CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	ete this form. 1 Filer ID (Ethics Commission Filers) 00057835			2 Total pages filed: 29		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY		
OFFICEHOLDER NAME	The Honorable	Michael			Date Received ELECTRONIC	ALLY FILED		
	NICKNAME	LAST	•••••	SUFFIX	10/06/2024			
		Schofield						
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked		
OFFICEHOLDER MAILING ADDRESS	934 Hidden Canyon Rd.				Receipt #	Amount		
Change of Address	Katy, TX 77450							
	Raty, 17/11450				Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	_			
TREASURER NAME	Mr.	Jay						
	NICKNAME	LAST Zeidman		SUFFIX				
		Zeiuman						
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE		
TREASURER ADDRESS	2104 Chilton							
(Residence or Business)	Houston, TX 77019							
	Houston, 1X 11019							
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION					
TREASURER	(713) 366-0579		27.1.2.10.0.1					
PHONE	(= 2) = 2 = 2							
8 REPORT TYPE	January 15	30th day before	election	Runoff		mpaign treasurer		
		_		_	appointment (offi			
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)		
9 PERIOD	Month Day Year			Month Day	Year			
COVERED	07/01/2024	TH	IROUGH	09/26/202	24			
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month Day Year	P	rimary	Runoff	Other			
	11/05/2024	ΧG	eneral	Special				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT				
	State Representative Distr	rict 132		State Represent	tative District 132			
	1			ı				
		GO T	O PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Schofield, Michael (T	he Honorable)	14 Filer ID (I	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THA	N PLEDGES, LOANS,	T
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
	2. TOTAL POLITIC (OTHER THAN F	S)	\$ 15,190.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC		\$ 18,791.64	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 60,358.09
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 penalt true and correct and includes a under Title 15, Election Code.		
		The Hono	rable Michael Schofie	ld
		Signature o	f Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of				
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

		C	JVLN	3 of 29	
l	ER NAN	ME Michael (The Honorable)	19 Filer ID 00057835	(Ethics C	ommission Filers)
l		E SUBTOTALS SCHEDULE		SUE	TOTAL AMOUNT
1.	X	\$	15,190.00		
2.		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	9,840.17
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	8,951.47
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	ONTRIBUTION	NS 		SCHEDUI	_E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/29	
2	FILER NAME Schofield, M	ichael (The Honorable)			3	Filer ID (Ethics Commission 00057835	on Filers)
4	Date 09/17/2024	 Full name of contributor Associated Builders & Cor Contributor address; City; States)	7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78767	1				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 08/14/2024	Full name of contributor David L Cook Campaign A Contributor address; City; Sta				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Mansfield, TX 76063 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	r illicipai occu	padon / 300 tide (See instructions)		Employer (See instructions)		
	Date 09/17/2024	Full name of contributor Kochpac-Koch Industries, Contributor address; City; Sta		0236489)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Wichita, KS 67220 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 08/21/2024	Full name of contributor Republican Womens Club Contributor address; City; Sta				Amount of Contribution (\$)	\$550.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/05/2024	Full name of contributor Shepler, Deborah Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/29	
2	FILER NAME Schofield, M	chael (The Honorable)		3	Filer ID (Ethics Commission 00057835	on Filers)
4	Date 08/05/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$20.00
_	Dringing! goog	Cypress, TX 77433	O Employer (Coo Instructions	_		
0	Pilicipai occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/05/2024	Full name of contributor out-of-state PAC (ID#:_ Singleton, Travis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Cypress, TX 77433				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/08/2024				Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78768				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 07/29/2024	Full name of contributor out-of-state PAC (ID#:_ TSAPAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers 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	- 5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/29	
2	FILER NAME Schofield, M	ichael (The Honorable)		3	Filer ID (Ethics Commissi	on Filers)
4	Date 08/27/2024	Full name of contributor	Committee	7	Amount of Contribution (\$)	\$2,000.00
•	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions			
Ů	Principal occu	pation / Job title (See Instructions)	S Employer (See instructions)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78705				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/13/2024	Full name of contributor X out-of-state PAC (ID#:_ Union Pacific Fund for Good Government Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
		Washington, DC 20004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
	Sch: 1/3 Rpt: 7/29	Schofield, Michael (The Honorable) 00057835	
4	Date	5 Payee name	
	07/31/2024	AT&T Mobility	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$137.62	PO Box 6463	
		Carol Stream, IL 60197	
8	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 convices	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	08/31/2024	AT&T Mobility	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$137.62	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	
		Totophone convices	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H	Date	Payee name	
	07/17/2024	American Express	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$389.99	P.O. Box 650448	
	Ψ000.00		
		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.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		credit card payment	
	Commission ONU Wife allows	Condidate/Officeholder nove	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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

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

1 Total pages Schedule F1: Sch. 2/3 Rpt: 8/29 A Date 08/10/2024 5 Payee name American Express 6 Amount (\$) 7 Payee address; City; State; Zip Code State It award outside of Texas. Complete Schedule T. Credit Card Payment Credit Card Paym		Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wage The Instruction Guide explains how to complete	s/Contract Labor OTHER (enter a category not listed above)
4 Date 08/10/2024 Amount (\$) 7 Payee address; City; State; Zip Code P.O. Box 650448 Dallas, TX 75265 8 PURPOSE OF EXPENDITURE 2 Complete QNLY if direct expenditure to benefit C/OH 2 Payee address; City; State; Zip Code Office sought Office held 2 Payee address; City; State; Zip Code Office sought Office held 3 Category (see categores listed at the top of this schedule) 4 Credit Card Payment Office held 5 Payee address; City; State; Zip Code 5 Pour pose of Amount (\$) Payee name 6 Amount (\$) Payee address; City; State; Zip Code 6 Credit Card Payment Office sought Office held 6 Credit Card Payment Office held 7 Payee address; City; State; Zip Code 8 Category (see Categores listed at the top of this schedule) 8 Complete QNLY if direct expenditure to benefit C/OH 9 Candidate/Officeholder name Office sought Office held 9 Cardit Card Payment Office held 9 Cardit Card Payment Office held 1 Cardit Card payment Office held 2 Complete QNLY if direct expenditure to benefit C/OH 2 Cardit Card Payment Office held 3 Category (see Categores listed at the top of this schedule) 4 Cyprair Education Foundation 4 Amount (\$) Payee address; City; State; Zip Code 1 1803 Grant Rd 4 Cypress, TX 77429 1 Credit Card Payment Office held 2 Complete QNLY if direct expenditure to benefit City 4 Cypress, TX 77429 4 Cypress, TX 77429 4 Cypress, TX 77429 4 Cypress, TX 77429 5 City Cardit Card payment 5 City Cardit Card payment 5 City Cardit Card payment 6 City Cardit Card payment 6 City Cardit Card payment 6 City Cardit Card payment 7 Conclude travel custed of Texas Complete Schedule 8 City Cardit Card payment 9 City Cardit Card payment 1 City Cardit Card payment 1 City Cardit Card payme	1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Amount (\$) 7 Payee address: City; State; Zip Code		Sch: 2/3 Rpt: 8/29	Schofield, Michael (The Honorable)	00057835
7 Payee address; City; State; Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) Credit Card Payment Office sought Office held Date O9/07/2024 Amount (s) Payee name American Express Amount (s) Payee address; City; State; Zip Code Purpose OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Date O9/07/2024 Credit Card Payment (b) Description Credit Card payment (b) Description Credit Card payment (c) Description Credit Card Payment (d) Category (see Categories listed at the top of this schedule) Credit Card payment Office held Office held Office sought Office held	4	Date	5 Payee name	
S1,629.70 Dallas, TX 75265 8 PURPOSE OF EXPENDITURE Candidate/Officeholder name O9/07/2024 Amount (\$) PURPOSE OF EXPENDITURE Candidate/Officeholder in the top of this schedule) Candidate/Officeholder name O9/07/2024 Amount (\$) Date OP Payee name O9/07/2024 Amount (\$) Category (See Categories listed at the top of this schedule) OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) OF S37.50 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) O9/13/2024 Amount (\$) Date OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) OF S37.50 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) O9/13/2024 Oyl's S37.50 Payee address: City; State; Zip Code O9/13/2024 Oyl's S37.50 Payee address: City; State; Zip Code O9/13/2024 Oyl's S37.50 Payee address: City; State; Zip Code O9/13/2024 Oyl's S37.50 Office held Oyl's S37.50 Office held Oyl's S37.50 Office held Oyl's S37.50 Office held Oyl's S48.50 Oy		08/10/2024	American Express	
B PURPOSE OF EXPENDITURE	6		• • • • • • • • • • • • • • • • • • • •	
Credit Card Payment Office sought Office held Date			Dallas, TX 75265	
PURPOSE Oglic Card Payment Complete ONLY if direct expenditure to benefit C/OH Payee name	8		(a) Category (See Categories listed at the top of this schedule) (b)	Description
PURPOSE Op/13/2024 Candidate/Officeholder name Office sought Office sought Office held Office			Credit Card Payment	
9 Complete QNLY if direct expenditure to benefit C/OH Date				
Date 09/07/2024 Amount (\$) Payee name American Express Amount (\$) 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/OH Date 09/13/2024 Cyprair Education Foundation Amount (\$) Payee address; City; State; Zip Code 11803 Grant Rd Cypress, TX 77429 PURPOSE OF (a) Category (see Categories listed at the top of this schedule) Cyprair Education Foundation Purpose OF (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel Outside of Texas. Complete Schedule T. Check if trav				Credit card payment
Amount (\$) Payee address; City; State; Zip Code \$6,982.74 P.O. Box 650448 Dallas, TX 75265 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Credit Card Payment Complete ONLY if direct expenditure to benefit C/OH Date O9/13/2024 CyFair Education Foundation Amount (\$) Payee name Oy/13/2024 CyFair Education Foundation Purpose OF (a) Category (See Categories listed at the top of this schedule) Purpose OF (a) Category (See Categories listed at the top of this schedule) OF (b) Description Office held Office held Office held CyFair Education Foundation Payee address; City; State; Zip Code OF (a) Category (See Categories listed at the top of this schedule) OF (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Sched	9			Office held
Amount (\$) Payee address; City; State; Zip Code \$6,982.74 P.O. Box 650448 Dallas, TX 75265 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Credit Card Payment Complete ONLY if direct expenditure to benefit C/OH Date O9/13/2024 CyFair Education Foundation Amount (\$) Payee name Oy/13/2024 CyFair Education Foundation Purpose OF (a) Category (See Categories listed at the top of this schedule) Purpose OF (a) Category (See Categories listed at the top of this schedule) OF (b) Description Office held Office held Office held CyFair Education Foundation Payee address; City; State; Zip Code OF (a) Category (See Categories listed at the top of this schedule) OF (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Sched	_	Date	Pavee name	
Amount (\$) Payee address; City; State; Zip Code \$6,982.74 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/OH Date O9/13/2024 CyFair Education Foundation Amount (\$) Payee address; City; State; Zip Code \$537.50 \$1803 Grant Rd Cypress, TX 77429 PURPOSE OF Check if travel outside of Texas. Complete Schedule T. Code if travel outside of Texas. Complete Schedule T. Code if travel outside of Texas. Complete Schedule T. Code if travel outside of Texas. Complete Schedule T. Code if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.		09/07/2024		
\$6,982.74 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/OH Date O9/13/2024 Payee name CyFair Education Foundation Amount (\$) Payee address; City; State; Zip Code \$537.50 PURPOSE OF (a) Category (see Categories listed at the top of this schedule) PURPOSE OF (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	_	Amount (\$)	<u> </u>	
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 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/OH Date Payee name O9/13/2024 CyFair Education Foundation Amount (\$) Payee address; City; State; Zip Code \$537.50 11803 Grant Rd Cypress, TX 77429 PURPOSE OF (a) Category (see Categories listed at the top of this schedule) Figure Expenses (b) Description Check if travel outside of Texas. Complete Schedule T.		` '	, , , , , , , , , , , , , , , , , , , ,	
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/OH Candidate/Officeholder name Office sought Office held Date O9/13/2024 Payee name CyFair Education Foundation Amount (\$) Payee address; City; State; Zip Code 11803 Grant Rd Cypress, TX 77429 (a) Category (See Categories listed at the top of this schedule) Fuent Expenses (b) Description Check if travel outside of Texas. Complete Schedule T. (b) Description Check if travel outside of Texas. Complete Schedule T.		Ψ0,302.7 4	1.0. Box 000440	
Credit Card Payment Complete ONLY if direct expenditure to benefit C/OH Date 09/13/2024 Payee name CyFair Education Foundation Amount (\$) Payee address; City; State; Zip Code \$537.50 11803 Grant Rd Cypress, TX 77429 PURPOSE 0F (a) Category (See Categories listed at the top of this schedule) Fivent Expanses			Dallas, TX 75265	
Credit Card Payment Credit Card Payment Check if Austin, TX, officeholder living expense Credit card payment Complete ONLY if direct expenditure to benefit C/OH Date O9/13/2024 Payee name CyFair Education Foundation Amount (\$) Payee address; City; State; Zip Code \$537.50 11803 Grant Rd Cypress, TX 77429 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Fivent Expense			,	
Complete ONLY if direct expenditure to benefit C/OH Date 09/13/2024 Payee name CyFair Education Foundation Amount (\$) Payee address; City; State; Zip Code \$537.50 Purpose OF (a) Category (See Categories listed at the top of this schedule) Fuent Expanse Credit card payment Office held Office held Office held (b) Description Check if travel outside of Texas. Complete Schedule T.			Credit Card Payment	
Complete ONLY if direct expenditure to benefit C/OH Date 09/13/2024 Payee name CyFair Education Foundation Amount (\$) Payee address; City; State; Zip Code 11803 Grant Rd Cypress, TX 77429 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Fivent Expense				
Date 09/13/2024 Payee name CyFair Education Foundation Amount (\$) Payee address; City; State; Zip Code 11803 Grant Rd Cypress, TX 77429 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Event Expense				Groun dard paymone
O9/13/2024 CyFair Education Foundation Amount (\$) Payee address; City; State; Zip Code \$537.50 11803 Grant Rd Cypress, TX 77429 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Event Expense			•	Office held
O9/13/2024 CyFair Education Foundation Amount (\$) Payee address; City; State; Zip Code \$537.50 11803 Grant Rd Cypress, TX 77429 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Event Expense		Date	Payee name	
\$537.50 11803 Grant Rd Cypress, TX 77429 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Fivent Expense		09/13/2024	CyFair Education Foundation	
\$537.50 11803 Grant Rd Cypress, TX 77429 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Fivent Expense		Amount (\$)	Pavee address: Citv: State: Zip Code	
Cypress, TX 77429 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Fivent Expense		` '		
PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.		400.100		
OF Supply Code Categories instead at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.			Cypress, TX 77429	
			(a) Category (See Categories listed at the top of this schedule) (b)	
EXPENDITURE '		EXPENDITURE	Event Expense	
Check if Austin, 17, officeriolide living expense				
sponsorship for Salute to the Stars event				אינום אינון אינו
Complete ONLY if direct Condidate/Officeholder name Office sought	_	Complete ONLY if direct	Candidata/Officeholder name	Office hold
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			•	Office neta

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	Gift/Awards	age Expense /Memorials Expense ces	Polling Expens Printing Expen	ad/Rental Expense se se s/Contract Labor		Travel in Distric		
	·	_		uction Guide explains	how to compl	ete this form.	_			
1	Total pages Schedule F1:	2					3	Filer ID	(Ethics Commission Filers)	
	Sch: 3/3 Rpt: 9/29		Schofield, Michael (The Honorable)				00057835		
4	Date	5	Payee name							٦
	08/08/2024		Cypress Republicar	IS						
6	Amount (\$)	7	Payee address; C	ity; State	e; Zip Code					\forall
	\$25.00		19813 Northwest Fv		, ,					
	7-2			- ,						
			Houston TV 7706E							
L			Houston, TX 77065							_
8	PURPOSE OF	(a)	Category (See Categorie	s listed at the top of this sc	hedule) (b)	Description				
	EXPENDITURE		Event Expense					ide of Texas. Con , officeholder livin	nplete Schedule T.	
						event ticket	1, 1 ^	, onicendider livin	y expense	
						event doket				
9	Complete ONLY if direct	Ц,	Candidate/Officeholder	nama	Office sought			Office h	old	\dashv
ľ	expenditure to benefit C/O		Candidate/Onicendider	патте	Office Sought			Office fi	eiu	
_										4
•										

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

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: 1/20 Rpt: 10/29	Schofield, Michael	(The Honorable)			00057835			
4 CREDIT CARD ISSUER		ncial institution n Express	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			
	\$61.43	07/06/2024						
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	FedEx Office		2711 Guadalupe St					
	(a) Oatawari		Austin, T					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion · legislators' mee	tina			
X Political	Office Overhead/Ren	tal Expense	copes ioi	registators mee	ung			
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH	() ()	L (1) = 1 (1)	10-0					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$41.81	07/02/2024						
PAYEE	(a) Payee name		City,	State,	Zip Code			
	Cabo Bob's Burritos 740 S Mason Rd							
		-	Katy, TX	77450				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descrip					
EXPENDITURE X Political	Food/Beverage Expe		volunteer	meals				
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		e sought	<u> </u>	Office held	·		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$280.72	07/03/2024						
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
	Sterling Bistro		1100 Cor	ngress Ave				
	Sterling bistro							
			Austin, T					
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)				(b) Description Food from Capitol cafeteria for legislators' meeting				
l <u> </u>	Food/Beverage Expense				ia ivi iegisialo	ເວັກເປັນແກ	y	
I <u>=</u>				—				
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	o cought	Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Offic	e sought		Onice neiu			
exponential to bolletit 6/011								

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

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

Candidate/Officeholder/Politica	-		alaries/Wages/Cont		THER (enter a ca	tegory not listed al	bove)
4. Total marine Colordula E4.		ruction Guide explains hov	v to complete tr	iis iorm.	a Filer ID /	Ethics Commiss	nion Filoro)
1 Total pages Schedule F4:		(The Henerahle)			'	Ethics Commiss	sion Filers)
Sch: 2/20 Rpt: 11/29	Schofield, Michael	•	I·· -		00057835		
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL C	OF UNITEMIZED	\$		
ISSOLK	see p	revious		ED TO A CREDIT			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$4.64	07/03/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Doody Defreed		6661 Dixie	e Highway, Ste	4		
	Ready Refresh						
			Louisville	, KY 40258			
8 PURPOSE OF	(a) Category	of Abic - abic abida)	(b) Descript				
EXPENDITURE 	(See Categories listed at the top Office Overhead/Ren		water for 0	Capitol office			
X Political		<u>-</u>					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living	g expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held	l	
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$81.02	07/05/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			1601 Trap	elo Road, Ste 3	329		
	Constant Contact						
			Waltham,	MA 02451			
PURPOSE OF	(a) Category	(d): 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) Descript				
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	email services				
X Political	, lavorationing Expenses						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living	g expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held	l	
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$297.94	07/26/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
			5133 Rich	mond Ave			
	Best Buy						
			Houston,	TX 77056			
PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		campaign	printer			
X Political	Onice Overneau/Rein	ш шхрепос					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. г	Check if Austin, TX,	officeholder living	g expense	
Complete ONLY if direct	Candidate/Officeholder		ce sought		Office held		
expenditure to benefit C/OH							
	ı						

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: 3/20 Rpt: 12/29	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			
	\$172.11	08/01/2024						
7 PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code	
	Target		984 Gessn	er Rd				
			Houston, T					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Office Overhead/Rent		storage bin	ıs, campaign sı	ıppıies			
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		Office held						
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid			
	\$106.59	08/02/2024						
PAYEE	(a) Payee name	•	(b) Payee ad	ldress;	City,	State,	Zip Code	
	Office Depot		415 S Fry I	₹d				
			Katy, TX 7	7450				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		ink for cam	paign printer				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX.	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder		e sought	<u></u>	Office held			
expenditure to benefit C/OH			-					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid			
	\$20.00	08/02/2024						
PAYEE	(a) Payee name	l .	(b) Payee ac	ldress;	City,	State,	Zip Code	
			4450 Unive	ersity Drive				
	University of Houst	on Hilton		•				
			Houston, T	X 77204				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule) Event Expense			ng for staff				
X Political	Lvent Expense							
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			
2. portanta o to portant 5/011	<u> </u>							

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 Salaries/Mange/Control Labor

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		HER (enter a category not listed above)		
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>		3 Filer ID (Ethics Commission Filers)		
Sch: 4/20 Rpt: 13/29	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 Issuer	Paid		
	\$17.98	08/05/2024				
7 PAYEE	(a) Payee name Kroger		(b) Payee address; 2700 West Grand Parkwa	City, State, Zip Code Y		
			Katy, TX 77449			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this sahadula)	(b) Description			
EXPENDITURE X Political	Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	coffee for Capitol office			
X Political Non-Political		of Towns Committee Cohordula T	Check if Austin TV	eff and add as the day are as a second		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expense Office held		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	maric Onic	c sought	Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$13.97	08/05/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Kroger		17455 Barker Cypress			
			Cypress, TX 77433			
PURPOSE OF	(a) Category	-f.Ab.; le le d - \	(b) Description			
EXPENDITURE	(See Categories listed at the top Event Expense	or this schedule)	water and soft drinks for n	neet and greet		
X Political	'					
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 Offic	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$164.92	07/07/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
	HEB		598 E US 290			
			Dripping Springs, TX 7862	20		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		coffee, water, supplies for	legislators' meeting		
Food/Beverage 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 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 this form.			
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Fil			sion Filers)
Sch: 5/20 Rpt: 14/29	Schofield, Michael ((The Honorable)		00057835		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$26.84	07/19/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Buc-cee's		20700 Katy Fwy			
			Katy, TX 77449			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	:-		
X Political	Travel Out of District	o. v.io 30	gas for staff travel to Ca	арітоі		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exper	ıse	
9 Complete ONLY if direct Candidate/Officeholder name Office sought			e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$73.51	07/21/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	HEB 598 E U		598 E US 290			
			Dripping Springs, TX 78620			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description coffee, water, supplies for legislators' meeting			
X Political	Zvoni Zxponioo					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exper	ıse	
Complete ONLY if direct	Candidate/Officeholder	name Office	ce sought Office held			
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$56.68	07/22/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Topo Chook		4002 N Lamar			
	Taco Shack					
			Austin, TX 78757			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	- 41·		
X Political	Food/Beverage Expe	,	food for legislators' mee	eting		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exper	ıse	
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 Commission	on Filers)	
Sch: 6/20 Rpt: 15/29	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		
	\$6.87	07/22/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code	
	Starbucks		501 W 15th St.			
			Austin, TX 78701			
8 PURPOSE OF EXPENDITURE	- Light - Table - Tabl					
X Political	Food/Beverage Exper		coffee for legislators' mee	eting		
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			C, officeholder living expense		
9 Complete ONLY if direct Candidate/Officeholder name Office sought			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		
	\$36.91	07/22/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code	
			501 W 15th St.			
			Austin, TX 78701			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe		coffee for legislators' meeting			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, 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	er Paid		
	\$5.13	07/26/2024				
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State,	Zip Code	
			1300 W 19th St			
	United States Posta	al Service				
			Houston, TX 77008			
PURPOSE OF	(a) Category	of Alvin and a dud a N	(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	*	postage			
X Political		<u> </u>				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, 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

l	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 7/20 Rpt: 16/29	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) C	redit Card Issuer	Paid		
		\$933.98	07/30/2024					
7	PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
		NBD Printing, Inc.		914 Mason Rd				
L			Katy, TX 77450					
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this colored (Is)	(b) Description				
	EXPENDITURE	Advertising Expense	of this scriedule)	campaign s	signs			
	X Political	<u> </u>						
	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			T	T				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
		\$9.85	08/01/2024					
Г	PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
	Black Rock Coffee Bar		2620 W Sam Houston Parkway					
				Houston, TX 77042				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	· ·	(b) Description coffee for intern meeting				
	X Political	Food/Beverage Expe	nse					
L	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		
E	expenditure to benefit C/OH		T	T				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
		\$20.00	08/02/2024					
	PAYEE	(a) Payee name	•	(b) Payee ad	ldress;	City,	State,	Zip Code
		Linivaroity of Lloyet	on Hilton	4450 Unive	ersity Drive			
		University of Houst	on Hillon					
L				Houston, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	X Political	Event Expense	or this soriedule)	event parki	ng			
1	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>.</u> Г	Check if Austin, TX,	officeholder living exp	ense	
Г	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 Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)			
Sch: 8/20 Rpt: 17/29	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				
	\$4.64	08/03/2024						
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 schodulo)	(b) Description					
	Office Overhead/Rent		water for Capitol office					
X Political	(2) 🗆 (2) (3) (4) (4) (5) (6) (4) (4) (5) (6) (4) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6							
Non-Political		of Texas. Complete Schedule T.		officeholder living expense				
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 Doid				
PATMENT	\$81.02	08/05/2024	(c) Date(s) Credit Card issue	i Faiu				
PAYEE	(a) Payee name	L	(b) Payee address;	City, State,	Zip Code			
	Constant Contact		1601 Trapelo Road, Ste 329					
			Waltham, MA 02451					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description email services					
X Political	Advertising 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 \$17.05	(b) Date of Charge 08/05/2024	(c) Date(s) Credit Card Issue	r Paid				
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State,	Zip Code			
	Ole in eatle		17400 Spring Cypress Rd	İ				
	Chipotle							
			Cypress, TX 77429					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Food/Beverage Exper	•	volunteer meals					
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 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 (Ethic	s Commiss	sion Filers)		
Sch: 9/20 Rpt: 18/29	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				
	\$28.72	08/05/2024						
7 PAYEE	(a) Payee name Spring Creek Barbe	ecue	(b) Payee address; 25831 Northwest Fwy	City,	State,	Zip Code		
	Cypress, TX 77429							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
	Event Expense	or this seriedate)	staff meals at campaign e	event				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, officeholder living expe	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH		T	1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$17.05	08/05/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			9202 Barker Cypress					
			Cypress, TX 77433					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Description volunteer 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 expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$1,948.50	(b) Date of Charge 08/06/2024	(c) Date(s) Credit Card Issue	er Paid				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			917 Mason Rd					
	NBD Graphics							
			Katy, TX 77450					
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
EXPENDITURE	Advertising Expense	of this scriedule)	yard signs					
X Political	J 7 7 1 1 1 1							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, officeholder living expe	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 Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Con	nmission Filers)			
Sch: 10/20 Rpt: 19/29	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				
	\$1,091.70	08/08/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City, Sta	te, Zip Code			
	NBD Graphics		917 Mason Rd					
			Katy, TX 77450					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description					
	Advertising Expense	of this scriedule)	T-shirts, stickers for camp	aign				
X Political	al							
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 Issuer	r Paid				
	\$26.12	08/09/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	te, Zip Code			
			908 Avenue B					
	Southern Dough Ba	aking	Suite A					
			Katy, TX 77493					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description					
l <u> </u>	Food/Beverage Exper		volunteer meals					
X Political			<u>_</u>					
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH	(a) Amazunt Chavarad	(h) Data of Charge	(a) Data(a) Cradit Card Inc.	. Daid				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Palu				
	\$29.38	08/11/2024						
PAYEE	(a) Payee name	•	(b) Payee address;	City, Sta	te, Zip Code			
	NA/alN4amt		22850 Morton Ranch Rd					
	WalMart							
			Katy, TX 77449					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
l <u> </u>	Office Overhead/Rent	*	storage container for cam	paign materials				
X Political		•						
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	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 Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 11/20 Rpt: 20/29	Schofield, Michael ((The Honorable)		00057835			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$18.86	08/15/2024					
7 PAYEE	(a) Payee name Summer Moon Cafe	е	(b) Payee address; 19901 Kingsland Blvd	City,	State,	Zip Code	
			Katy, TX 77094				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
	Food/Beverage Exper	•	coffee for volunteer meeting				
X Political							
Non-Political		of Texas. Complete Schedule T.	<u> </u>	X, officeholder living expe	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) Credit Card Issu	er Paid			
	\$900.00	08/22/2024					
PAYEE	PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code	
Advantage, Inc.		9420 Bonita Beach Rd S Ste 200					
	(-) 0-1		Bonita Springs, FL 34135				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description data services				
X Political	Advertising Expense		data services				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$35.00	(b) Date of Charge 09/05/2024	(c) Date(s) Credit Card Issu	er Paid			
PAYEE	(a) Payee name	ı	(b) Payee address;	City,	State,	Zip Code	
			21728 Highland Knolls				
	Republican Womer	ns Club Of					
			Katy, TX 77450				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
EXPENDITURE	Event Expense	of this scriedule)	event ticket				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		X, officeholder living expe	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

Constant Contact Constant Contact Constant Contact Constant Contact Constant Contact Constant Contact Waltham, MA 02451 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Constant Contact Waltham, MA 02451 (b) Description email expense Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid	ip Code
A CREDIT CARD ISSUER Name of financial institution see previous See previous (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name (b) Payee address; City, State, 2 1601 Trapelo Road, Ste 329 Waltham, MA 02451 8 PURPOSE OF EXPENDITURE Political PayMENT (a) Category (See Categories listed at the top of this schedule) Advertising Expense Payment	ip Code
SSUER See previous EXPENDITURES CHARGED TO A CREDIT CHARGED TO A CREDIT (a) Amount Charged \$87.42 (b) Date of Charge 09/07/2024 (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, State, 2 1601 Trapelo Road, Ste 329 Waltham, MA 02451 B PURPOSE OF EXPENDITURE Qolitical Non-Political Colitical Candidate/Officeholder name Office sought	ip Code
\$87.42	ip Code
7 PAYEE (a) Payee name Constant Contact (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Payee address; City, State, 2 1601 Trapelo Road, Ste 329 Waltham, MA 02451 (b) Description email expense (c) Check if travel outside of Texas. Complete Schedule T. Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, 2 300 E 11th St La Quinta PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, State, 2 300 E 11th St Austin, TX 78701 (b) Description (b) Description (b) Description (c) Check if Iravel Outside of Texas. Complete Schedule) Travel Out of District (c) Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	ip Code
Constant Contact Waltham, MA 02451 (b) Description email expense (c) Conclude is steed at the top of this schedule) Advertising Expense Condidate/Office holder name Office sought Office held Condidate/Office holder name Office sought Office held PAYMENT (a) Amount Charged \$90.43 O9/11/2024 PAYEE (a) Payee name (b) Payee address; 300 E 11th St Austin, TX 78701 PURPOSE OF EXPENDITURE Candidate/Office dolder the post of this schedule Candidate Candid	ip Code
S PURPOSE OF EXPENDITURE	
EXPENDITURE See Categories listed at the top of this schedule Advertising Expense email expense	
Advertising Expense X Political	
Non-Political Cc Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$90.43 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, 300 E 11th St La Quinta PURPOSE OF EXPENDITURE X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
expenditure to benefit C/OH PAYMENT (a) Amount Charged	
PAYMENT (a) Amount Charged \$90.43 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, State, 2 300 E 11th St Austin, TX 78701 (b) Description (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, State, 2 (e) Payee address; City, State, 2 (f) Description (g) Category (g) Category (g) Categories listed at the top of this schedule) Travel Out of District (g) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
PAYEE (a) Payee name La Quinta (b) Payee address; City, State, 3 300 E 11th St Austin, TX 78701 PURPOSE OF EXPENDITURE X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. City, State, 2 300 E 11th St (b) Payee address; City, State, 3 4 4 4 5 6 6 7 6 7 7 8 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
La Quinta Control of District Control o	
La Quinta Austin, TX 78701 PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	ip Code
PURPOSE OF EXPENDITURE X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. (b) Description hotel for travel to Capitol	
EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District Non-Political (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
(c) Show it data states of solutions and the solution of the s	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$46.97 09/17/2024	
PAYEE (a) Payee name (b) Payee address; City, State, 2	ip Code
701 Congress Ave	
The Roaring Fork	
Austin, TX 78701	
PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) staff meals	
Food/Beverage Expense	
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 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

l	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
l	Sch: 13/20 Rpt: 22/29	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		
		\$31.88	09/06/2024					
7	PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code
		Target		984 Gessner Rd				
				Houston,	TX 77024			
8	PURPOSE OF	(a) Category		(b) Descrip	tion			
	EXPENDITURE	(See Categories listed at the top		District of	fice supplies			
l	X Political	Office Overhead/Rental Expense						
l	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T			Check if Austin, TX,	officeholder living exp	oense		
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		
		\$89.05	09/21/2024					
	PAYEE (a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code	
	HEB		2300 N SI	nepherd Dr				
l				Houston, TX 77008				
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	decorations and drinks for meet and greet				
	X Political	Event Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
Г	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		
		\$82.25	07/18/2024					
\vdash	PAYEE	(a) Payee name	<u>I</u>	(b) Payee a	address;	City,	State,	Zip Code
l				20290 Ka	ty Fwy	•		·
l		Best Buy			,			
l				Katy, TX	77449			
Г	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top		ink for pri	nter			
1	X Political	Office Overhead/Rent	аі Ехренье					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living exp	oense	
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u> </u>	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 -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 (Et	hics Commiss	sion Filers)	
Sch: 14/20 Rpt: 23/29	Schofield, Michael	(The Honorable)		00057835			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITED EXPENDITURES CHARGED TO A CO	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid			
	\$53.97	07/20/2024					
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Nothing Bundt Cake	e	2785 Bee Cave Rd				
	() 2 :		Austin, TX 78746				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	av party			
X Political	Food/Beverage Expe	nse	cake for staff birthday party				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	, officeholder living expense		
9 Complete ONLY if direct Candidate/Officeholder name Office sought			Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid			
	\$46.86	07/21/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Texas Chili Parlor						
			Austin, TX 78701				
PURPOSE OF	(a) Category	of their coloradials)	(b) Description				
EXPENDITURE 	(See Categories listed at the top Food/Beverage Expe		meal with legislators				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	xpense		
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 Car	d Issuer Paid			
	\$150.00	07/22/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	"		5015 Westheimer				
	Woodhouse Spa	nouse Spa					
			Houston, TX 77056	6			
PURPOSE OF	(a) Category (See Categories listed at the top	of their coloradide)	(b) Description				
EXPENDITURE	Gift/Awards/Memorial	,	staff gifts				
X Political		I					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living e	xpense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	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 Insti	ruction Guide explains how	to complete t	his form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)
	Sch: 15/20 Rpt: 24/29	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 Issuer	r Paid		
		\$205.62	07/25/2024					
7	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Best Buy		5133 Richmond Ave				
L					TX 77056			
8	PURPOSE OF EXPENDITURE	(a) Category (b) Description (See Categories listed at the top of this schedule) external hard drive, ink, me						
	X Political	Office Overhead/Rent		laptop	nard drive, ink, m	ouse, keyboard for campaign		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expense		
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought			Office held				
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$229.95	07/26/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			9001 IH-3	35				
		Slaughter Lane U-h	iaui					
				Austin, TX 78783				
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top storage	of this schedule)	storage				
	X Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		X Check if Austin, TX,	, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$229.95	08/26/2024					
\vdash	PAYEE	(a) Payee name		(b) Payee	address:	City,	State,	Zip Code
		(a) I ayee hame				Oity,	Otate,	Zip Code
		Slaughter Lane U-h	aul	9001 IH-35				
				Austin, T	x 78783			
\vdash	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	storage				
	X Political	storage						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	X Check if Austin, TX,	officeholder living exp	ense	
\vdash	Complete ONLY if direct	Candidate/Officeholder	·	e sought	A CHECK II AUSUII, TA,	Office held	51136	
e	xpenditure to benefit C/OH		311100	- 2009/11		5co 11010		
experialitate to beliefit C/OFI								

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 this form.			
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 16/20 Rpt: 25/29	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		
	\$34.56	08/27/2024				
			(b) Payee address; 5000 Katy Mills Circle	City, Stat	e, Zip Code	
			Katy, TX 77494			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
	Office Overhead/Rent		Book for Capitol office			
X Political		•				
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		
	\$14.60	09/02/2024				
PAYEE	(a) Payee name (b) Payee address;		(b) Payee address;	City, Stat	e, Zip Code	
HEB		1621 S Mason Rd				
			Katy, TX 77450			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description				
		postage				
X Political	Office Overflead/Refi	iai Experise				
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	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		
	\$5.51	09/04/2024				
PAYEE	(a) Payee name	l	(b) Payee address;	City, Stat	e, 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 of this schedule)		water for Capitol office			
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 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 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:	F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 17/20 Rpt: 26/29	Schofield, Michael (The Honorable)				00057835		
4	CREDIT CARD ISSUER	Name of final see pi	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
		\$230.13	09/07/2024					
7	PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code
l		Siteground Hosting		700 N Fair	fax			
		Siteground Hosting		ste 614				
L		() -		<u> </u>	ı, VA 22314			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
		Office Overhead/Rent		website ho	sting			
l	X Political		·					
	Non-Political		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		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
\$30.82 09/10/2024								
PAYEE		(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Ace Hardware		559 Pin Oa	ak Rs				
				Katy, TX 7	7494			
PURPOSE OF (a) Category			(b) Descripti					
	EXPENDITURE			supplies for sign installation				
	X Political	supplies for sign insta						
L	Non-Political	(C) Check if travel outside		Check if Austin, TX,	officeholder living exp	ense		
			e sought		Office held			
е	expenditure to benefit C/OH							
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) C	Credit Card Issuer	r Paid			
		\$10.00	09/12/2024					
Г	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
l			19813 Nor	thwest Fwy				
l	Cypress Republicans		ns					
l			Houston, T	TX 77065				
Г	PURPOSE OF			(b) Descripti	on			
	EXPENDITURE	(See Categories listed at the top of this schedule) Event Expense		event ticke	et			
	X Political	LVOIR EXPONSE						
	Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin,				officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	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/Officeriolder/Folitica	ű	ruction Guide explains how	to complete t		TITEN (enter a categor	ly flot listed a	bove)
1	Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)					
	Sch: 18/20 Rpt: 27/29	Schofield, Michael	00057835				,	
4	CREDIT CARD ISSUER	Name of financial institution see previous 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	r Paid		
		\$290.90	08/08/2024					
7	PAYEE	(a) Payee name Home Depot		(b) Payee a	Rd	City,	State,	Zip Code
L				Katy, TX				
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top poles for large signs	of this schedule)	(b) Descrip poles for	large signs			
	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		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$4.00	08/08/2024					
PAYEE		(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
Houston City Club garage		garage	1 Healthy	w Way				
			TX 77046					
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)		of this schedule)	(b) Descrip					
X Political EXPENDITORE See Categories isset at the top of this schedule)		event par	rking					
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living exp	ense	
expenditure to benefit C/OH			e sought		Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$26.06	08/16/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
l		Shell		29101 Ka	aty Freeway			
		Sileli		Katy, TX	77450			
PURPOSE OF (a) Category (See Categories listed at the tap of this schedule)		(b) Descrip						
	EXPENDITURE	(See Categories listed at the top of this schedule) Travel Out of District		gas for ou	ut-of-district trave	el		
	X Political							
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
е	Complete <u>ONLY</u> if direct xpenditure 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica	ŭ	ruction Guide explains how	to complete		THEN (enter a categor	y not listed a	bove)
1	Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)					
	Sch: 19/20 Rpt: 28/29	Schofield, Michael	00057835					
4	CREDIT CARD ISSUER	Name of financial institution 5 TOTAL OF UNITEMIZED		\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$173.20	08/22/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		W Bradshaw Boney Consulting 18333 Egret Bay Blvd Ste 110 Webster, TX 77058						
8	PURPOSE OF	(a) Category		(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	campaigr	n post cards			
l	X Political	Advertising Expense						
	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		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$41.99	08/23/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Couthour Bound Baliner		908 Aver	nue B			
		Southern Dough Baking		Suite A				
			Katy, TX					
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)		of this cahadula)	(b) Descrip					
EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			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	
Complete ONLY if direct Candidate/Officeholder name Offic			e sought		Office held			
е	expenditure to benefit C/OH							
l	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$95.00	08/26/2024					
	PAYEE	(a) Payee name		(b) Payee	·	City,	State,	Zip Code
l		Amorican Evaross		P.O. Box	650448			
		American Express			V 75065			
┡	PURPOSE OF A Colorest			Dallas, T				
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)		(b) Descrip	otion rd annual fee					
		credit card annual fee		CIEUIL CAI	a annual lee			
1	X Political				_			
dash	Non-Political					officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
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 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

Candidate/Officeholder/Politica			nting Expense laries/Wages/Con		HER (enter a catego	ry not listed al	bove)
	The Inst	ruction Guide explains how	to complete t	his form.			
1 Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics C			sion Filers)
Sch: 20/20 Rpt: 29/29	Schofield, Michael			00057835			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL	OF UNITEMIZED			
ISSUER	saa n	revious	EXPEN	DITURES	\$		
	300 p	icvious	CHARG CARD	ED TO A CREDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	<u> </u>	Credit Card Issuer	l · Daid		
I ATMENT			(c) Batc(s)	Orean Oara 133acı	i did		
	\$11.02	09/07/2024					
7 DAVEE	(a) Davis a magazi		(la) Davis a	- d-d	O'tr	04-4-	7:- OI-
7 PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code
	Ready Refresh		6661 Dixi	e Highway, Ste	1		
	110000, 110000		l				
	() 0 /			, KY 40258			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
l <u> </u>	Office Overhead/Ren		water for	Capitol office			
X Political							
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	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 Issuer	Paid		
	\$8.39	09/21/2024					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Michaels		9666 Old Katy Rd				
			Katy, TX	77055			
PURPOSE OF	(a) Category		(b) Descrip	tion			
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	acrylic frame for event				
X Political	Lvent Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	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							