

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) 00067812	2 Total pages filed: 6	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Brad A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/10/2024
	NICKNAME	LAST Schofield	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 232 Foxford Dr. Keller, TX 76248		Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Brad A.	MI	
	NICKNAME	LAST Schofield	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 232 Foxford Dr. Keller, TX 76248			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION (817) 521-9427	
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 02/25/2024	THROUGH		Month Day Year 06/30/2024
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		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 98	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Schofield, Brad A. (Mr.)	14 Filer ID (Ethics Commission Filers) 00067812
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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.																	
<table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td colspan="2">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="3">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="3">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="3">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL			<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS			COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS				
	COMMITTEE TYPE	COMMITTEE NAME																
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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)	\$	50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	50.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	19.70
	4. TOTAL POLITICAL EXPENDITURES	\$	12,274.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	29,412.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	40,128.94

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. Brad A. Schofield
 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
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18 FILER NAME Schofield, Brad A. (Mr.)		19 Filer ID (Ethics Commission Filers) 00067812
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50.00
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	\$ 12,265.00
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 9.85
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 586.97

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: 4/6	2 FILER NAME Schofield, Brad A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00067812
4 Date 04/16/2024	5 Payee name Direct Texas Marketing Group	
6 Amount (\$) \$12,255.15	7 Payee address; City; State; Zip Code 1260 S Business IH 35 New Braunfels, TX 78130	
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 Postcard Mailers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 5/6
2 FILER NAME Schofield, Brad A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00067812
4 Date 03/10/2024	5 Name of person from whom amount is received Amazon	8 Amount (\$) \$19.04
	6 Address of person from whom amount is received; City; State; Zip Code Seattle, WA 98109	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Refund	
Date 02/29/2024	Name of person from whom amount is received EECU	Amount (\$) \$120.00
	Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76101	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest Earned	
Date 03/28/2024	Name of person from whom amount is received EECU	Amount (\$) \$112.16
	Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76101	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest Earned	
Date 03/31/2024	Name of person from whom amount is received EECU	Amount (\$) \$1.70
	Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76101	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest Earned	
Date 03/31/2024	Name of person from whom amount is received EECU	Amount (\$) \$13.93
	Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76101	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest Earned	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 6/6
2 FILER NAME Schofield, Brad A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00067812
4 Date 04/30/2024	5 Name of person from whom amount is received EECU <hr/> 6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76101	8 Amount (\$) \$104.55
	7 Purpose for which amount is received Interest Earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/31/2024	Name of person from whom amount is received EECU <hr/> Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76101	Amount (\$) \$108.47
	Purpose for which amount is received Interest Earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 06/30/2024	Name of person from whom amount is received EECU <hr/> Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76101	Amount (\$) \$1.71
	Purpose for which amount is received Interest Earned <input type="checkbox"/> Check if political contribution returned to filer	
Date 06/30/2024	Name of person from whom amount is received EECU <hr/> Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76101	Amount (\$) \$105.41
	Purpose for which amount is received Interest Earned <input type="checkbox"/> Check if political contribution returned to filer	