090464
<b>4</b> Date 01/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick, Eric	<b>7</b> Amount of Contribution (\$) \$250.00	
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77092		
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) Self	
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Rachel	Amount of Contribution (\$) \$520.51	
	Contributor address; City; State; Zip Code  Houston, TX 77010		
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) BakerHostetler	
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inglish, Chadd	Amount of Contribution (\$) \$104.10	
	Contributor address; City; State; Zip Code  Katy, TX 77493		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Western Academy	
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebaugh, Daniel	Amount of Contribution (\$) \$1,041.02	
	Contributor address; City; State; Zip Code  Houston, TX 77010		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, Brad	Amount of Contribution (\$) \$104.10	
	Contributor address; City; State; Zip Code  Fort Worth, TX 76132		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<p><b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 5/12</p>
<p><b>2</b> FILER NAME Hooper, Don (Mr.)</p>			<p><b>3</b> Filer ID (Ethics Commission Filers) 00090464</p>
<p><b>4</b> Date 01/18/2026</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, Brad</p>	<p><b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76132</p>	<p><b>7</b> Amount of Contribution (\$) \$150.00</p>
	<p><b>8</b> Principal occupation / Job title (See Instructions) Consultant</p> <p><b>9</b> Employer (See Instructions) Self</p>		
<p>Date 01/21/2026</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neill, Susan</p>	<p>Contributor address; City; State; Zip Code  Spokane, WA 99204</p>	<p>Amount of Contribution (\$) \$500.00</p>
	<p>Principal occupation / Job title (See Instructions) Retired</p> <p>Employer (See Instructions) Retired</p>		
<p>Date 01/19/2026</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouse, William</p>	<p>Contributor address; City; State; Zip Code  Spring, TX 77386</p>	<p>Amount of Contribution (\$) \$52.05</p>
	<p>Principal occupation / Job title (See Instructions) Director</p> <p>Employer (See Instructions) Leem Filtration</p>		

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B: Sch: 1/1 Rpt: 6/12
<b>2</b> FILER NAME Hooper, Don (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090464
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		\$ 0.00
<b>5</b> Date	<b>6</b> Full name of pledgor ..... <b>7</b> Pledgor Address; City; State; Zip Code	<b>8</b> Amount of pledge (\$)  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)

## LOANS

## **SCHEDULE E**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 7/12</p>
<p><b>2</b> FILER NAME Hooper, Don (Mr.)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00090464</p>
<p><b>4</b> TOTAL OF UNITEMIZED LOANS</p>		<p><b>\$</b> 0.00</p>
<p><b>5</b> Date of loan 01/09/2026</p>	<p><b>7</b> Name of lender Hooper, Donald</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: _____)</p> <p><b>9</b> Loan Amount (\$) \$500.00</p>
<p><b>6</b> Is lender a financial institution? No</p>	<p><b>8</b> Lender address; City; State; Zip Code Houston, TX 77010</p>	<p><b>10</b> Interest Rate</p> <p><b>11</b> Maturity Date</p>
<p><b>12</b> Principal occupation / Job title (See Instructions) Retired</p>		<p><b>13</b> Employer (See Instructions) Retired</p>
<p><b>14</b> Description of Collateral <input checked="" type="checkbox"/> None</p>		<p><b>15</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)</p>
<p><b>16</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable</p>	<p><b>17</b> Name of guarantor .....</p> <p><b>18</b> Guarantor address; City; State; Zip Code</p>	<p><b>19</b> Amount Guaranteed (\$)</p>
<p><b>20</b> Principal occupation</p>		<p><b>21</b> Employer (See Instructions)</p>

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 8/12	2 FILER NAME Hooper, Don (Mr.)	3 Filer ID (Ethics Commission Filers) 00090464
4 Date 01/20/2026	5 Payee name Greater Houston Pachyderm Club	
6 Amount (\$) \$30.00	7 Payee address; City; 2726 Bissonnet Street Suite 240-215 Houston, TX 77005	
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 Attendance at Greater Houston Pachyderm Club meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/21/2026	Payee name WinRed Technical Services LLC	
Amount (\$) \$107.24	Payee address; City; 1776 Wilson Boulevard Suite 539 Arlington, VA 22219	
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 Processing fees for political contributions by credit card
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/3 Rpt: 9/12	2 FILER NAME Hooper, Don (Mr.)		3 Filer ID (Ethics Commission Filers) 00090464
4 CREDIT CARD ISSUER	Name of financial institution American Express		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0.00
6 PAYMENT	(a) Amount Charged \$60.00	(b) Date of Charge 01/04/2026	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name True Texas Project		(b) Payee address; City, State, Zip Code 1220-G Airport Freeway #602  Bedford, TX 76022
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) Attendance at True Texas Project Conference		(b) Description Attendance at True Texas Project Conference
			(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 \$422.17	(b) Date of Charge 01/02/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Paperless Post		(b) Payee address; City, State, Zip Code 115 Broadway  New York, NY 10006
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Purchase of credits for communication with precinct chairs		(b) Description Purchase of credits for communication with precinct chairs
			(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 \$60.00	(b) Date of Charge 01/11/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Magic Circle Republican Women		(b) Payee address; City, State, Zip Code 3 Alabama Court  Houston, TX 77027
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 Admission fee to Attorney General Candidate Forum
			(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: 2/3 Rpt: 10/12	2 FILER NAME Hooper, Don (Mr.)		3 Filer ID (Ethics Commission Filers) 00090464
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 \$600.00	(b) Date of Charge 01/01/2026	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Sticker Outfitter		(b) Payee address; City, State, Zip Code online vendor stickeroutfitter.com Terlingua, TX 79852
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) Printing Expense		(b) Description Branded campaign stickers
			(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 \$281.45	(b) Date of Charge 01/21/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Paperless Post		(b) Payee address; City, State, Zip Code 115 Broadway  New York, NY 10006
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Purchase of credits for communication with precinct chairs		(b) Description Purchase of credits for communication with precinct chairs
			(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	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name		(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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: 3/3 Rpt: 11/12	2 FILER NAME Hooper, Don (Mr.)		3 Filer ID (Ethics Commission Filers) 00090464
4 CREDIT CARD ISSUER	Name of financial institution Chase		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0.00
6 PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 01/06/2026	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Greater Houston Pachyderm Club		(b) Payee address; City, State, Zip Code 2726 Bissonnet Street Suite 240-215 Houston, TX 77005
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 Attendance at Greater Houston Pachyderm Club 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 \$27.00	(b) Date of Charge 01/08/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Cypress Republicans		(b) Payee address; City, State, Zip Code 8190 Baker Cypress PMB 51  Cypress, TX 77433
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 Payment for Oscar Gonzales's attendance (candidate for Harris County Judge)
			(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 \$27.00	(b) Date of Charge 01/08/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Cypress Republicans		(b) Payee address; City, State, Zip Code 8190 Baker Cypress PMB 51  Cypress, TX 77433
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 Attendance at Cypress Republicans 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

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 12/12	2 FILER NAME Hooper, Don (Mr.)	3 Filer ID (Ethics Commission Filers) 00090464	
4 Date 01/13/2026	5 Payee name American Express		
6 Amount (\$) \$415.74  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 200 Vesey Street  New York, NY 12085		
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 for expenditures from personal funds	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/11/2026	Payee name Republican Women's Club of Katy		
Amount (\$) \$100.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9550 Spring Green Boulevard Suite 408-122 Katy, TX 77494		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Candidate Forum	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held