CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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Th	e C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00057835		2 Total pages	s filed: 32
	CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFIC	E USE ONLY
	OFFICEHOLDER NAME	The Honorable	Michael				
						Date Received	
							ICALLY FILED
		NICKNAME	LAST		SUFFIX	01/04/2025	
			Schofield				
4	CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-deliver	ed or Date Postmarked
	OFFICEHOLDER	934 Hidden Canyon Rd.					
	MAILING ADDRESS					Receipt #	Amount
	Change of Address	Katy, TX 77450				Date Processed	•
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
	TREASURER NAME	Mr.	Jay				
		NICKNAME	LAST		SUFFIX		
			Zeidman				
6	CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	AP	T / SUITE #; CITY;		STATE; ZIP CODE
	TREASURER	2104 Chilton			,		,
	ADDRESS						
	(Residence or Business)						
		Houston, TX 77019					
7	CAMPAIGN	AREA CODE PHON	NE NUMBER	EXTENSION			
Ľ	TREASURER	(713) 366-0579					
	PHONE						
8	REPORT						
	TYPE	X January 15	30th day before	e election	Runoff		campaign treasurer
							officeholder only)
		July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9	PERIOD COVERED	Month Day Year			Month Day	Year	
	COVERED	10/27/2024	Tł	IROUGH	12/31/202	4	
			1				
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year		rimary	Runoff	Other	
				Seneral	Special		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
		State Representative Dist	rict 132		State Represent		32
⊢							
1							
1							
1			GO 1	O PAGE 2			
For	ms provided by Te	xas Ethics Commission	www.et	hics.state.tx.u	S	Ve	rsion V4.1.0.5dd2ace2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 32

13 C / OH NAME	Schofield, Michael (T	he Honorable)	14 Filer ID (l 00057835	Ethics Comm	ission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditur These expenditures may have been made without th d officeholders are required to report this information	he candidate's or office	holder's knov	vledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	Texas Alliance for Life Political Action Commi	ttee		
		COMMITTEE ADDRESS			
	SPECIFIC	8000 Centre Park Dr			
	_	Ste 380			
		Austin, TX 78754			
		COMMITTEE CAMPAIGN TREASURER NAME			
		Shaw, James			
		COMMITTEE CAMPAIGN TREASURER ADDRES	S		
		4505 Corazon CV			
		Round Rock, TX 78754			
16 CONTRIBUTION TOTALS	\$	0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS;)	\$	47,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	22,532.37
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$	133,479.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS (TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	-				
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.			
			able Michael Schofie	-	
		Signature of (Candidate or Officehold	der	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subso	cribed before me, by the s	aid	, this the		_ day
of	, 20, to co	ertify which, witness my hand and seal of office.			
Signature of offic	er administering	Printed name of officer administering	Title of officer	administerin	g oath
Eorms provided by Tex	xas Ethics Commission	www.ethics.state.tx.us		Version V/4	1.0.5dd2ace2

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 32 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Schofield, Michael (The Honorable) 00057835 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 47,000.00 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 250.00 \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 3,529.37 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 19,003.00 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
_		lichael (The Honorable)			00057835	······,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/09/2024	Aguirre & Fields LP PAC				\$500.00
		6 Contributor address; City; State; Zip Code		1		
		1				
		Sugar Land, TX 77479				
8	Principal occu		9 Employer (See Instructions)	<u>ال</u>		
				<i>''</i>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Alcorta Law Firm PLLC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78746				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ار</u>		
	1			')		
	Date	Full name of contributor X out-of-state PAC (ID#: C		Γ	Amount of Contribution (\$)	
	12/09/2024	American Property Casualty Insurance Associati				\$1,000.00
		Contributor address; City; State; Zip Code		1		
	Dringing oog	Chicago, IL 60631	Employer (Cap Instructions			
	Principai occu	upation / Job title (See Instructions)	Employer (See Instructions)	3)		
	Date	Full name of contributor X out-of-state PAC (ID#: C	00235739)	Γ	Amount of Contribution (\$)	
	12/10/2024	BNSF Railpac				\$1,500.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth TX 76161				
	Drincinal Occi	Fort Worth, TX 76161 upation / Job title (See Instructions)	Employer (See Instructions)			
	Fillopa occa			"		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/11/2024	BPA PAC				\$1,000.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
[ichael (The Honorable)		ľ	00057835	5111 11013)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/04/2024	Bennett, Montgomery J				\$2,500.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75254				
Q	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> .)		
0	CEO		Ashford, Inc.	<i>)</i>		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/28/2024	Boating Trades Association of Metropolitan Hou	ston PAC			\$500.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77054				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/28/2024	Burke, Marcella				\$100.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77094				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor X out-of-state PAC (ID#:) (000333534	Γ	Amount of Contribution (\$)	
	12/09/2024	Centerpoint Energy, Inc. Political Action Commit				\$1,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77210				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/10/2024	Charter Communications, Inc. Texas PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		ichael (The Honorable)			00057835	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/13/2024	Charter Schools Now PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/07/2024	Cy-Fair Republican Women				\$750.00
		Contributor address; City; State; Zip Code				
		1				
		1				
		Houston, TX 77095]			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		
-				_		
	Date	Full name of contributor X out-of-state PAC (ID#: <u>C</u>	.00368902)		Amount of Contribution (\$)	
	12/14/2024					\$500.00
		Contributor address; City; State; Zip Code				
		Mobile, AL 36670				
<u> </u>	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Delisi Communications PAC				\$500.00
		Contributor address; City; State; Zip Code				
⊢	Duincipal anal	Austin, TX 78701		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/06/2024	Elder Jr., Donald Everett				\$100.00
		Contributor address; City; State; Zip Code				
		Katy, TX 77493				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
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	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/32	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
[ichael (The Honorable)				00057835	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/09/2024	Erben & Yarbrough					\$500.00
		6 Contributor address; City; St					
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/09/2024	Fred Shannon LLC					\$1,000.00
		Contributor address; City; St					
	Duin aire al an an	Austin, TX 78701	<u></u>	England (Or a la struction			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/09/2024	Grant, Kathy	—				\$300.00
		Contributor address; City; St					
		Auctin TX 79704					
	Dringing ogg	Austin, TX 78704	N	Employer (See Instructions	<u> </u>		
	Filicipal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	HCA Texas Good Govern					\$500.00
		Contributor address; City; St	ate; Zip Code				
		Dallac TX 75240					
	Bringinal occu	Dallas, TX 75240 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Fincipal occu))		
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	HOMEPAC of Texas					\$1,500.00
		Contributor address; City; St	ate; Zip Code				
		Austin, TX 78701					
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I;)		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/32	
2	FILER NAME		,	3	Filer ID (Ethics Commissio	on Filers)
-		lichael (The Honorable)	1		00057835	лтт но.с,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/09/2024	Hausenfluck, Amber	!			\$500.00
		6 Contributor address; City; State; Zip Code				
			!			
		Austin, TX 78704				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Government	t Affairs Consultant	McGuire Woods Consult	ltinç	រ LLC	
	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	12/09/2024	Holland & Knight PAC				\$250.00
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			,			
			,			
		Dallas, TX 75201	!			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
	·			,		
_	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	10/29/2024	Houston Associated General Contractors PAC	, I		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$1,000.00
	10,11	Contributor address; City; State; Zip Code				+_,
		Contributor address, City, State, Zip Code	!			
			!			
		Houston, TX 77092	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	⊥ s)		
	·			-,		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
	12/14/2024	Houston Pilots PAC				\$500.00
		Contributor address; City; State; Zip Code				
			!			
			!			
		Deer Park, TX 77536	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
F	Date	Full name of contributor Out-of-state PAC (ID#:_	,	Τ	Amount of Contribution (\$)	
	12/13/2024	Indepac				\$500.00
		Contributor address; City; State; Zip Code		·-		
			!			
			1			
		Austin, TX 78750	1			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
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The Instruction Guide explains how to complete this form.	
The instruction Guide explains now to complete this form.	1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/32
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Schofield, Michael (The Honorable)	00057835
4 Date 5 Full name of contributor out-of-state PAC (ID#:	_) 7 Amount of Contribution (\$)
12/09/2024 K&L Gates LLP, Committee for Good Government	\$1,000.00
6 Contributor address; City; State; Zip Code	
Dallas, TX 75201	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	ctions)
	_) Amount of Contribution (\$)
10/28/2024 Kirby Corp PAC	\$1,000.00
Contributor address; City; State; Zip Code	
Houston, TX 77007	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$)
12/11/2024 Leo, Myra	\$250.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
12/13/2024 Linebarger Goggan Blair & Sampson LLP	\$500.00
Contributor address; City; State; Zip Code	
Austin, TX 78746	
Principal occupation / Job title (See Instructions) Employer (See Instruct	ictions)
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) 12/10/2024 Longbow Partners	_) Amount of Contribution (\$) \$350.00
12/10/2024 Longbow Partners	
12/10/2024 Longbow Partners	
12/10/2024 Longbow Partners	
12/10/2024 Longbow Partners Contributor address; City; State; Zip Code	\$350.00
12/10/2024 Longbow Partners Contributor address; City; State; Zip Code Austin, TX 78701	\$350.00
12/10/2024 Longbow Partners Contributor address; City; State; Zip Code Austin, TX 78701	\$350.00

	The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/32	
2	FILER NAME			3 Filer ID (Ethics Commission	on Filers)
[ichael (The Honorable)		00057835	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	12/06/2024	McGarr, Mary			\$400.00
		6 Contributor address; City; State; Zip Code			
		Katy, TX 77450			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
		······································		,	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/09/2024	Miller, William J			\$1,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78703			
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)	
	consultant		Hillco Partners	,	
╞	Data	Full name of contributor X out-of-state PAC (ID#:	C00266550	Amount of Contribution (ft)	
	Date		() (00300559	Amount of Contribution (\$)	¢2 000 00
	12/10/2024				\$2,000.00
		Contributor address; City; State; Zip Code			
L		Princeton, NJ 08540	i		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
	12/09/2024	Pape-Dawson Engineers PAC	/		\$500.00
	12/03/2024	-			Ψ300.00
		Contributor address; City; State; Zip Code			
		San Antonio, TX 78213			
⊢	Princinal occur	pation / Job title (See Instructions)	Employer (See Instructions)	
	i inicipal ooda)	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	12/11/2024	Red Rock Resorts PAC	······································		\$500.00
		Contributor address; City; State; Zip Code			
		Contributor address, City, State, Zip Code			
		Austin, TX 78701			
⊢	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	I ;)	
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		ichael (The Honorable)		J	00057835	511111013)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/14/2024	Rydman, John A				\$1,500.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77007				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	owner		Spec's Wines and Spirit	S		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Sampson Public Affairs LLC	······································			\$500.00
	12/03/2024					\$000.00
		Contributor address; City; State; Zip Code				
		Austin TV 70740				
		Austin, TX 78749		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Texas Aggregate & Concrete Association Politica				\$1,000.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/29/2024	Texas Building Branch AGC PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
				,		
	Data	Full name of contributor Out-of-state PAC (ID#:	``````````````````````````````````````		Amount of Contribution (¢)	
	Date)		Amount of Contribution (\$)	¢500.00
	11/14/2024	Texas Dairymen PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78711				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

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	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/32	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		ichael (The Honorable)				00057835	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	11/13/2024	Texas Dental Association					\$500.00
	I	6 Contributor address; City; S	tate; Zip Code				
		Austin, TX 78704					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
_	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/09/2024	Texas Land Developers A	Association PAC				\$1,000.00
	I	Contributor address; City; S	tate; Zip Code				
		McNeil, TX 78651					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/09/2024	Texas Sands PAC					\$4,000.00
	I	Contributor address; City; S	tate; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/09/2024	Texas Trial Lawyers Asso	ociation PAC				\$2,000.00
	I	Contributor address; City; S			1		
	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Austin, TX 78701	· · · ·		Ĺ		
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/13/2024	The Storage Place					\$500.00
		Contributor address; City; S	tate; Zip Code				
		Corpus Christi TV 79412					
	Drinsipal agai	Corpus Christi, TX 78412					
	Principal occu	pation / Job title (See Instructions	<i>i</i>)	Employer (See Instructions	5)		

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		lichael (The Honorable)			00057835	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/09/2024	Thurber, William Todd				\$500.00
		6 Contributor address; City; State; Zip Code		1		
		Bellaire, TX 77401				
8	Principal occu		9 Employer (See Instructions)	د) ا		
U	Sr. VP		LJA Engineering, Inc.	<i>י</i> י		
	Date	Full name of contributor X out-of-state PAC (ID#: C	.00064766)	Γ	Amount of Contribution (\$)	
	11/13/2024	UPSPAC				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		Washington, DC 20003		Ĺ		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
_	2-1-2			Π	to contribution (ft)	
	Date	Full name of contributor X out-of-state PAC (ID#: C United Airlines Inc PAC) (00101766		Amount of Contribution (\$)	ቀ260 00
	12/10/2024					\$750.00
		Contributor address; City; State; Zip Code				
		Chicago, IL 60606				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	⊥ 3)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/13/2024	University of Houston PAC				\$2,500.00
		Contributor address; City; State; Zip Code		1		
L		Houston, TX 77046]			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date	Full name of contributor Out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	12/09/2024	Valero Political Action Committee				\$1,000.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78269				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	5)		

_						
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/11 Rpt: 14/32	
2	FILER NAME			2	Filer ID (Ethics Commission	n Filers)
Ĺ		chael (The Honorable)			00057835	11 11013)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/09/2024	W R Brannon & Associates LLC				\$500.00
		6 Contributor address; City; State; Zip Code				
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/29/2024	Warner, Jr, Frederic C	/			\$250.00
	10/20/2021					\$200.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024 Yanamandala, Raviraj					\$250.00
	Contributor address; City; State; Zip Code					
		Pearland, TX 77584				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	President		Geotest Engineering, Ind			
	Flesident			с. —		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Zamarripa, Ricardo				\$250.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78739				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
⊢						
Í						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 15/32				
2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Schofield, M	lichael (The Honorable)		00057835				
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5	Date 10/28/2024	 Full name of contributor out-of-state PAC (ID#: TREPAC Contributor address; City; State; Zip Code Austin, TX 78768)	8	Amount of 9 In-kind contribution contribution (\$) description \$250.00 Advertising in support of fundraising event			
-	<u> </u>				Check if travel outside of Texas. Complete Schedule T.			
10	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	JDICIAL) (See instructions)			
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)					
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/l rhead/R ense pense ages/C	Reimbursement Rental Expense ontract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 16/32		Schofield, Michael (The Honorable)					00057835
4	Date 10/28/2024		Payee name AT&T Mobility					
6	Amount (\$) \$277.20		Payee address; City; State PO Box 6463 Carol Stream, IL 60197	; Zip Co	de			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	iedule)		_	TX,	de of Texas. Complete Schedule T. officeholder living expense CES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name (Office sou	ght			Office held
	Date		Payee name					
	12/02/2024		AT&T Mobility					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$137.65 PO Box 6463 Carol Stream, IL 60197							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	nedule)			ΤX,	de of Texas. Complete Schedule T. officeholder living expense ES
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name (Office sou	ght			Office held
	Date		Payee name					
	11/16/2024		American Express					
	Amount (\$) \$2,791.51		Payee address; City; State P.O. Box 650448	; Zip Co	de			
			Dallas, TX 75265					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Credit Card Payment	iedule)			ΤX,	de of Texas. Complete Schedule T. officeholder living expense nent
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ee Legal Servic	ige Expense Memorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/2 Rpt: 17/32		hofield, Michael (⁻	The Honorable)				00057835	· · · · ·
4	Date 12/19/2024	-	yee name y of Austin Utilitie	5					
6	Amount (\$) \$268.76	PC	yee address; Ci 9 Box 2267 stin, TX 78783	ty; State;	; Zip Co	de			
8	PURPOSE OF EXPENDITURE		tegory _{(See Categorie:} stin apartment uti	listed at the top of this sch ities	iedule)	(b) Description Check if travel Check if Austir Austin apartr	n, TX,		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder ı	name C	Office sou	yht		Office hel	d
	Date	Pay	yee name						
	11/30/2024	Cit	y of Austin Utilitie	6					
	Amount (\$) \$20.25		yee address; Ci) Box 2267	ty; State;	; Zip Co	de			
		Au	stin, TX 78783						
	PURPOSE OF EXPENDITURE	Ho		listed at the top of this sch tricity at Austin ses		X Check if Austin	n, TX,		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder ı	name C	Office sou	pht		Office hel	d
	Date	Pa	yee name						
	11/13/2024	-	xley, Carter						
	Amount (\$) \$34.00	-	yee address; Ci 00 Congress Ave	ty; State;	; Zip Co	de			
			stin, TX 78701						
	PURPOSE OF EXPENDITURE		tegory _{(See Categories} .ff parking reimbui	i listed at the top of this sch Sement	edule)		ı, TX,	de of Texas. Comp officeholder living (nbursement	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officeholder ı	name C	Office sou	Jht		Office hel	d

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve Gift/Awards I Committee Legal Serv	rage Expense s/Memorials Expense	Loan Repayment/Re Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Cor	eimbursement ntal Expense ntract Labor	Travel in District Travel Out of District	ation Equipment & Related Expense District	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)
	Sch: 1/15 Rpt: 18/32	Schofield, Michael ((The Honorable)			00057835		
4	CREDIT CARD ISSUER		ncial institution n Express	EXPEN	OF UNITEMIZE DITURES ED TO A CRED	\$		
6	PAYMENT	(a) Amount Charged \$229.95	(b) Date of Charge 10/27/2024	(c) Date(s)	Credit Card Iss	uer Paid		
-						0 ¹		
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		Slaughter Lane U-h	aul	9001 IH-3	35			
		J		Austin, T	x 78783			
8	PURPOSE OF	(a) Category		(b) Descrip				
•	EXPENDITURE	(See Categories listed at the top	of this schedule)	Storage e				
	X Political	Storage expense			•			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	<u> </u>	X Check if Austin,	TX, officeholder living ex	oense	
9	Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	Office sought		Office held		
	xpenditure to benefit C/OH			C				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Iss	uer Paid		
		\$37.79	10/28/2024					
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
				109 W H	wy 71			
		Hruska's						
				Ellinger, ⁻	FX 78938			
	PURPOSE OF	(a) Category		(b) Description				
		(See Categories listed at the top Travel Out of District	of this schedule)	Gas for s	taff travel to Ca	apitol		
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin,	TX, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
e	xpenditure to benefit C/OH		1					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Iss	uer Paid		
		\$54.21	10/28/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				1302 Wa	ugh Dr.			
		United States Posta	al Service					
					TX 77019			
	PURPOSE OF	(a) Category	of this schodule)	(b) Descrip	tion			
		(See Categories listed at the top postage	or this schedule)	postage				
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		Check if Austin,	TX, officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
e	xpenditure to benefit C/OH							

Forms provided by Texas Ethics Commission

		ENDITURE CATEGORIE		()				
Advertising Expense Accounting/Banking	Event Exp Fees	0	oan Repayment/R Iffice Overhead/Re	ental Expense Tr	olicitation/Fundraising E ansportation Equipmer		Expense	
Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Politi	By - Gift/Award	s/Memorials Expense P	olling Expense rinting Expense alaries/Wages/Co	Tr	avel in District avel Out of District THER (enter a categor	v not listod at	201/0)	
Candidate/Onicenoiden/Politi		ruction Guide explains how	U			y not listed at	JUVE)	
1 Total pages Schedule F4	2 FILER NAME		· ·		3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 2/15 Rpt: 19/32	Schofield, Michael	(The Honorable)			00057835			
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED				
ISSUER	see p	revious		DITURES GED TO A CREDIT	\$			
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid			
	\$87.42	11/05/2024						
7 PAYEE					Oite	01-1-1-	7.0.1.	
/ FAILE	(a) Payee name		(b) Payee	address; pelo Road, Ste 3	City,	State,	Zip Code	
	Constant Contact		1001 114	pelo Road, Ste S	29			
			Waltham	, MA 02451				
8 PURPOSE OF	(a) Category		(b) Descrip	otion				
	(See Categories listed at the top Office Overhead/Ren	,	Email se	rvices				
X Political								
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name Offic	ce sought		Office held			
expenditure to benefit C/OF PAYMENT	(a) Amount Charged	(b) Date of Charge) Credit Card Issue	r Daid			
PATMENT			(C) Dale(S)	Clean Card Issue	raiu			
	\$22.92	11/11/2024						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
			9935 Barker Cypress Rd					
	Thousand Hills Cof	lee & Bakery	#130 Operation TX 77400					
				TX 77433				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip staff mea					
X Political	Food/Beverage Expe	nse	Stan mee					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.			officeholder living exp	ense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder	•	ce sought		Office held			
expenditure to benefit C/OF	I							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid			
	\$90.00	11/13/2024						
54.//25								
PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code	
	The Texan		1011 Sar Suite 315	n Jacinto Blvd				
			Austin, T					
PURPOSE OF	(a) Category		(b) Descrip					
EXPENDITURE	(See Categories listed at the top subscription	of this schedule)	subscript	ion				
X Political								
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	name Offic	ce sought		Office held			
expenditure to benefit C/OF								

	EXPI	ENDITURE CATEGORI	IES FOR BOX	10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award	erage Expense Is/Memorials Expense	Office Overhead/Re Polling Expense Printing Expense	ffice Overhead/Rental Expense Tr olling Expense Tr rinting Expense Tr		Solicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District DTHER (enter a category not listed above)		
	The Inst	ruction Guide explains h	ow to complete	this form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 3/15 Rpt: 20/32	Schofield, Michael	(The Honorable)			00057835			
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED				
ISSUER	see p	revious		IDITURES GED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid			
	\$65.91	11/14/2024						
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Calava Cafa		100 W Ly	ynn St				
	Galaxy Cafe							
			Austin, T					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri					
	Food/Beverage Expe	,	staff mea	als				
X Political								
Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	, officeholder living exp	ense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Of	ffice sought		Office held			
	(a) Amount Chargod	(b) Data of Charge	(a) Data(a)	Cradit Card Issue	vr Doid			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(C) Date(S)) Credit Card Issue	er Palu			
	\$106.23	11/14/2024						
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
	Fratelli's Restauant		1330 Wirt Rd					
	Fialeiiis Reslaudii	L						
				, TX 77055				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Food/Beverage Expe	,	constituent meals					
X Political								
Non-Political	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule		Check if Austin, TX	, officeholder living exp	ense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicendider	name O	ffice sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid			
			(0) Duite(0)					
	\$900.00	11/15/2024						
PAYEE	(a) Payee name		(b) Payee	address:	City,	State,	Zip Code	
			., .	nita Beach Rd SE		,		
	Advantage, Inc.		Ste 200					
			Bonita S	prings, FL 34135	5			
PURPOSE OF	(a) Category		(b) Descri	ption				
	(See Categories listed at the top Consulting Expense	of this schedule)	data serv	/ices				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т	Check if Austin, TX,	, officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	r name Of	ffice sought		Office held			
expenditure to benefit C/OH								

		ENDITURE CATEGORIE						
Advertising Expense Accounting/Banking	Event Expe Fees	C	Office Overhead/Rental Expense Ti	olicitation/Fundraising Expense ransportation Equipment & Related Expense				
Consulting Expense Contributions/ Donations Made By	/ - Gift/Award	s/Memorials Expense P	rinting Expense T	ravel in District ravel Out of District				
Candidate/Officeholder/Politica	6	ruction Guide explains ho	5	THER (enter a category not listed above)				
1 Total pages Cabadula E4	·	ruction Guide explains no		3 Filer ID (Ethics Commission Filers)				
1 Total pages Schedule F4:		(The Henerable)		00057835				
Sch: 4/15 Rpt: 21/32	Schofield, Michael	· · · · · · · · · · · · · · · · · · ·		00037833				
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	\$				
	see p	revious	CHARGED TO A CREDIT CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$10,285.63	11/18/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
			3200 S First St					
	Stoney Ridge Apar	tments						
			Austin, TX 78704					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top rent for Austin session	,	rent for Austin session ap	partment				
X Political		apartment						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX	, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$17.67	11/19/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
			5 Crosby St					
	Lemonade Insurance Company		3rd floor					
			New York, NY 10013					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top renters insurance for	,	renters insurance for Austin session apartment					
X Political	apartment							
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 Offi	ce sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$19.60	11/20/2024						
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code				
	_		865 E State Hwy 71					
	Exxon							
			Bastrop, TX 78602					
PURPOSE OF	(a) Category	of this schodule)	(b) Description					
	(See Categories listed at the top Travel Out of District	or unis schedule)	Gas for travel to Capitol					
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 Offi	ce sought	Office held				
expenditure to benefit C/OH								

		EXPI	ENDITURE CATEGORIE	ES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense P s/Memorials Expense P	office Overhead/Rental Expense Tri olling Expense Tri rinting Expense Tri	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)				
		-	ruction Guide explains ho	-	(**************************************				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers))			
	Sch: 5/15 Rpt: 22/32	Schofield, Michael	(The Honorable)		00057835				
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED					
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDIT CARD	-				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$50.44	11/20/2024						
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod	de			
		Slaughter Lane U-h	aul	9001 IH-35					
		Sladginer Lane O-I	iadi						
Ļ		(a) Catagony		Austin, TX 78783 (b) Description					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Moving expense into Aus	tin session apartment				
	X Political	Moving expense into	Austin session						
	Non-Political	apartment (c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder		ce sought	Office held				
	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$2.18	11/20/2024						
	PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Cod	de			
		Slaughter Lane U-haul		9001 IH-35					
		Slaughter Lahe O-I	Idui						
⊢				Austin, TX 78783					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Moving expense into Austin session apartment					
	X Political	Moving expense into apartment	Austin session	Moving expense into Aus					
	Non-Political		of Texas. Complete Schedule T.		, officeholder living expense				
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder		ce sought	Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
		\$49.72	11/21/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod	de			
		WalMart		22850 Morton Ranch Rd					
				Katy, TX 77449					
⊢	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	,	bedding for Austin sessio	n apartment				
	X Political	bedding for Austin se	ssion apartment						
	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		ce sought	Office held				
e	xpenditure to benefit C/OH								

			ENDITURE CATEGORIE		()				
	Advertising Expense Accounting/Banking	Event Exp Fees	C	oan Repayment/R Office Overhead/Re	ental Expense Tra	blicitation/Fundraising l ansportation Equipme		Expense	
	Consulting Expense Contributions/ Donations Made By	/ - Gift/Award	ls/Memorials Expense P	olling Expense printing Expense	Tra	avel in District avel Out of District	v not listed a	hovo)	
	Candidate/Officeholder/Politica	Ũ	ruction Guide explains ho	alaries/Wages/Co		THER (enter a categor	y not listed a	bove)	
	Total pages Schedule F4:	i				3 Filer ID (Ethi	s Commis	sion Filers)	
 	Sch: 6/15 Rpt: 23/32	Schofield, Michael	(The Honorable)			00057835		,	
4	CREDIT CARD		ncial institution	5 TOTAL	OF UNITEMIZED				
	ISSUER	see p	revious	EXPEN	DITURES	\$			
				CHARG	GED TO A CREDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid			
		\$124.85	12/04/2024						
7	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code	
		HEB		7901 We	st Hwy 290				
L				Austin, T					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	for Capitol office				
	X Political	Office Overhead/Ren	tal Expense	Supplies	ior capitor office				
	Non-Political								
9	Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ce sought	Check if Austin, TX,	officeholder living exp Office held	ense		
	xpenditure to benefit C/OH	Canalatic, Chiecholder	indine on	ee sought		onice neid			
⊢	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid			
		\$119.05	12/10/2024						
		+==0.00							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Doot Dun/		1201 Bar	bara Jordan Blvo	t			
		Best Buy							
				Austin, T					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		69			
	X Political	Office Overhead/Ren	tal Expense	i v moun	mounts for Capitol office				
	Non-Political		(T. 0. 1. 0.1.1.T.			<i>1</i>			
⊢	Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ce sought	Check if Austin, TX,	officeholder living exp Office held	ense		
е	xpenditure to benefit C/OH	Canalatic, Chiecholder	indine on	ce sought		Office field			
⊢	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid			
		\$64.95	12/20/2024						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Capital Extension (Siftshop	1400 Coi	ngres Ave				
		Capitol Extension C	μοιιομ						
				Austin, T					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip staff gifts					
	X Political	Gift/Awards/Memorial	ls Expense	Stan gills					
	Non-Political		of Toyoo, Complete Cabadyle T			officebolder living	0000		
⊢	Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offi	ce sought		officeholder living exp Office held	ense		
е	xpenditure to benefit C/OH								
L		l							

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)										
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		licitation/Fundraisi ansportation Equip		Expense						
	Consulting Expense Contributions/ Donations Made By		rage Expense s/Memorials Expense	Polling Expense Printing Expense		avel in District avel Out of District								
	Candidate/Officeholder/Politica			Salaries/Wages/Contract Labor	OT	HER (enter a cate	egory not listed at	oove)						
4	Tatal a succ Oak adula E4		ruction Guide explains	how to complete this form.				ion Filone)						
1		2 FILER NAME					Ethics Commiss	sion Fliers)						
	Sch: 7/15 Rpt: 24/32	Schofield, Michael				00057835								
4	CREDIT CARD		ncial institution	5 TOTAL OF UNITE EXPENDITURES	MIZED	\$								
		see p	revious	CHARGED TO A C CARD	REDIT	-								
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	Paid								
		\$150.00	12/24/2024											
7	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code						
		Katy Area Chambe	r of Commoroo	814 East Ave.										
		Kaly Area Chambe	r of Commerce	Unit G										
				Katy, TX 77493										
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description										
		Event Expense		Event ticket										
	X Political													
	Non-Political		of Texas. Complete Schedule		ustin, TX, o	officeholder living	expense							
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought		Office held								
e	xpenditure to benefit C/OH	(a) Amount Chargod	(b) Data of Charge	(a) Data(a) Cradit Car	dloouar	Daid								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	u issuer	Palu								
		\$87.42	12/05/2024											
_	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code						
	=	(a) r ayee name		1601 Trapelo Road	I Ste 3		State,							
		Constant Contact			, 010 0/	20								
				Waltham, MA 02451										
	PURPOSE OF	(a) Category		(b) Description										
	EXPENDITURE	(See Categories listed at the top email services	of this schedule)	email services										
	X Political	email services												
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if A	ustin, TX, d	officeholder living	expense							
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held								
е	xpenditure to benefit C/OH													
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	Paid								
		\$57.80	10/31/2024											
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code						
		Fratelli's Restauant		1330 Wirt Rd										
					_									
				Houston, TX 77055	5									
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ator									
	_	Food/Beverage Expe		meeting with legisla	αισι									
	X Political													
	Non-Political	I	of Texas. Complete Schedule		ustin, TX, o	officeholder living	expense							
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought		Office held								
e	xpenditure to benefit C/OH													

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense									
Accounting/Banking Consulting Expense	Fees			ntal Expense T	ransportation Equipme ravel in District		Expense		
Contributions/ Donations Made By Candidate/Officeholder/Politica		ls/Memorials Expense vices	Printing Expense Salaries/Wages/Co		ravel Out of District THER (enter a categor	y not listed al	oove)		
	The Inst	ruction Guide explains l	how to complete	this form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	3 Filer ID (Ethics Commission Filers)			
Sch: 8/15 Rpt: 25/32	Schofield, Michael	(The Honorable)			00057835				
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED					
ISSUER	see p	revious		DITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
	\$193.87	10/31/2024							
7 PAYEE	(a) Payee name	-	(b) Payee	address;	City,	State,	Zip Code		
	Amazon		440 Terry	/ Avenue N.					
	Anazon								
8 PURPOSE OF	(a) Category		(b) Descrip	VA 98109					
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)		r Capitol office					
X Political	Books for Capitol office	се							
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, o			, officeholder living exp	onso				
9 Complete <u>ONLY</u> 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 Issue			er Paid					
	\$161.23	10/31/2024							
PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code		
	A		440 Terry Avenue N.						
	Amazon								
				VA 98109					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	· / ·	(b) Description Books for Capitol office					
X Political	Books for Capitol offic	се	DUUKS IU						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т	Check if Austin TX	, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held	0.100			
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
	\$49.98	11/04/2024							
PAYEE	(a) Payee name		(b) Payee	-	City,	State,	Zip Code		
	Office Depot 415 S Fry Rd		/ Rd						
			Koty TV	77450					
PURPOSE OF	(a) Category		Katy, TX (b) Descrip						
EXPENDITURE	(See Categories listed at the top		• • •	g pouches					
X Political	Office Overhead/Ren	tal Expense							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	 е Т.	Check if Austin. TX	, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder		Office sought		Office held				
expenditure to benefit C/OH									

EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipme Travel in District Travel Out of District				
	The Inst	ruction Guide explains h	ow to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 9/15 Rpt: 26/32	Schofield, Michael	(The Honorable)		00057835				
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZ					
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CRE CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	\$5.51	11/05/2024						
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
	Deedy Defreeb		6661 Dixie Highway, S	Ste 4				
	Ready Refresh							
			Louisville , KY 40258					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Office Overhead/Rent	,	water for Capitol office					
X Political			_ <u> </u>					
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, c				ense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Of	ffice sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	\$1,265.17	11/06/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			21799 Katy Freeway					
	Rudy's Country Sto	ore and Bar-B-						
			Katy, TX 77450					
PURPOSE OF	(a) Category		(b) Description					
	(See Categories listed at the top Event Expense	of this schedule)	Election Night Watch party					
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 Of	ffice sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	\$16.92	11/06/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
=	(a) r ayee hame		25676 Nelson Way	City,	State,			
	HEB							
			Katy, TX 77494					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Desserts for Election N	Night Watch party				
X Political	Food/Beverage Expe	1130						
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 Of	ffice sought	Office held				
expenditure to benefit C/OH								

EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Accounting/Banking		Fees	Fees Offic		fice Overhead/Rental Expense Tr		Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
	Consulting Expense Contributions/ Donations Made By -		s/Memorials Expense Pr	Iling Expense inting Expense	Tra	Travel in District Travel Out of District			
	Candidate/Officeholder/Politica	6	rices Sa ruction Guide explains how	laries/Wages/Co		THER (enter a catego	ry not listed al	oove)	
$\lfloor 1 \rfloor$	Total pages Schedule F4:	i				3 Filer ID (Ethi	cs Commiss	cion Eilers)	
Ľ	Sch: 10/15 Rpt: 27/32	Schofield, Michael	(The Honorable)			00057835		Son Filers)	
4	•		ncial institution		OF UNITEMIZED	00037833			
4	CREDIT CARD				DITURES	\$			
		see p	revious	CHARC CARD	GED TO A CREDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$26.95	11/07/2024						
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
				740 S Ma	ason Rd				
		Cabo Bob's Burritos	S						
				Katy, TX					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	—	Food/Beverage Expe	,	staff mea	us				
	X Political								
	Non-Political				officeholder living exp	ense			
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Offic	e sought		Office held			
e	expenditure to benefit C/OH								
	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue) Credit Card Issuer	rPalu					
		\$67.54	11/20/2024						
	PAYEE (a) Payee name (b) Payee address;		address;	City,	State,	Zip Code			
		Elizabeth Street Ca	to	1501 S F	irst St				
		Elizabeti Street Ca	ue						
				Austin, T					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
		Food/Beverage Expe		staff mea	115				
	X Political								
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
е. —		(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid			
				(0) Duic(3)					
		\$65.91	11/12/2024						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Calayry Cafe		100 W Lynn St					
		Galaxy Cafe							
				Austin, T					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	_	Food/Beverage Expe		staff mea	us				
	X Political								
	Non-Political		of Texas. Complete Schedule T.	-	Check if Austin, TX,	officeholder living exp	ense		
	Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name Offic	e sought		Office held			
e	xpenditure to benefit C/OH								

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
Accounting/Banking Fees Consulting Expense Food/ Contributions/ Donations Made By - Gift/A		- Food/Bev Gift/Award	erage Expense F ds/Memorials Expense F	oan Repayment/Reimbu Office Overhead/Rental E Polling Expense Printing Expense Galaries/Wages/Contract	inting Expense Travel Out of District				
		-	truction Guide explains ho	w to complete this f		ι σ		,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)	
	Sch: 11/15 Rpt: 28/32	Schofield, Michael	(The Honorable)			00057835			
4	CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF U					
	ISSUER	see p	previous	EXPENDITU CHARGED CARD	JRES TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid			
		\$200.00	11/12/2024						
7	PAYEE	(a) Payee name	•	(b) Payee addr	ess;	City,	State,	Zip Code	
		Stanov Didga Ana	rmanta	3200 S First St					
		Stoney Ridge Apa	linents						
				Austin, TX 78					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description		oportmont			
		deposit for Austin se	ssion apartment	deposit for Austin session apartment					
	X Political								
_	Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, Candidate/Officeholder name Office sought					pense		
9	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholde	rhame On	ce sought		Office held			
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid			
		\$214.85	12/03/2024	(0) Duic(3) Ore					
		ΦΖ14.00	12/03/2024						
-	PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code	
				710 E Ben W	hite Blvd				
		WalMart							
				Austin, TX 78	3704				
	PURPOSE OF	(a) Category (See Categories listed at the top	a of this schodula)	(b) Description					
		supplies for Austin se	,	supplies for Austin session apartment					
	X Political		-						
	Non-Political		e of Texas. Complete Schedule T.		Check if Austin, TX, o	officeholder living exp	pense		
	Complete ONLY if direct	Candidate/Officeholde	r name Off	ce sought		Office held			
e	xpenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid			
				(c) Date(s) Cle	uit Caru Issuer	raiu			
		\$121.06	12/04/2024						
	PAYEE	(a) Payee name		(b) Payee addr	ess:	City,	State,	Zip Code	
				7901 West H		e.ty,	etato,	<u>p 0000</u>	
		HEB			,				
				Austin, TX 78	3736				
	PURPOSE OF	(a) Category		(b) Description					
		(See Categories listed at the top Office Overhead/Ren	,	supplies for Capitol office					
	X Political								
	Non-Political	(C) Check if travel outside	e of Texas. Complete Schedule T.		Check if Austin, TX, o	officeholder living exp	oense		
	Complete ONLY if direct	Candidate/Officeholde	r name Off	ce sought		Office held			
e	xpenditure to benefit C/OH								

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense									
Advertising Expense Accounting/Banking Consulting Expense	Fees	Fees Offi				Expense nt & Related I	Expense		
Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Award al Committee Legal Ser	Gift/Awards/Memorials Expense Pr		rinting Expense Tra		Travel Out of District OTHER (enter a category not listed above)			
	The Inst	truction Guide explains	how to complete	this form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 12/15 Rpt: 29/32	Schofield, Michael	Schofield, Michael (The Honorable) 0			00057835				
4 CREDIT CARD ISSUER	Name of fina	ncial institution		OF UNITEMIZED	\$				
ISSUER	see p	previous		GED TO A CREDIT	Ψ				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid				
	\$47.58	12/04/2024							
7 PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
	FoodHeads		616 W 34	4th St					
	roouncaus		A						
8 PURPOSE OF	(a) Category		Austin, T (b) Descri						
EXPENDITURE	(See Categories listed at the top	,	staff mea						
X Political	Food/Beverage Expe	ense							
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			officeholder living exp	ense				
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held					
expenditure to benefit C/OH									
PAYMENT	T (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue			r Paid					
	\$5.51	12/04/2024							
PAYEE	(a) Payee name	-	(b) Payee	(b) Payee address;		State,	Zip Code		
	Ready Refresh		6661 Dix	6661 Dixie Highway, Ste 4					
			Louioville	NV 40259					
PURPOSE OF	(a) Category		(b) Descri	e , KY 40258					
EXPENDITURE	(See Categories listed at the top		.,	Water for Capitol office					
X Political	Office Overhead/Ren	ital Expense							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholde	r name C	Office sought		Office held				
expenditure to benefit C/OH					- Deid				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$239.95	11/27/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		9001 IH-	35						
Slaughter Lane U-haul									
	Austin, TX 78783								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Descri Austin st	orage rental					
X Political	Austin storage rental		,	e.ago rentar					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule		X Check if Austin, TX,	officeholder living evo	ense			
Complete <u>ONLY</u> if direct	Candidate/Officeholde		Office sought		Office held				
expenditure to benefit C/OH			-						

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense									
Accounting/Banking Consulting Expense	Fees Food/Beve	Fees Off Food/Beverage Expense Po		ffice Overhead/Rental Expense Tra olling Expense Tra		Transportation Equipment & Related Expense Travel in District			
Contributions/ Donations Made By Candidate/Officeholder/Politica	Candidate/Officeholder/Political Committee Legal Services Sa			ntract Labor O	ravel Out of District THER (enter a categor	ry not listed al	oove)		
		ruction Guide explains l	how to complete	this form.	1				
1 Total pages Schedule F4:					3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 13/15 Rpt: 30/32	Schofield, Michael				00057835				
4 CREDIT CARD ISSUER	Name of fina	ncial institution		OF UNITEMIZED	\$				
	see p	revious		GED TO A CREDIT	-				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid				
	\$239.95	12/27/2024							
7 PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
	Claughter Long LLk		9001 IH-	35					
	Slaughter Lane U-h	laul							
			Austin, T						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
	Austin storage rental	,	Austinist	Austin storage rental					
X Political									
			X Check if Austin, TX		ense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue					er Paid				
	\$48.64 11/25/2024								
	\$48.04	11/25/2024							
PAYEE	(a) Payee name		(b) Payee	(b) Payee address;		State,	Zip Code		
	Ameron		440 Terry	y Avenue N.					
	Amazon								
				NA 98109					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
	Office Overhead/Ren	•	BOOKS ID	Books for Capitol office					
Non-Political	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	e ⊤. Office sought	Check if Austin, TX	, officeholder living exp Office held	ense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officenoider	name c	Since Sought		Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid				
	\$23.55	12/10/2024	(-)(-)						
	ψ23.55	12/10/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	_		865 E St	ate Hwy 71					
	Exxon								
				TX 78602					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
	Travel Out of District		Gas for t	ravel to Capitol					
X Political									
Non-Political		of Texas. Complete Schedule		Check if Austin, TX	, officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held				
expenditure to benefit C/OH									

EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		rees Food/Beve Gift/Award	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F		ffice Overhead/Rental Expense Tra olling Expense Tra rinting Expense Tra		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District DTHER (enter a category not listed above)		
		The Inst	ruction Guide explains h	low to complete	this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
	Sch: 14/15 Rpt: 31/32	Schofield, Michael	(The Honorable)			00057835			
4	CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED				
	ISSUER	see p	revious		IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid			
		\$3,277.19	12/06/2024						
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		United States Posta	al Service	1302 Wa	ugh Dr.				
				Houston,	TX 77019				
8	PURPOSE OF	(a) Category		(b) Descri					
	EXPENDITURE	(See Categories listed at the top Postage for mailing c	,	Postage	for mailing calen	idars			
	X Political								
	Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, d			, officeholder living exp	ense			
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 Issue	er Paid			
		\$58.43	12/17/2024						
	PAYEE	PAYEE (a) Payee name (b) Payee address;		address;	City,	State,	Zip Code		
		Equation Toom Sh	ac	6630 Bro	6630 Broadway Ave.				
		Fanatics Team Sho	Jh						
					/ille, FL 32254				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
		Staff gifts	,	Staff gifts	5				
	X Political				_				
	Non-Political		of Texas. Complete Schedule		Check if Austin, TX	, officeholder living exp	ense		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	i name O	ffice sought		Office held			
Ĕ		(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid			
				(0) Duic(3)					
		\$17.67	12/20/2024						
-	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
				5 Crosby				•	
		Lemonade Insuran	ce Company	3rd floor					
				New Yor	k, NY 10013				
	PURPOSE OF	(a) Category		(b) Descri					
		(See Categories listed at the top Renters insurance for		Renters i	insurance for Au	stin session apa	artment		
	X Political	apartment							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т.	X Check if Austin, TX	, officeholder living exp	ense		
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	r name O	ffice sought		Office held			
	•	1							

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra e By - Gift/Awards/Memorials Expense Printing Expense Tra			licitation/Fundraising Expense ansportation Equipment & Related Expense avel in District vel Out of District 'HER (enter a category not listed above)			
		The Inst	ruction Guide explains h	ow to complete thi	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 15/15 Rpt: 32/32	Schofield, Michael	(The Honorable)			00057835		
4	CREDIT CARD	Name of final	ncial institution		F UNITEMIZED			
	ISSUER	see pi	revious	EXPEND CHARGE CARD	ITURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
		\$31.80	12/05/2024					
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City, State, Zip Code		
		Chick Fil-A			tin Luther King,			
				Austin, TX	78701			
8	PURPOSE OF	(a) Category		(b) Descripti				
	EXPENDITURE	(See Categories listed at the top	,	Staff meals	6			
	X Political	Food/Beverage Expe	lise					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	т. Г	Check if Austin, TX,	officeholder living expense		
9	Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	_	Office held		
e	xpenditure to benefit C/OH							