# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	te this form.  1 Filer ID (Ethics Commission Filers) 00020891			2 Total pages filed: 12			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY		
NAME	Mr.	Alan L.			Date Received  ELECTRONICAI	LY FILED		
	NICKNIANAE			CUEEN	10/07/2024			
	NICKNAME	LAST Schoolcraft		SUFFIX	10/0//2024			
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or [	Date Postmarked		
OFFICEHOLDER MAILING ADDRESS	8647 FM 725				Receipt#	Amount		
Change of Address	McQueeney, TX 78123							
Ontainge of Address	WicQueeney, 1x 76123				Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR	FIRST		MI				
TREASURER NAME		Dena J.						
	NICKNAME	LAST		SUFFIX				
	Joette	Schoolcraft		301111				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STAT	E; ZIP CODE		
TREASURER ADDRESS	8647 FM 725	,		,		,		
(Residence or Business)	McQueeney, TX 78123							
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION					
TREASURER PHONE	(830) 549-5050							
8 REPORT		_			<u> </u>			
TYPE	January 15	30th day before	election	Runoff	15th day after campappointment (office			
	July 15	8th day before		Exceeded modified	Final Report (Attac			
		_	ш,	reporting limit	_			
9 PERIOD	Month Day Year			Month Day	Year			
COVERED	07/01/2024	TH	IROUGH	09/26/202	4			
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month Day Year	P	rimary	Runoff	Other			
	11/05/2024	XG	eneral	Special	<u> </u>			
11 OFFICE	OFFICE HELD (if any)	<u>'</u>		12 OFFICE SOUGHT				
				State Representa	ative District 44			
		GO T	O PAGE 2					

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Schoolcraft, Alan L. (	(Ethics Commission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or office POLITICAL consent. Candidates and officeholders are required to report this information only if they receive no								
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS									
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 34,600.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM		<b>\$</b> 23.64						
	4. TOTAL POLITIC		<b>\$</b> 8,895.69						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	\$ 90,341.00						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 355,000.00					
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.							
		Mr. A	lan L. Schoolcraft						
		Signature of	Candidate or Officehol	der					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
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	administering oath					

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

					3 of 12
_	ER NAN	19 Filer ID	(Eth	ics Commission Filers)	
50	choolcra	00020891			
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	34,600.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	3,923.64	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	4,972.05	
10	. 🗆	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	\$		
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	6.41

	MONET	ARY POLITICAL CONTRI		SCHEDULE A1				
	The Instru	ction Guide explains how to comple	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/12				
2	FILER NAME Schoolcraft,	Alan L. (Mr.)		3	Filer ID (Ethics Commission 00020891	on Filers)		
4	Date 09/13/2024	<ul> <li>Full name of contributor  out-of-state</li> <li>Cavender, Rick</li> <li>Contributor address; City; State; Zip Code</li> </ul>	7	Amount of Contribution (\$)	\$500.00			
	Dringing! goog	San Antonio, TX 78257	lo.	Employer (See Instructions				
8	Auto dealer	pation / Job title (See Instructions)	9	Cavender Auto Group	)			
	Date Full name of contributor out-of-state PAC (ID#:)  08/01/2024 Charter Schools Now PAC  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions	)			
		,		, . , . (	,			
	Date 09/03/2024					Amount of Contribution (\$)	\$1,500.00	
		Houston, TX 77234						
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)			
	Date 08/20/2024					Amount of Contribution (\$)	\$500.00	
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  08/20/2024 Hillco PAC  Contributor address; City; State; Zip Code  Austin, TX 78701					Amount of Contribution (\$)	\$10,000.00	
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)			
			'					

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/12		
2	FILER NAME Schoolcraft,	Alan L. (Mr.)		3	Filer ID (Ethics Commission Filers) 00020891	
4	Date 09/03/2024	<ul> <li>Full name of contributor</li></ul>	7	Amount of Contribution (\$) \$1,000.00		
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/12/2024	Full name of contributor out-of-state PAC (ID#: Slatis, Evan  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50.00		
	Deinsinal	Cibolo, TX 78108	Evolution (Con Instruction	$\overline{\Gamma}$		
	Consultant	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/31/2024	Full name of contributor  out-of-state PAC (ID#:		Amount of Contribution (\$) \$50.00		
	Deinsinal	Seguin, TX 78155	Foundation (Co. ) In attraction	$\overline{\Gamma}$		
	retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/13/2024 Texans For Lawsuit Reform  Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$) \$15,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texans United For A Conservative Majority  Contributor address; City; State; Zip Code  Victoria, TX 77901			Amount of Contribution (\$) \$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1			
	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/12		
2	FILER NAME Schoolcraft,	Alan L. (Mr.)		3	Filer ID (Ethics Commission 00020891	Filers)	
4	Date 09/12/2024	<ul> <li>Full name of contributor</li></ul>	7	Amount of Contribution (\$) \$	1,000.00		
8	Dringinal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions	<u>=,</u>			
•	Principal occu	pation / Job title (See Instructions)	<b>9</b> Employer (See instructions	>)			
	Date 07/03/2024	Full name of contributor out-of-state PAC Texas Dental Association Contributor address; City; State; Zip Code Austin, TX 78704		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Date 08/13/2024	Full name of contributor  uut-of-state PAC Texas Leads PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$)	1,000.00		
	Principal occu	Austin, TX 78767 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)			
	Date Full name of contributor out-of-state PAC (ID#:  09/02/2024 Texas Optometric PAC  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	1,000.00	
	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Date 08/13/2024	Full name of contributor out-of-state PAC Texas Optometric PAC Contributor address; City; State; Zip Code Austin, TX 78705	(ID#:)	•	Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
			<b>'</b>				

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	• •	2 FILER NAME 3 Filer ID (Ethics Commission Filer	s)
	Sch: 1/2 Rpt: 7/12	Schoolcraft, Alan L. (Mr.) 00020891	
4	Date	5 Payee name	
_	07/10/2024	Contract With Texas	
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code PO Box 1412	
	Ψ400.00	FO BOX 1412	
		Pflugerville, TX 78660	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Contribution toward costs	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	07/23/2024	Mayfield, Sam (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	3532 Westerly Rd.	
		Ft. Worth, TX 76116	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		campaign assistance	
	0 1: 0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
_	Date	Payee name	
	09/11/2024	Mayfield, Sam (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	3532 Westerly Rd.	
		Ft. Worth, TX 76116	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		campaign assistance	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientale to beliefft C/OI		

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials E Legal Services The Instruction Gui	Sa	-	es/Contract Labor		ravel Out of Dis OTHER (enter a	strict category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME	≣				3 F	iler ID	(Ethics Comm	ission Filers)
	Sch: 2/2 Rpt: 8/12			, Alan L. (Mr.)					00020891		
4	Date	5	Payee name								
	08/21/2024		Republican	Women of Yoak	ım Area						
6	Amount (\$)	7	Payee addre	ess; City;	State; Z	ip Code					
	\$500.00		105 Huck S	St.							
			Yoakum, T	X 77995							
8	PURPOSE	(a)	Category (S	ee Categories listed at the	top of this schedule	e) <b>(b</b> )	<b>)</b> Description				
	OF EXPENDITURE			ns/Donations Ma						plete Schedule T.	
			Candidate/	Officeholder/Polit	cal Committe	e	Check if Austin fundraiser sp			g expense	
							idildidisci sp	101130	изпр		
9	Complete ONLY if direct	<u> </u>	Candidata/Off	iceholder name	Offic	e sought	<u> </u>		Office he	ald	
	expenditure to benefit C/O		Januluale/On	icenoluei name	Onic	e sougrii	L		Office fit	ziu -	
-											

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ommittee L	egal Services	norials Expense		Expense Wages/Contract Labor  omplete this form.		Travel Out OTHER (er	of District nter a category r	not listed above)
				THE HISTIACH	on outde explain	113 11011 10 0	ompiete tiiis ioiiii.	_			
1	Total pages Schedule G: Sch: 1/3 Rpt: 9/12	2	FILER NAME Schoolcraft,	Alan L. (M	r.)			3	Filer ID 000208	`	ommission Filers)
4	Date	5	Payee name								
7	09/17/2024	ľ		Nigital							
	09/17/2024		1st Source D	ngitai							
6	Amount (\$)	7	Payee addres	s; City;	Sta	ate; Zip C	ode				
	\$2,841.56		4950 E. FM	1518							
	Reimbursement from										
	X political contributions intended		Selma, TX 7	Q15 <i>1</i>							
		_	Jeina, TX 7	0154							
8	PURPOSE OF	(a)	Category (See	e Categories list	ed at the top of this	schedule)	(b) Description	_			s. Complete Schedule T.
	EXPENDITURE		Printing Exp	ense				ЦС	heck if Austir	n, TX, officeholde	er living expense
							4X8 signs				
9	Complete ONLY if direct	Cai	ndidate/Officeh	older name			Office sought			Office hel	ld
	expenditure to benefit						· ·				
	C/OH										
	Date		Payee name								
	09/10/2024		Citizen M Ho	itel							
		┡									
	Amount (\$)		Payee addres		Sta	ate; Zip C	ode				
	\$197.73		617 Colorad	0							
	Reimbursement from										
	X political contributions intended		Austin, TX 7	8701							
	PURPOSE	┢	Category (so	Catagorias list	ed at the top of this	cohodulo)	Description		heck if travel	outside of Texa	s. Complete Schedule T.
	OF			-	ed at the top of this	scriedule)	Description	_			er living expense
	EXPENDITURE		Travel Out o	DISTRICT			hotal during Da	epublican freshman orientation			
							noter during Re	Jubi	ican nes	illian onei	ilalion
		Cai	ndidate/Officeh	older name			Office sought			Office hel	d
	expenditure to benefit C/OH										
		_									
	Date		Payee name								
	09/17/2024		J&M Printing								
	Amount (\$)	Т	Payee addres	s; City;	Sta	ate; Zip C	ode				
	\$458.98		2105B Pat B	ooker Rd.							
	Reimbursement from political contributions										
	intended		Universal Cit	y, TX 7814	48		_				
	PURPOSE		Category (See	Categories list	ed at the top of this	schedule)	Description	С	heck if travel	outside of Texa	s. Complete Schedule T.
	OF EXPENDITURE		Printing Expe	ense				С	heck if Austin	n, TX, officeholde	er living expense
	LAFENDITORE						pushcards				
	Complete ONLY if direct	Cai	ndidate/Officeh	older name			Office sought			Office hel	d
	expenditure to benefit	Jui					CCO GOUGHT			200 1101	· <del></del>
	C/OH										

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/3 Rpt: 10/12 Schoolcraft, Alan L. (Mr.) 00020891 Date Payee name 09/10/2024 J&M Printing Payee address; Amount (\$) City; State; Zip Code \$458.98 2105B Pat Booker Rd. Reimbursement from political contributions Х intended Universal City, TX 78148 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** pushcards Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/03/2024 SignRocket Amount (\$) Payee address; City; State; Zip Code \$975.00 340 Broadway Reimbursement from political contributions Χ St Paul Park, MN 55071 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** yard signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/07/2024 Uber Payee address; State; Zip Code Amount (\$) City; \$11.91 1455 Market St. Reimbursement from Χ political contributions intended San Francisco, CA 94103 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** transportation from airport to hotel for freshman legislator

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

conference

Office sought

Office held

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 11/12 Schoolcraft, Alan L. (Mr.) 00020891 Date Payee name 07/08/2024 Uber Payee address; Amount (\$) City; State; Zip Code \$8.91 1455 Market St. Reimbursement from political contributions Х intended San Francisco, CA 94103 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** transportation from hotel to airport for freshman legislator conference Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/09/2024 Uber Amount (\$) Payee address; City; State; Zip Code \$10.99 1455 Market St. Reimbursement from political contributions Χ San Francisco, CA 94103 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** transportation during Republican freshman orientation Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 09/09/2024 Uber Payee address; State; Zip Code Amount (\$) City;

\$7.99

Reimbursement from

political contributions intended

Complete ONLY if direct

expenditure to benefit

**PURPOSE** 

OF

**EXPENDITURE** 

Χ

C/OH

1455 Market St.

San Francisco, CA 94103

Travel Out of District

Candidate/Officeholder name

Category (See Categories listed at the top of this schedule)

Description

Office sought

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

transportation during Republican freshman orientation

### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 12/12 2 FILER NAME Filer ID (Ethics Commission Filers) Schoolcraft, Alan L. (Mr.) 00020891 8 Amount (\$) Date 5 Name of person from whom amount is received 07/31/2024 \$2.98 Randolph Brooks FCU 6 Address of person from whom amount is received; City; State; Zip Code Live Oak, TX 78233 Purpose for which amount is received Check if political contribution returned to filer dividend Amount (\$) Name of person from whom amount is received Date 08/31/2024 Randolph Brooks FCU \$3.43 Address of person from whom amount is received; City; State; Zip Code Live Oak, TX 78233 Purpose for which amount is received Check if political contribution returned to filer dividend