

**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: 15		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Stephen	MI	OFFICE USE ONLY		
	NICKNAME Andy	LAST Hopper	SUFFIX	Date Received ELECTRONICALLY FILED 01/31/2022		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1581 County Road 2224			Date Hand-delivered or Date Postmarked		
	Decatur, TX 76234			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Amanda	MI			
	NICKNAME	LAST Hopper	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1581 CR 22224		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Decatur, TX 76234					
7 CAMPAIGN TREASURER PHONE	AREA CODE (940) 255-6674	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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 01/01/2022	Day	Year	Month 01/20/2022	Day	Year
10 ELECTION	ELECTION DATE Month 03/01/2022		ELECTION TYPE <input checked="" 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)			12 OFFICE SOUGHT (if known) State Representative District 64		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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13 C / OH NAME	Hopper, Stephen (Mr.)		14 Filer ID (Ethics Commission Filers) 00084941
15 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		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)		\$ 13,303.38
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 13,104.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 17,010.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 60,000.00

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.

Mr. 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**

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18 FILER NAME Hopper, Stephen (Mr.)		19 Filer ID (Ethics Commission Filers) 00084941
20 SCHEDULE SUBTOTALS		
NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,303.38
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 13,104.91
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input 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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/15
2 FILER NAME Hopper, Stephen (Mr.)		3 Filer ID (Ethics Commission Filers) 00084941
4 Date 01/20/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Chris 6 Contributor address; City; State; Zip Code Decatur, TX 76234	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 01/01/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brister, Greg Contributor address; City; State; Zip Code Paradise, TX 76073	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Faron Contributor address; City; State; Zip Code Decatur, TX 76234	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Darl Contributor address; City; State; Zip Code Euless , TX 76039	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrell, Betsy 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/15
2 FILER NAME Hopper, Stephen (Mr.)		3 Filer ID (Ethics Commission Filers) 00084941
4 Date 01/20/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Follis, Thomas 6 Contributor address; City; State; Zip Code Boyd, TX 76023	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Jon Contributor address; City; State; Zip Code Cisco, TX 76437	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fridley, Dale Contributor address; City; State; Zip Code Denton, TX 76207	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/01/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Tom Contributor address; City; State; Zip Code McDade, TX 78650	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/01/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glover, Jill Contributor address; City; State; Zip Code Double Oak, TX 75077	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: 3/6 Rpt: 6/15
2 FILER NAME Hopper, Stephen (Mr.)		3 Filer ID (Ethics Commission Filers) 00084941
4 Date 01/01/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kratky, Jennifer	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Magnolia, TX 77355	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 01/01/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGovern, Vicki	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Denton, TX 76208	
Principal occupation / Job title (See Instructions) Sr Director		Employer (See Instructions) Calabrio
Date 01/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Tony	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Carrollton, TX 75006	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pendery, Darlene	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pendery, David	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Flower Mound, TX 75022	
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: 4/6 Rpt: 7/15
2 FILER NAME Hopper, Stephen (Mr.)		3 Filer ID (Ethics Commission Filers) 00084941
4 Date 01/01/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saulsbury, Charles 6 Contributor address; City; State; Zip Code Odessa, TX 79768	7 Amount of Contribution (\$) \$6,000.00
	8 Principal occupation / Job title (See Instructions) Business Owner	9 Employer (See Instructions) Self
Date 01/01/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saulsbury, Jr., Charles Contributor address; City; State; Zip Code Odessa, TX 79768	Amount of Contribution (\$) \$1,100.00
	Principal occupation / Job title (See Instructions) Business owner	Employer (See Instructions) self
Date 01/01/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saulsbury, Mark Contributor address; City; State; Zip Code Odessa, TX 79768	Amount of Contribution (\$) \$400.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 01/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Rod Contributor address; City; State; Zip Code Boyd , TX 76023	Amount of Contribution (\$) \$40.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 01/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Stephen Contributor address; City; State; Zip Code Denton, TX 76207	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/15
2 FILER NAME Hopper, Stephen (Mr.)		3 Filer ID (Ethics Commission Filers) 00084941
4 Date 01/20/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanner, Russell 6 Contributor address; City; State; Zip Code Bridgeport, TX 76426	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Gun Rights PAC Contributor address; City; State; Zip Code Richardson , TX 75080	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulrich, Kelcy Contributor address; City; State; Zip Code Jamestown , NC 27282	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wamhoff, Patrick Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$138.38
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/01/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, David Contributor address; City; State; Zip Code Azle, TX 76020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) Ft Worth ISD

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/15
2 FILER NAME Hopper, Stephen (Mr.)			3 Filer ID (Ethics Commission Filers) 00084941
4 Date 01/01/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Mindy	6 Contributor address; City; State; Zip Code Azle, TX 76020	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions) Ft Worth ISD	
Date 01/01/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wylie, David	Amount of Contribution (\$) \$100.00	
Contributor address; City; State; Zip Code Argyle, TX 76226			
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	

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: 1/6 Rpt: 10/15	2 FILER NAME Hopper, Stephen (Mr.)	3 Filer ID (Ethics Commission Filers) 00084941
4 Date 01/01/2022	5 Payee name Anley Flag Shop	
6 Amount (\$) \$28.09	7 Payee address; City; State; Zip Code 323 S Fernwood St West Covina, CA 91791	
8 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 Custom Flag
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/04/2022	Payee name Carta, Lia	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 997 Hlavek Rd 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/03/2022	Payee name CodeREDStrategies	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1011 Surrey Ln. Bldg 200 Flower Mound, TX 75022	
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 ONLY 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	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: 2/6 Rpt: 11/15	2 FILER NAME Hopper, Stephen (Mr.)	3 Filer ID (Ethics Commission Filers) 00084941
4 Date 01/03/2022	5 Payee name CodeREDStrategies	
6 Amount (\$) \$5,197.32	7 Payee address; City; 1011 Surrey Ln. Bldg 200 Flower Mound, TX 75022	State; Zip Code
8 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 mailer
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/04/2022	Payee name Cunningham, Erin	
Amount (\$) \$112.50	Payee address; City; 339 County Road 2320 Decatur, TX 76234	State; Zip Code
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/19/2022	Payee name Cunningham, Erin	
Amount (\$) \$56.25	Payee address; City; 339 County Road 2320 Decatur, TX 76234	State; Zip Code
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 ONLY 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	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: 3/6 Rpt: 12/15	2 FILER NAME Hopper, Stephen (Mr.)	3 Filer ID (Ethics Commission Filers) 00084941	
4 Date 01/20/2022	5 Payee name Facebook Ad Center		
6 Amount (\$) \$870.00	7 Payee address; City; 471 Emerson St. Palo Alto, CA 94301	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Social media ad run for report window	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/19/2022	Payee name First State Bank		
Amount (\$) \$22.00	Payee address; City; 661 W. Thompson St Decatur, TX 76234	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense checks	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/03/2022	Payee name Horton, Rachel		
Amount (\$) \$1,000.00	Payee address; City; 3746 Willow Circle Weatherford, TX 76087	State; Zip Code	
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 ONLY 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	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: 4/6 Rpt: 13/15	2 FILER NAME Hopper, Stephen (Mr.)	3 Filer ID (Ethics Commission Filers) 00084941
4 Date 01/19/2022	5 Payee name Horton, Rachel	
6 Amount (\$) \$1,000.00	7 Payee address; City; 3746 Willow Circle Weatherford, TX 76087	
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	Candidate/Officeholder name Office sought	Office held
Date 01/03/2022	Payee name Wells, Charity	
Amount (\$) \$56.25	Payee address; City; 630 CR 4010 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/04/2022	Payee name Wells, Charity	
Amount (\$) \$62.50	Payee address; City; 630 CR 4010 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 - training
Complete ONLY 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	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: 5/6 Rpt: 14/15	2 FILER NAME Hopper, Stephen (Mr.)	3 Filer ID (Ethics Commission Filers) 00084941
4 Date 01/16/2022	5 Payee name Wells, Charity	
6 Amount (\$) \$25.00	7 Payee address; City; 630 CR 4010 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	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought
Date 01/03/2022	Payee name Wells, Patience	
Amount (\$) \$50.00	Payee address; City; 630 CR 4010 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office held Office held
Date 01/04/2022	Payee name Wells, Patience	
Amount (\$) \$62.50	Payee address; City; 630 CR 4010 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 - training
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office held

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: 6/6 Rpt: 15/15	2 FILER NAME Hopper, Stephen (Mr.)	3 Filer ID (Ethics Commission Filers) 00084941	
4 Date 01/06/2022	5 Payee name Wise Republican Women		
6 Amount (\$) \$1,062.50	7 Payee address; City; PO Box 745 Bridgeport, TX 76426		
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 Republican gala	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held