CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl		1 Filer ID (Ethics Commis 00057835	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable	Michael			Date Received ELECTRONICA	LLY FILED
	NICKNAME	LAST	•••••	SUFFIX	07/13/2024	
		Schofield				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	934 Hidden Canyon Rd.				Receipt #	Amount
Change of Address	Katy, TX 77450					
onange on autoco	Raty, 17 11450				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>.</u>	
TREASURER NAME	Mr.	Jay				
	NICKALAME			SUFFIX		
	NICKNAME	LAST Zeidman		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 2104 Chilton	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
(Residence or Business)	Houston, TX 77019					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER PHONE	(713) 366-0579	iz Nowber	27.12.10.0.1			
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after cam	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	appointment (office Final Report (Attace	
					.,	
9 PERIOD COVERED	Month Day Year 01/01/2024	ТН	IROUGH	Month Day 06/30/202	Year 4	
40 51 5051011	5, 507,01, 5,475			EL FOTION TVDE		
10 ELECTION	ELECTION DATE Month Day Year		rimary	ELECTION TYPE Runoff	Other	
	World Day Teal			Kulloli	Duller	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative Distr	rict 132		State Represent	ative District 132	
	1			l		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Schofield, Michael (T	he Honorable)	14 Filer ID (00057835	(Ethics Commission Filers)				
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. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.							
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	X GENERAL	Texas Alliance for Life Political Action Comm	ittee					
		COMMITTEE ADDRESS						
	SPECIFIC	8000 Centre Park Dr.						
		Suite 380						
		Austin, TX 78754						
		COMMITTEE CAMPAIGN TREASURER NAME						
		Shaw, James						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
		4505 Corazon CV						
		Round Rock, TX 78681						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 26,400.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 22,957.70				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 54,039.05				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
		The Honor	able Michael Schofie	eld				
		Signature of	Candidate or Officehol	der				
AFFIX NO	TARY STAMP / SEAL AB	DVE						
Sworn to and subs	cribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.		•				
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath				
	-	-						

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH ADDENDUM

Page 3 of 42

				1 age 0 01 12
C / OH NAME	Schofield, Michael (T	he Honorable)	Filer ID 00057835	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have I	of political expenditures by political committees to been made without the candidate's or officeholde d to report this information only if they receive no	r's knowledge or c	onsent. Candidates and
()	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Alliance for Life Political Action Con	ımittee	
	IN OLIVER	COMMITTEE ADDRESS		
		8000 Centre Park Dr		
	SPECIFIC	Suite 380		
		Austin, TX 78754		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Shaw, James		
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
		4505 Corazon CV		
		Round Rock, TX		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		4 of 42	
18 FILER NAME	19 Filer ID 00057835	(Ethics Commission Filers)	
Schofield, Michael (The Honorable)	_		
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 26,150.00		
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 250.00	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTR	IBUTIONS	\$	
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 10,040.12	
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSIN	NESS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTR	IBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	E A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 1/6 Rpt: 5/42	
2	FILER NAME				Filer ID (Ethics Commission	on Filers)
	Schofield, M	hael (The Honorable)			00057835	
4	Date 05/14/2024			7	Amount of Contribution (\$)	\$2,000.00
		Houston, TX 77027				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	05/14/2024	Beer Alliance of Texas PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/10/2024	Bresnen, Steven Greene Contributor address; City; State; Zip Code				\$1,000.00
		Austin, TX 78701				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	i)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/14/2024	Cammack & Strong, PC				\$300.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/14/2024	Colangelo, Laura				\$150.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78746		L		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	CHEDULE A1	
	The Instru	struction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/6 Rpt: 6/42	
2	FILER NAME Schofield, M	ichael (The Honorable)			3	Filer ID (Ethics Commission 00057835	on Filers)
4	Date 01/12/2024	Comcast Corporation & NBCUniversal Political Action Committee 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	Philadelphia, PA 19103 pation / Job title (See Instructions		9 Employer (See Instructions	;) 		
_				5 Employer (See instructions	") 	Amount of Contribution (#)	
	Date 03/25/2024	Full name of contributor Conner, Matthew Contributor address; City; Si	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$500.00
		Katy, TX 77494					
Principal occupation / Job title (See Instructions) Managing Principal Employer (See Instructions) Arete Public Affairs		s)					
	Date Full name of contributor out-of-state PAC (ID#:) 05/14/2024 Consulting Engineers Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/05/2024 Friends of Baylor Med Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Houston, TX 77010 pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/10/2024 Funds Available for Involved Reporters Contributor address; City; State; Zip Code Athens, TX 75751		•	Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions	r)	Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 7/42	
2	FILER NAME Schofield, M	ichael (The Honorable)		3	Filer ID (Ethics Commission 00057835	on Filers)
4	Date 05/14/2024	<u> </u>	Grace & McEwan Consulting, L.L.C. Political Fund		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 05/25/2024				Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/11/2024 HOMEPAC of Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/14/2024	Full name of contributor out-of-state PAC (ID#:_HillCo PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/26/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Pilots PAC Contributor address; City; State; Zip Code Deer Park, TX 77536)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	ion Guide explains how to complete this form.			
2	FILER NAME Schofield, M	ichael (The Honorable)		3	Filer ID (Ethics Commission 00057835	on Filers)
4	Date 06/26/2024	 Full name of contributor	C00225342)	7	Amount of Contribution (\$)	\$250.00
_		Richmond, VA 23219				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 05/13/2024	Full name of contributor out-of-state PAC (ID#:_ Miller, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Dallas, TX 75201	Employer (See Instructions			
	Attorney	pation / Job title (See Instructions)	Locke Lord LLP	,		
	Date Full name of contributor out-of-state PAC (ID#:) 05/14/2024 Political Action Committee Of The Independent Insurance Agents of Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
		Austin, TX 78768				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/14/2024	Full name of contributor out-of-state PAC (ID#:_ Public Blueprint LLC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Alliance for Life PAC Contributor address; City; State; Zip Code Austin, TX 78754			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	DULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 9/42		
2	FILER NAME Schofield, M	ichael (The Honorable)		3	Filer ID (Ethics Commission 00057835	on Filers)	
4		5 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00	
_	<u> </u>	Austin, TX 78701-1951					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 05/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 05/14/2024				Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Sands PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$4,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 01/30/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 10/42	
2	FILER NAME Schofield, M	ichael (The Honorable)		3	Filer ID (Ethics Commissio 00057835	n Filers)
4	Date 05/21/2024	5 Full name of contributor out-of-state PAC (ID#:_ The American Electric Power Company Texas C 6 Contributor address; City; State; Zip Code	Committee For	7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ USAA Employee PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	San Antonio, TX 78288 Principal occupation / Job title (See Instructions) Employer (See Instructions)		.)			
	i illicipai occa	pation 7 oob title (oce monuculons)	Employer (See mandellons	')		
	Date 05/14/2024				Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_Yenugu, Malleswara Contributor address; City; State; Zip Code Katy, TX 77494)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:_Zachary Corporation Political Action Committee Contributor address; City; State; Zip Code San Antonio, TX 78265			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/42 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Schofield, Michael (The Honorable) 00057835 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 05/14/2024 **TREPAC** \$250.00 Advertising in support of 7 Contributor address; City; State; Zip Code fundraiser Austin, TX 78768 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	5)
	Sch: 1/8 Rpt: 12/42	Schofield, Michael (The Honorable) 00057835	
4	Date	5 Payee name	
	01/02/2024	AT&T Mobility	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$267.50	PO Box 6463	
		Carol Stream, IL 60197	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Telephone services	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	03/14/2024	AT&T Mobility	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$132.55	PO Box 6463	
		Carol Stream, IL 60197	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Telephone services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	03/30/2024	AT&T Mobility	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$134.41	PO Box 6463	
		Carol Stream, IL 60197	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Telephone services	
		Totophone services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 2/8 Rpt: 13/42	2 FILER NAME Schofield, Michael (The Honorable) 3 Filer ID (Ethics Commission Filers 00057835)
4	Date 04/30/2024	5 Payee name AT&T Mobility	
6	Amount (\$) \$137.59	Payee address; City; State; Zip Code PO Box 6463	
8	PURPOSE OF EXPENDITURE	Carol Stream, IL 60197 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Telephone services	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date 01/03/2024	Payee name American Express	
	Amount (\$) \$1,034.89	Payee address; City; State; Zip Code P.O. Box 650448 Dallas, TX 75265	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date 02/03/2024	Payee name American Express	
	Amount (\$) \$997.17	Payee address; City; State; Zip Code P.O. Box 650448	
		Dallas, TX 75265	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/8 Rpt: 14/42	Schofield, Michael (The Honorable) 00057835
4	Date	5 Payee name
	03/14/2024	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,865.29	P.O. Box 650448
		Dallas, TX 75265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card payment
		Great early payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	04/15/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,552.12	P.O. Box 650448
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Credit card payment
		Credit Card payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	06/05/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,400.97	P.O. Box 650448
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card payment
		Credit Card payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/8 Rpt: 15/42	Schofield, Michael (The Honorable) 00057835
4	Date	5 Payee name
	01/13/2024	City of Austin Utilities
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.68	PO Box 2267
		Austin, TX 78783
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Austin apartment utilities
		X Check if Austin, TX, officeholder living expense Austin apartment utilities
		Austin apartment utilities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/09/2024	CyFair Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	10750 Barker Cypress Rd
		Ste 104
		Cypress, TX 77433
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event ticket
		event ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name
	02/13/2024	CyFair Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	10750 Barker Cypress Rd
		Ste 104
		Cypress, TX 77433
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	event ticket Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event ticket
		EVELIT HOVET
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/8 Rpt: 16/42	Schofield, Michael (The Honorable) 00057835
4	Date	5 Payee name
	03/09/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.54	2300 N Shepherd Dr
		Houston, TX 77008
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Food for district convention
		Food for district convention
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	Date	Davies same
		Payee name
	01/10/2024	Johnson, Pam
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.39	1100 San Jacinto
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for constituent meals
		Reimbursement for consultating meas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/07/2024	Payee name Katy Christian Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	650 W Bough Lane
		#15-170
		Houston, TX 77024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	event ticket Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event ticket
		CVOIR BORGE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	• • • • • • • • • • • • • • • • • • •

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee	Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commission Filers)
	Sch: 6/8 Rpt: 17/42	;	Schofield, M	ichael (The Ho	onorable)					00057835	
4	Date	5	Payee name								
	02/17/2024			estock Show							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de				
	\$2,500.00	(6301 S Stad	lium Lane							
			Katy, TX 77	494							
8	PURPOSE	(a)	Category _{(Se}	e Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations M		,		=			plete Schedule T.
	EXI ENDITORE	'	Candidate/C	Officeholder/Po	litical Comm	ittee		—		officeholder living	j expense
								Livestock sho)W (aonations	
Ļ		<u> </u>									
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	eholder name	C	Office sou	ght			Office he	eld
	Date		Payee name								
	02/19/2024		Katy ISD Liv	estock Show							
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de				
	\$200.00	(6301 S Stad	lium Lane							
			Katy, TX 77	494							
	PURPOSE	(a)	Category _{(Se}	e Categories listed at	the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations M				—			plete Schedule T.
		'	Candidate/C	Officeholder/Po	litical Comm	ittee		Livestock sho		officeholder living	g expense
								LIVESTOCK SHO) VV (uonalions	
_	Complete ONLY if direct	<u> </u>	andidate/Offic	eholder name		Office sou	aht			Office he	ald
	expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held						Ju		
_	Data	1									
	Date	ı	Payee name	Dorty condidet	0 r00011500 -	omm:++-					
	05/02/2024	-		Party candidate							
	Amount (\$)	l	Payee addres	•	State;	Zip Co	de				
	\$500.00	1	807 Brazos	St							
		4	Austin, TX 7	8701							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	(Contribution	s/Donations M	ade By						plete Schedule T.
		'	Candidate/C	Officeholder/Po	litical Comm	ittee		_		officeholder living	
								committee	UF	kepublican F	Party candidate resource
	Complete ONLY if direct	$\overline{\Gamma}$	andidata/Offic	ceholder name		Office sou	ah+			Office he	nld
	expenditure to benefit C/O		anunate/OIII	ciolaet tidille	C	mice Sou	yııl			Onice ne	aiu .

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	$\overline{}$
	Sch: 7/8 Rpt: 18/42	Schofield, Michael (The Honorable) 00057835	
4	Date	5 Payee name	
	02/07/2024	TDCJ Manufacturing and Logistics	
6	Amount (\$) \$330.16	7 Payee address; City; State; Zip Code PO Box 4013 Huntsville, TX 77342	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Rocking chair for Katy Elks charity auction	
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/13/2024	Texas Correction Industries	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$330.16	PO Box 4013	
		Huntsville, TX 77432	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Rocking chair for VFW charity auction	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/02/2024	United States Postal Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.60	5701 4th St.	
		Katy, TX 77493	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		postage	
		postage	
_	Complete ONU V if alice	Condidate/Officeholder name Office county	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Legal Services	Salaries	/Wage	es/Contract Labor		OTHER (enter	a category not listed above	e)
				The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	Filers)
	Sch: 8/8 Rpt: 19/42		Schofield, M	ichael (The Hon	orable)				00057835		
4	Date	5	Payee name								
	03/09/2024		Walgreens								
6	Amount (\$)	7	Payee addres	s; City;	State; Zip C	ode					
	\$25.38		6280 Barker	Cypress							
			Houston, TX	78704							
8	PURPOSE	(a)		e Categories listed at the	o top of this schodulo)	(b)	Description				
	OF	``	Food/Bevera		e top of this schedule)	``		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		1 oou/Bevere	age Expense			Check if Austin,	, TX,	officeholder livi	ng expense	
							Food for prec	inc	t convention	on	
9	Complete ONLY if direct		Candidate/Offic	eholder name	Office so	ught			Office	held	
	expenditure to benefit C/OI	Η									
	Date		Payee name								
	01/02/2024		Woodchase	Apartments							
	Amount (\$)		Payee addres	s; City;	State; Zip C	ode					
	\$179.18		8524 Burnet	Rd							
			Austin, TX 7	8757							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	Description				
	OF		Austin aparti		,		Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		•				X Check if Austin,	, TX,	officeholder livi	ng expense	
							Austin Apartn	ner	nt rent		
	Complete ONLY if direct		Candidate/Offic	eholder name	Office so	ught			Office	held	
	expenditure to benefit C/OI	7									

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

l		The Inst	ruction Guide explains how	to complete th	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)	
l	Sch: 1/23 Rpt: 20/42	Schofield, Michael	(The Honorable)			00057835			
4	CREDIT CARD ISSUER		ncial institution n Express	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid			
		\$70.00	01/04/2024						
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		CyFair Houston Ch	amber of	8711 Hight #120 Houston, T	-				
8	PURPOSE OF	(a) Category		(b) Descripti	ion				
l	EXPENDITURE	(See Categories listed at the top of this schedule) event tickets			ets				
	X Political	olitical							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
€	expenditure to benefit C/OH		-						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
		\$31.01	01/05/2024						
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Southern Dough Ba	aking	908 Avenu Suite A	іе В				
				Katy, TX 77493					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	*	(b) Description staff meals					
	X Political	Food/Beverage Expe	nse						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	expenditure to benefit C/OH			•					
	PAYMENT	(a) Amount Charged \$3.89	(b) Date of Charge 01/04/2024	(c) Date(s) (Credit Card Issuei	r Paid			
r	PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code	
				6661 Dixie	Highway, Ste	4			
		Ready Refresh							
				Louisville,	KY 40258				
	PURPOSE OF	(a) Category	of Alvin and a dud a N	(b) Descripti					
l	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	water for Capitol office					
	X Political								
L	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
6	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
\vdash		l .							

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

l		The Inst	ruction Guide explains how	to complete thi	is form.					
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers						
l	Sch: 2/23 Rpt: 21/42	Schofield, Michael	(The Honorable)			00057835				
4	CREDIT CARD ISSUER	1	ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
		\$81.02	01/05/2024							
7	PAYEE	(a) Payee name		(b) Payee address; City, Sta				Zip Code		
		Constant Contact		1601 Trapelo Road, Ste 329						
L				Waltham, I						
8	PURPOSE OF	(a) Category	-f.de:ld.d-\	(b) Descripti						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Email services						
	X Political	X Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
€	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
		\$100.00	01/25/2024							
Г	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code		
		Katy Area Chambe	814 East A Unit G Katy, TX 7							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top event ticket	of this schedule)	(b) Description	on					
l	X Political									
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
€	expenditure to benefit C/OH		T	1						
	PAYMENT	(a) Amount Charged \$35.00	(b) Date of Charge 02/01/2024	(c) Date(s) C	Credit Card Issuer	Paid				
Г	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code		
				21728 High	nland Knolls					
		Republican Womer	ns Club Of							
				Katy, TX 7	7450					
	PURPOSE OF	(a) Category		(b) Descripti	on					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	event ticket						
1	X Political									
L	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
€	expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comm	ission Filers)				
Sch: 3/23 Rpt: 22/42	Schofield, Michael	(The Honorable)		00057835					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$90.00	02/08/2024							
7 PAYEE	(a) Payee name Katy Elks Lodge #2	628	(b) Payee address; City, State, Zip Code 1050 Katy Fort Bend Road						
			Katy, TX 77493						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
l <u> </u>	Contributions/Donatio	ns Made By	staff gifts						
X Political	Candidate/Officeholde								
Non-Political		of Texas. Complete Schedule T.	_	, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	yr Daid					
PATMENT	\$70.00	(b) Date of Charge 02/18/2024	(c) Date(s) Credit Card Issue	: raiu					
PAYEE (a) Payee name			(b) Payee address;	City, State	, Zip Code				
	Goen, Steve		1519 Sweetbriar Dr						
			Wichita Falls, TX 76302						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description Coffee table book for Capitol office						
X Political	Office Overhead/Rent	iai Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$17.60	(b) Date of Charge 01/02/2024	(c) Date(s) Credit Card Issue	er Paid					
PAYEE	(a) Payee name United States Posta	ol Sanico	(b) Payee address; 5701 4th St.	City, State	, Zip Code				
		ai Sei vice	Katy, TX 77493						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
X Political	Office Overhead/Rent	tal Expense	postage						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)		
	Sch: 4/23 Rpt: 23/42	Schofield, Michael ((The Honorable)	00057835						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid				
		\$98.38	01/11/2024							
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		HEB		12021 US 290						
					78737					
8	PURPOSE OF	(a) Category		(b) Descript						
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Food for K	aty Area Cham	ber of Comme	rce event			
	X Political	T God/Beverage Exper	1150							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
9	Complete ONLY if direct	name Office	e sought		Office held					
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid				
		\$219.95	01/27/2024							
	PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code		
		Slaugher Lane UHa	aul	9001 S IH	-35					
				Austin, TX	78744					
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Austin storage unit	of this schedule)	Austin storage unit						
	X Political	Austin Storage unit								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid				
		\$30.00	01/30/2024							
H	PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code		
				2222 Wes	t Loop S Fwy S					
		Royal Sonesta Hote	el							
				Houston,	ΓX 77027					
Г	PURPOSE OF	(a) Category		(b) Descript	ion					
	EXPENDITURE	(See Categories listed at the top Travel In District	of this schedule)	event parking						
I	X Political	Traver III District								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	xpenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a categor	y not listed at	pove)				
1 Total pages Schedule F4:		3 Filer ID (Ethio	cs Commiss	sion Filers)						
Sch: 5/23 Rpt: 24/42	Schofield, Michael	(The Honorable)		00057835		,				
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$32.79	01/31/2024								
7 PAYEE	(a) Payee name Pappa Gyros		(b) Payee address; 21910 Franz Rd	City,	State,	Zip Code				
	() 2		Katy, TX 77450							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
l <u> </u>	Food/Beverage Expe	· ·	Staff meals							
X Political										
Non-Political	19 L	of Texas. Complete Schedule T.								
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held						
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	(a) Data(a) Cradit Card Issue	r Doid						
PATMENT	(a) Amount Charged \$6.10	02/05/2024	(c) Date(s) Credit Card Issue	i Palu						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	L3 Craft Coffee		10615 Fry Rd	•	·	·				
			Cypress, TX 77433							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		coffee for constituent meeting							
X Political	T odd/Beverage Expe	1100								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ete Schedule T. Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$81.02	02/05/2024								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Constant Contact		1601 Trapelo Road, Ste 3	329						
			Waltham, MA 02451							
PURPOSE OF	(a) Category	(4: 1.11)	(b) Description							
EXPENDITURE 	(See Categories listed at the top Office Overhead/Ren		Email services							
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense					
Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	3 Filer ID (Ethics Commission Filers)					
Sch: 6/23 Rpt: 25/42	Schofield, Michael	(The Honorable)		00057835						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$974.25	05/02/2024								
7 PAYEE	(a) Payee name Lifetime of Clicks P	hotography	(b) Payee address; 24530 Kingsland Blvd	City,	State,	Zip Code				
	() 5 :		Katy, TX 77494							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	n maatamiala						
	Advertising Expense	,	photography for campaign materials							
X Political	L. —									
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		, officeholder living expense Office held	e					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office field						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	ar Daid						
TATMENT	\$54.79	05/14/2024	(c) Butc(s) Credit Gura 13300	i i did						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Austin Rotisserie		111 Congress Ave							
			Austin, TX 78701							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description staff meals							
X Political	Food/Beverage Expe	nse								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	е					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH		-								
PAYMENT	(a) Amount Charged \$260.70	(b) Date of Charge 05/24/2024	(c) Date(s) Credit Card Issue	er Paid						
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
	Crand I hatt Can A	ntonio	600 Market St.							
	Grand Hyatt San A	HIOHIO								
			San Antonio, TX 78205							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	nyontion						
X Political	Travel Out of District	,	Hotel for staff for RPT co	nvention						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expens	e					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
	•									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 7/23 Rpt: 26/42	Schofield, Michael	(The Honorable)		00057835		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$9.38	01/05/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Couthorn Dough Boking		908 Avenue B			
	Southern Dough Ba	aking	Suite A			
			Katy, TX 77493			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		staff meals			
X Political	Food/beverage Exper	1156				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$56.41	01/11/2024				
PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip Code		
	Starbucks		501 W 15th St.			
			Austin, TX 78701			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Coffee for Katy Area Chamber of Commerce event			
X Political	T God/Beverage Exper	1150				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$150.00	01/14/2024				
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State, Zip Code		
			814 East Ave.			
	Katy Area Chambe	r of Commerce	Unit G			
			Katy, TX 77493			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	event ticket			
X Political	event ticket					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete thi	s form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
	Sch: 8/23 Rpt: 27/42	Schofield, Michael	(The Honorable)			00057835		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
		\$76.88	01/14/2024					
7	PAYEE	(a) Payee name		(b) Payee ad		City,	State,	Zip Code
		My God Votes		11611 Cha	mpion Forest D	Or		
L				Houston, T				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	_	event ticket	or this scriedule)	event ticket	I			
	X Political							
L	Non-Political	<u> </u>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	name Office	e sought		Office held			
Ľ	expenditure to benefit C/OH	() 4 () 4	L (1) D (1) (1)	1() 5 : () 6	. I': O . I I	D ::1		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
		\$71.67	01/24/2024					
Г	PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
		Southorn Dough Pr	akina	908 Avenu	е В			
		Southern Dough Ba	aking	Suite A				
L				Katy, TX 77				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Constituent				
	X Political	Food/Beverage Expe		Constituent	meais			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
		\$300.00	02/02/2024					
Г	PAYEE	(a) Payee name	•	(b) Payee ad	ldress;	City,	State,	Zip Code
		The ADO of Make		934 Jordan	Ranch Blvd			
		The ARC of Katy						
L				Brookshire				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	X Political	event tickets	of this scriedule)	event ticket	ts			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	ense	
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 9/23 Rpt: 28/42	Schofield, Michael	(The Honorable)		00057835		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$3.89	02/03/2024				
7 PAYEE	(a) Payee name Ready Refresh		(b) Payee address; 6661 Dixie Highway, Ste	City,	State,	Zip Code
			Louisville , KY 40258			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Office Overhead/Ren		water for Capitol office			
X Political	ļ.,					
Non-Political	(1)	of Texas. Complete Schedule T.		, officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH			e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
TATMENT	\$25.00	02/07/2024	(c) Butc(s) Great Cura 133uc	i i did		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Katy Christian Chamber of		650 W Bough Lane #15-170 Houston, TX 77024			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Contributions/Donatio	ns Made By	(b) Description donation			
X Political		er/Political Committee				
Non-Political	`	of Texas. Complete Schedule T.		, officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 02/18/2024	(c) Date(s) Credit Card Issue	er Paid		
PAYEE	Katy ISD Livestock Show		(b) Payee address; 6301 S Stadium Lane Katy, TX 77494	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	*	(b) Description Livestock show donation			
Non-Political	\(\frac{1}{2}\) \(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	, officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commi	ssion Filers)		
Sch: 10/23 Rpt: 29/42	Schofield, Michael	(The Honorable)		00057835			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$662.50	02/22/2024					
7 PAYEE	(a) Payee name CyFair Education F	oundation	(b) Payee address; 11803 Grant Rd	City, State,	Zip Code		
	() 0 :		Cypress, TX 77429				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description table for scholarship gala				
X Political	table for scholarship g	gala	table for scholarship gala				
I <u> </u>							
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense Office held			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onic					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$81.02	03/05/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	Constant Contact		1601 Trapelo Road, Ste 3	29			
			Waltham, MA 02451				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Email services				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$71.54	02/17/2024					
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State,	Zip Code		
			6661 Dixie Highway, Ste	4			
	Ready Refresh						
			Louisville , KY 40258				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
EXPENDITURE	Office Overhead/Rent	*	Water for Capitol office				
X Political							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete thi	s form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 11/23 Rpt: 30/42	Schofield, Michael	(The Honorable)			00057835		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid		
	\$800.00	02/17/2024					
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
	Katy ISD Livestock	Show	6301 S Sta	dium Lane			
			Katy, TX 7				
8 PURPOSE OF	(a) Category	of this sahadula)	(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	Livestock s	show donation			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid		
	\$175.00	03/17/2024					
PAYEE	(a) Payee name	•	(b) Payee ad	City,	State,	Zip Code	
	Fort Bend Republic	an Party	9920 Richr	nond-Sugarlan	d Rd		
				d, TX 77478			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top event ticket	of this schedule)	(b) Description				
X Political	over tionet						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid		
	\$229.95	06/26/2024					
PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
			9001 IH-35	•			
	Slaughter Lane U-h	naul					
			Austin, TX	78783			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Austin storage unit	of this schedule)	Austin stor	age unit			
X Political	, addin storage unit						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	_	Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a categor	y not listed at	oove)
1 Total pages Schedule F4:		·	<u> </u>	3 Filer ID (Ethio	s Commiss	sion Filers)
Sch: 12/23 Rpt: 31/42	Schofield, Michael	(The Honorable)		00057835		,
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$15.00	04/26/2024				
7 PAYEE	(a) Payee name Omni Riverway		(b) Payee address; 4 Riverway	City,	State,	Zip Code
	() 0 :		Houston, TX 77024			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Travel In District	· · · · · · · · · · · · · · · · · · ·	event parking			
X Political						
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
FATMENT	\$312.81	03/26/2024	(c) Date(s) Credit Card issued	raiu		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Harris County Republican Party		8588 Katy Freeway			
			Houston, TX 77024			
PURPOSE OF	(a) Category	(d): 1 11)	(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	event tickets			
X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$95.78	04/09/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Office Depot		415 S Fry Rd			
			Katy, TX 77450			
PURPOSE OF	(a) Category	(d): 1 11)	(b) Description			
EXPENDITURE 	(See Categories listed at the top Office Overhead/Rent		Ink cartridge for printer			
X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete t	his form.	(,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 13/23 Rpt: 32/42	Schofield, Michael	(The Honorable)			00057835		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$900.00	04/10/2024					
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	A		9420 Bon	ita Beach Rd SE	Ξ		
	Advantage, Inc.		Ste 200				
			Bonita Sp	rings, FL 34135			
8 PURPOSE OF	(a) Category		(b) Descrip	tion			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Data serv	ice			
X Political	Consulting Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$5.00	04/20/2024					
PAYEE (a) Payee name			(b) Payee a	address;	City,	State,	Zip Code
	Katy Area Chamber of Commerce		814 East Unit G Katy, TX				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top event ticket for chili co		event ticket for chili cookoff				
X Political	event ticket for chill co	JUKUII					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$229.95	04/26/2024					
PAYEE	(a) Payee name	<u>I</u>	(b) Payee a	address;	City,	State,	Zip Code
			9001 IH-3				·
	Slaughter Lane U-h	naul		-			
			Austin, T	< 78783			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Austin sto	rage unit			
X Political	Austin storage unit						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. X Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
expenditure to benefit C/OH			-				
	•						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	to complete		TTIER (enter a categor	y not listed a	bove)
1	Total pages Schedule F4:		·	•		3 Filer ID (Ethic	cs Commis	sion Filers)
<u>-</u>	Sch: 14/23 Rpt: 33/42	Schofield, Michael	(The Honorable)			00057835		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
		\$35.00	05/01/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Katy Christian Cha	mber of	#15-170	ough Lane , TX 77024			
8	PURPOSE OF	(a) Category		(b) Descrip	ption			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	event ticl	ket			
l	X Political	eveni licket						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
е	xpenditure to benefit C/OH							
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
		\$36.95	02/27/2024					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Courth arms Double Do	a Latina an	908 Aver	nue B			
		Southern Dough Ba	aking	Suite A				
L				Katy, TX				
l	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip				
	EXPENDITURE	Food/Beverage Expe		staff mea	als			
	X Political	,						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
l	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
l	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
		\$219.95	02/27/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
l		Slaugher Lane UHa	aul.	9001 S II	H-35			
l		Slaugher Lane On R	aui					
L		() 2 :		Austin, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	•			
		Austin storage unit	,	Austin St	orage unit			
	X Political							
ldash	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		X Check if Austin, TX,		ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
I								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 15/23 Rpt: 34/42	Schofield, Michael	(The Honorable)			00057835		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
		\$35.00	03/07/2024					
7	PAYEE	(a) Payee name Republican Womer	ns Club Of		ighland Knolls	City,	State,	Zip Code
Ļ	DUDDOOF 05	(a) Cataman		Katy, TX				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	event ticket		event ticket				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
		\$284.70	03/08/2024					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Chick Fil-A		6175 Hwy 6 N				
				Houston	TX 77084			
	PURPOSE OF	(a) Category		(b) Descri				
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Food for precinct convention				
	X Political	. 000,2010.0g0 <u>=</u> xpo						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
		\$27.00	03/12/2024					
H	PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code
l				10750 Ba	arker Cypress Rd			
		CyFair Republican	Women	Ste 104				
L				Cypress,	TX 77433			
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	EXPENDITURE	event ticket	oi uiis soileuule)	event ticl	ket			
	X Political							
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
L	expenditure to benefit C/OH							
1								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)	
Sch: 16/23 Rpt: 35/42	Schofield, Michael	(The Honorable)		00057835			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$4.64	05/03/2024					
7 PAYEE	(a) Payee name Ready Refresh		(b) Payee address; 6661 Dixie Highway, Ste	City,	State,	Zip Code	
			Louisville , KY 40258				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description water for Capitol office				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exper	ise		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$81.02	05/05/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Constant Contact		1601 Trapelo Road, Ste 3	329			
			Waltham, MA 02451				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Email services				
X Political	Office Overhead/Ren	tal Expense	Email services				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exper	ise		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$229.95	05/26/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Claughter Lane II h	a aud	9001 IH-35				
	Slaughter Lane U-h	iaui					
			Austin, TX 78783				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u> </u>	Austin storage unit	· · · · · · · · · · · · · · · · · · ·	Austin storage unit				
X Political	() []		— — — —				
Non-Political	\(\frac{1}{2}\) \(\frac{1}{2}\)	of Texas. Complete Schedule T.		, office held	ise		
expenditure to benefit C/OH	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held						

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Onicerolden/Folitica	· · · · · · · · · · · · · · · · · · ·	ruction Guide explains how	to complete this fo		TIEN (enter a catego	ory not listed at	bove)
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 17/23 Rpt: 36/42	Schofield, Michael	(The Honorable)			00057835		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF U EXPENDITU CHARGED T CARD		\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	Paid		
	\$4.64	06/03/2024					
7 PAYEE	(a) Payee name Ready Refresh		(b) Payee addre		City,	State,	Zip Code
			Louisville , KY	40258			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	:+=1 =#:==			
l <u> </u>	Office Overhead/Rent		Water for Cap	птог оптсе			
X Political							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		neck if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	(a) A managed Observation	(h) Data at Ohanna	(-) D-+-(-) O	lit O - and I a	D-14		
PAYMENT	(a) Amount Charged \$24.58	(b) Date of Charge 06/13/2024	(c) Date(s) Cred	iit Card Issuer	Paid		
PAYEE	(a) Payee name	•	(b) Payee addre	ess;	City,	State,	Zip Code
	Summer Moon Cafe	е	19901 Kingsla	and Blvd			
			Katy, TX 7709	94			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		coffee for volu	ınteer meetir	ng		
Non-Political	(2) D 0 1 7 1 1 1 1 1	(T. 0 1.1 0.1 1.1 T.		1.77 4 . 77 . 77.4	· · · · · · · · · · · · · · · · · · ·		
<u> </u>	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	neck if Austin, TX, o	officeholder living ex Office held	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	Paid		
	\$30.00	03/19/2024					
PAYEE	(a) Payee name	l	(b) Payee addre	ess;	City,	State,	Zip Code
			1605 Post Oa	k Blvd			
	Greater Houston Pa	achyderm					
			Houston, TX 7	77056			
PURPOSE OF	(a) Category	.	(b) Description				
EXPENDITURE	(See Categories listed at the top event ticket	of this schedule)	event ticket				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Cr	neck if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a category not listed	d above)
1 Total pages Schedule F4:		·	<u> </u>	3 Filer ID (Ethics Comm	nission Filers)
Sch: 18/23 Rpt: 37/42	Schofield, Michael ((The Honorable)		00057835	•
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$51.95	03/27/2024			
7 PAYEE	(a) Payee name Best Buy		(b) Payee address; 20290 Katy Fwy	City, State	e, Zip Code
			Katy, TX 77449		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
X Political	Office Overhead/Rent		ink cartridge for printer		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$33.87	03/28/2024			
PAYEE	(a) Payee name	•	(b) Payee address;	City, State	e, Zip Code
	Southern Dough Baking		908 Avenue B Suite A		
			Katy, TX 77493		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		staff meals		
X Political	1 000/Deverage Exper	1130			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$4.64	04/03/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code
	Ready Refresh		6661 Dixie Highway, Ste	4	
			Louisville , KY 40258		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top		water for Capitol office		
X Political	Office Overhead/Rent	tai Expense			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	
expenditure to benefit C/OH					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Candidate/Oniceriolae//Folitica	· ·	ruction Guide explains how	to complete th		TTIEN (enter a cate	gory not listed at	ove)	
1 Total pages Schedule F4:					3 Filer ID (Ethics Commission Filers)			
Sch: 19/23 Rpt: 38/42	Schofield, Michael (00057835				
4 CREDIT CARD ISSUER	Name of finar	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$81.02	04/05/2024						
7 PAYEE	(a) Payee name Constant Contact			elo Road, Ste 3	City, 29	State,	Zip Code	
				MA 02451				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript					
l <u> </u>	Office Overhead/Rent		Email serv	/ices				
X Political								
Non-Political	(*)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living	expense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$40.00	04/11/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Katy Police Officers Association		5456 Fran	ız Rd				
	Katy, TX 77493							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Descript event ticke					
X Political	event ticket							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$16.00	04/16/2024						
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code	
		1110 Lamar St						
	One City Centre Ga	arage						
			Houston,	TX 77001				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel In District	parking for meeting with county commissioner						
X Political	Haver in District							
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Carididate/Officeriolder/Folitica	· ·	ruction Guide explains how	to complete this form.	OTTLN (enter a cate	gory not listed at	oove)		
1 Total pages Schedule F4:	4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 20/23 Rpt: 39/42	Schofield, Michael	(The Honorable)	00057835					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A CARD	 \$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer Paid				
	\$16.00	04/16/2024						
7 PAYEE	(a) Payee name One City Centre Ga	arage	(b) Payee address; 1110 Lamar St	City,	State,	Zip Code		
			Houston, TX 7700)1				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel In District	of this schedule)	(b) Description Staff parking for meeting with county commissioner					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	Austin, TX, officeholder living e	officeholder living eynense			
9 Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held				
expenditure to benefit C/OH			-					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer Paid				
	\$900.00	04/16/2024						
PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code		
	Advantage, Inc.	9420 Bonita Beach Ste 200 Bonita Springs, FL						
PURPOSE OF	(a) Category		(b) Description	_ 34133				
EXPENDITURE	(See Categories listed at the top Consulting Expense	of this schedule)	Data service					
X Political Non-Political	()							
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Austin, TX, officeholder living of Office held	expense			
Complete ONLY if direct expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$37.65	(b) Date of Charge 05/08/2024	(c) Date(s) Credit Ca	ard Issuer Paid				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	Office Max		415 S Fry Rd					
			Katy, TX 77450					
PURPOSE OF	(a) Category	of this colorabile)	(b) Description					
EXPENDITURE 	(See Categories listed at the top Office Overhead/Rent		ink cartridge for pr	rinter				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if	Austin, TX, officeholder living e	expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
I								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 21/23 Rpt: 40/42	Schofield, Michael (The Honorable)				00057835			
4	CREDIT CARD ISSUER	Name of financial institution See previous See previous SEE TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid			
		\$49.20	05/14/2024						
7	PAYEE	(a) Payee name Hruska's		(b) Payee 109 W H		City,	State,	Zip Code	
L				Ellinger,	TX 78938				
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this cabadula)	(b) Descrip					
	EXPENDITURE X Political	Travel Out of District	or this scriedule)	Gas for staff travel to Austin					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living expense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid			
		\$81.02	06/05/2024						
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
		Constant Contact		1601 Tra	pelo Road, Ste 3	29			
				Waltham	, MA 02451				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descrip					
	EXPENDITURE	Office Overhead/Ren		Email ser	rvices				
	X Political								
	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY 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 Issue	Paid			
		\$58.80	06/15/2024						
Г	PAYEE	(a) Payee name	•	(b) Payee address; 4740 Katy Fwy		City,	State,	Zip Code	
		Shell Rapid Lube							
		Sileli Kapiu Lube							
L		() 0 :			TX 77007				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description Gas for staff travel to Austin					
	X Political	Travel Out of District	•	Gas IUI S	nair traver to AUS	.111			
	Non-Political								
\vdash	Ш	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held							
 	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officefiolder	name Office	o oouynt		Onice nelu			
Ĕ									

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officeriolide//Folitica	· ·	ruction Guide explains how	to comple	ete thi		TTIEN (enter a cate	gory not listed at	ove)
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 22/23 Rpt: 41/42	Schofield, Michael (The Honorable)					00057835		,
4 CREDIT CARD ISSUER	Name of financial institution see previous			ENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer			r Paid		
	\$229.95	06/26/2024						
7 PAYEE	(a) Payee name Slaughter Lane U-h	aul	(b) Payee address; 9001 IH-35			City,	State,	Zip Code
	() 2		Austin,					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Des					
	Austin storage unit	· · · · · · · · · · · · · · · · · · ·	Austin	Stora	age unit			
X Political								
Non-Political	(*)	of Texas. Complete Schedule T.		Х	Check if Austin, TX,		expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held		
expenditure to benefit C/OH	() 1	L (1) D (O)	1()5.	() 0	17: 0 11	5		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer			r Pala		
	\$10.00	06/26/2024						
PAYEE	(a) Payee name		(b) Payee address;			City,	State,	Zip Code
	United States Postal Service 5701 4th St.							
	Katy, TX 77493							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Desc postag	•	on			
X Political	Office Overhead/Rental Expense							
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date	e(s) C	redit Card Issue	r Paid		
	\$37.74	06/27/2024						
PAYEE	(a) Payee name	1	(b) Paye	ee ad	dress;	City,	State,	Zip Code
Southern Dough Baking			908 Avenue B					
		aking	Suite A	4				
			Katy, 1	TX 77	7493			
PURPOSE OF	(a) Category		(b) Des					
EXPENDITURE 	(See Categories listed at the top of this schedule) Food/Beverage Expense			neals	i			
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held		
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officeholder/Politica		ces Sal ruction Guide explains how	aries/Wages/C		THER (enter a categor	y not listed at	oove)	
1 Total pages Cabadula E4:		uction Guide explains now	to complete	tilis lottii.	2 Filor ID (Ethic	oc Commics	sion Filors)	
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)				
Sch: 23/23 Rpt: 42/42				05.111175141755	00057835			
1	ISSUER see previous			L OF UNITEMIZED NDITURES	\$			
IOOOLK			CHAR	GED TO A CREDIT				
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Issue	r Paid			
	\$137.59	06/30/2024						
7 PAYEE	7 PAYEE (a) Payee name			e address;	City,	State,	Zip Code	
	ATOT Mobility		PO Box 6463					
	AT&T Mobility							
				ream, IL 60197				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cahadula)	(b) Descr					
EXPENDITURE	Office Overhead/Rent		Telepho	ne services				
X Political		,						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Issuei	r Paid			
	\$612.98	05/25/2024						
PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code	
			600 Market St.					
	Grand Hyatt San Antonio							
			San Ant	onio, TX 78205				
PURPOSE OF	(a) Category		(b) Descr	iption				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Hotel for RPT convention					
X Political	Traver Out or District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
I								