CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to compl | | 1 Filer ID (Ethics Commis 00057835 | | 2 Total pages file | |
|-------------------------------|-----------------------------|------------------|--|--|----------------------------|-----------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE U | JSE ONLY |
| OFFICEHOLDER NAME | The Honorable | Michael | | | Date Received ELECTRONICA | ALLY FILED |
| | NICKNAME | LAST | | SUFFIX | 07/05/2025 | |
| | | Schofield | | | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT | / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered or | Date Postmarked |
| MAILING ADDRESS | 934 Hidden Canyon Rd. | | | | 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). | ΔΡΊ | Γ / SUITE #; CITY; | STA | TE; ZIP CODE |
| TREASURER ADDRESS | 2104 Chilton | 50/(1 22/102), | 7 11 | ,, | | |
| (Residence or Business) | Houston, TX 77019 | | | | | |
| 7 CAMPAIGN | AREA CODE PHON | IE NUMBER E | EXTENSION | | | |
| TREASURER PHONE | (713) 366-0579 | | 2.1.2.10.10.1 | | | |
| 8 REPORT TYPE | January 15 | 30th day before | election | Runoff | 15th day after can | |
| | | - | | | appointment (office | |
| | X July 15 | 8th day before 6 | election | Exceeded modified reporting limit | Final Report (Atta | ch C/OH-FR) |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 01/01/2025 | TH | IROUGH | 06/30/202 | 25 | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | Pı | rimary | Runoff | Other | |
| | | G | eneral | Special | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT | (if known) | |
| | State Representative Distr | rict 132 | | | tative District 132 | |
| | 1 | | | 1 | | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 40

| 13 C / OH NAME | Schofield, Michael (T | ne Honorable) | 14 Filer ID (00057835 | (Ethics Commission Filers) |
|--|----------------------------------|--|--|----------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | olitical contributions accepted or political exp These expenditures may have been made w officeholders are required to report this infor | ithout the candidate's or office | eholder's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| ш° | GENERAL | | | |
| | | COMMITTEE ADDRESS | | |
| | SPECIFIC | | | |
| | | COMMITTEE CAMPAIGN TREASURER NA | AME | |
| | | COMMITTEE CAMPAIGN TREASURER AD | DDRESS | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTHEF | | |
| TOTALS | OK GOAKANTE | 23 OF EGANS, OR CONTRIBOTIONS MADE | LELCTRONICALLT | \$ 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF L | OANS) | \$ 14,500.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ 47,293.81 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF TRIOD | THE LAST DAY OF THE | \$ 113,740.55 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD | NS AS OF THE LAST DAY | \$ 0.00 |
| 17 AFFIDAVIT | | | penalty of perjury, that the accudes all information required to | |
| | | The I | Honorable Michael Schofie | eld |
| | | Signat | ture of Candidate or Officehol | der |
| AFFIX NO | TARY STAMP / SEAL ABO | OVE | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | day |
| of | , 20, to ce | rtify which, witness my hand and seal of offic | ee. | , |
| 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

| | | JVLN . | 3 of 40 | | |
|-----|--|--|-----------|-------------------|---------------|
| l | ER NAN hofield, | 19 Filer ID 00057835 | (Ethics C | ommission Filers) | |
| l | O SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | BTOTAL AMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 14,500.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE E: LOANS | | \$ | |
| 5. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 6 | \$ | 38,177.80 |
| 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 | | \$ | 9,116.01 |
| 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 | ONS | \$ | |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER | RETURNED | \$ | |
| | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A1 | | | |
|---|--|---|---|--|-------------------------------------|------------|
| | The Instru | ction Guide explains how to complete this f | 1 | Total pages Schedule A1: Sch: 1/1 Rpt: 4/40 | | |
| 2 | FILER NAME Schofield, M | lichael (The Honorable) | | 3 | Filer ID (Ethics Commissio 00057835 | on Filers) |
| 4 | Date 06/23/2025 5 Full name of contributor out-of-state PAC (ID#: Texans For Lawsuit Reform PAC 6 Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$5,000.00 |
| | | Austin, TX 78701 | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 06/23/2025 Texas Lobby Partners LLP Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu | Austin, TX 78701 upation / Job title (See Instructions) | Employer (See Instructions | - s) | | |
| | | | | , | | |
| | Date 06/23/2025 | Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$5,000.00 |
| | | Austin, TX 75019 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 06/24/2025 | Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard Contributor address; City; State; Zip Code Houston, TX 77027 |) | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions Weekley Properties | <u>l</u> 5) | | |
| | TIVE SOI | | Weekley Freperites | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/9 Rpt: 5/40 | Schofield, Michael (The Honorable) 00057835 |
| 4 | Date | 5 Payee name |
| L | 01/02/2025 | AT&T Mobility |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$137.65 | PO Box 6463 |
| | | |
| L | | Carol Stream, IL 60197 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Telephone services |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | experialitire to beriefft C/Of | |
| | Date | Payee name |
| L | 02/01/2025 | AT&T Mobility |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$137.65 | PO Box 6463 |
| | | |
| | | Carol Stream, IL 60197 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if to your categories Categories Categories at the top of this schedule) |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Telephone services |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | experiantific to belieff G/OI | |
| | Date | Payee name |
| L | 04/04/2025 | AT&T Mobility |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$137.71 | PO Box 6463 |
| | | Caral Chronin II. CO107 |
| L | | Carol Stream, IL 60197 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Telephone services |
| L | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 2/9 Rpt: 6/40 | Schofield, Michael (The Honorable) 00057835 |
| 4 | Date | 5 Payee name |
| | 05/03/2025 | AT&T Mobility |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$137.71 | 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 |
| | | releptione services |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 06/04/2025 | AT&T Mobility |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$137.71 | PO Box 6463 |
| | 410 1111 | 1 0 DOX 0 100 |
| | | Carol Stream, IL 60197 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Telephone services |
| | | Telephone services |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| F | Date | Payee name |
| | 02/28/2025 | AT&T Mobility |
| Н | Amount (\$) | Payee address; City; State; Zip Code |
| | \$137.71 | PO Box 6463 |
| | | |
| | | Carol Stream, IL 60197 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | _,, _,,,,,, | Check if Austin, TX, officeholder living expense |
| | | Telephone services |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · |
| \vdash | | |
| | | |
| I | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officenoider/Politica | The Instruction Guide explains how to complete this form. | |
|---|--|----------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ |
| Sch: 3/9 Rpt: 7/40 | Schofield, Michael (The Honorable) 00057835 | |
| 4 Date | 5 Payee name | |
| 01/02/2025 | American Express | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | ٦ |
| \$4,751.00 | P.O. Box 650448 | |
| | | |
| | Dallas, TX 75265 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense credit card payment | |
| | ordan dara payment | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | \dashv |
| expenditure to benefit C/O | | |
| 5 . | Г | = |
| Date | Payee name | |
| 03/08/2025 | American Express | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$4,619.00 | P.O. Box 650448 | |
| | | |
| | Dallas, TX 75265 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense credit card payment | |
| | Credit card payment | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · | |
| | 1 | _ |
| Date | Payee name | |
| 04/04/2025 | American Express | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$548.91 | P.O. Box 650448 | |
| | | |
| | Dallas, TX 75265 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| OF EXPENDITURE | Credit Card Payment | |
| LAI LIIDITORE | Check if Austin, TX, officeholder living expense | |
| | credit card payment | |
| | | _ |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| experience to benefit even | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|---|--|------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission File | ers) |
| | Sch: 4/9 Rpt: 8/40 | Schofield, Michael (The Honorable) 00057835 | |
| 4 | Date | 5 Payee name | |
| | 05/03/2025 | American Express | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$1,012.51 | P.O. Box 650448 | |
| | | Dalles, TV 7F26F | |
| Ļ | DUDDOOF | Dallas, TX 75265 | |
| 8 | PURPOSE OF | (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. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | credit card payment | |
| Ļ | Complete CNII V if direct | Condidate/Office helder name Office accusity Office held | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | |
| - | Date | Davido namo | |
| | 06/04/2025 | Payee name American Express | |
| ┝ | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$1,745.34 | P.O. Box 650448 | |
| | | | |
| | | Dallas, TX 75265 | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | credit card payment | |
| | | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| L | expenditure to benefit C/OI | н | |
| | Date | Payee name | |
| | 01/04/2025 | CAMP Political LLC | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$4,215.00 | 401 NE 46th St | |
| | | Oklahoma City, OK 73015 | |
| ┝ | PURPOSE | · | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Consulting services/mail | |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | | |
| H | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|----------|--|---|
| <u> </u> | T-t-1 | · · · · · · · · · · · · · · · · · · · |
| 1 | Total pages Schedule F1: Sch: 5/9 Rpt: 9/40 | 2 FILER NAME Schofield, Michael (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057835 |
| 4 | Date | 5 Payee name |
| | 01/25/2025 | City of Austin Utilities |
| 6 | Amount (\$) \$130.46 | 7 Payee address; City; State; Zip Code PO Box 2267 Austin, TX 78783 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Austin apartment utilities Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment utilities |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 02/24/2025 | City of Austin Utilities |
| | Amount (\$) \$185.14 | Payee address; City; State; Zip Code PO Box 2267 |
| | | Austin, TX 78783 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Austin apartment utilities (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment utilities |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 04/26/2025 | City of Austin Utilities |
| | Amount (\$) \$84.78 | Payee address; City; State; Zip Code PO Box 2267 |
| | | Austin, TX 78783 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Austin apartment utilities (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment utilities |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|----------|--|--|
| <u> </u> | Tatalana C. I. I. T. | |
| 1 | Total pages Schedule F1: Sch: 6/9 Rpt: 10/40 | 2 FILER NAME Schofield, Michael (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057835 |
| 4 | Date | 5 Payee name |
| | 06/04/2025 | City of Austin Utilities |
| 6 | Amount (\$) \$42.19 | 7 Payee address; City; State; Zip Code PO Box 2267 Austin, TX 78783 |
| _ | DUDDOOF | 1 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Austin apartment utilities Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin apartment utilities |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 06/24/2025 | City of Austin Utilities |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$89.64 | PO Box 2267 |
| | | Austin, TX 78783 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Austin apartment utilities Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Austin apartment utilities |
| | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 02/17/2025 | Cypress Fairbanks ISD Livestock Show Assn |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,000.00 | PO Box 692003 |
| | | Houston, TX 77269 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Condidate /Officeholder/Delitical Committee |
| | | Candidate/Officeholder/Political Committee |
| | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| ı | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|--|--|---|
| 1 | Total pages Schedule F1: Sch: 7/9 Rpt: 11/40 | 2 FILER NAME Schofield, Michael (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00057835 |
| 4 | Date 03/29/2025 | 5 Payee name HEB | |
| 6 | Amount (\$) \$129.41 | 7 Payee address; City; State; Zip Code 7901 West Hwy 290 Austin, TX 78736 | |
| 8 | PURPOSE OF EXPENDITURE | Check if Austin | outside of Texas. Complete Schedule T. TX, officeholder living expense and supplies for Capitol office |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H | Office held |
| | Date 04/26/2025 | Payee name HEB | |
| | Amount (\$) \$79.94 | Payee address; City; State; Zip Code 7901 West Hwy 290 Austin, TX 78736 | |
| | PURPOSE OF EXPENDITURE | Check if Austin | outside of Texas. Complete Schedule T. , TX, officeholder living expense for Capitol office |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Date 06/01/2025 | Payee name HEB | |
| | Amount (\$) \$178.34 | Payee address; City; State; Zip Code 8801 South Congress | |
| | | Austin, TX 78745 | |
| | PURPOSE OF EXPENDITURE | Check if Austin | outside of Texas. Complete Schedule T. , TX, officeholder living expense cks, drinks for Capitol office |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officenoider/Politica | The Instruction Guide explains how to complete this form. |
|---|---------------------------------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 8/9 Rpt: 12/40 | Schofield, Michael (The Honorable) 00057835 |
| 4 | Date | 5 Payee name |
| | 04/19/2025 | Katy ISD FFA |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$2,540.00 | 6301 S Stadium Ln |
| | | |
| | | Katy, TX 77494 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Contributions to Katy ISD FFA |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 01/02/2025 | St. Paul, Annie Callegari |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12,000.00 | 1111 W 6th St |
| | | Apt 534 |
| | | Houston, TX 77007 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Consulting services |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | 1 |
| | Date | Payee name |
| | 01/22/2025 | Texas Conservative Coalition |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,000.00 | PO Box 2659 |
| | | |
| | | Austin, TX 78768 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Dues Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Dues |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | 1 |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | - Committ | Gift/Awa ee Legal Se | verage Expense rds/Memorials Expense | Office Polling Printin Salarie | Overhea Expense g Expenses/Wages | se s/Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Ex | |
|---|---|----------------|---|---|---|--|------------------------|---|---|-----------------------|------------|
| 1 | Total pages Schedule F1: | 2 FIL | ER NAME | | | | | 3 | Filer ID | (Ethics Commission | on Filers) |
| - | Sch: 9/9 Rpt: 13/40 | | | l (The Honorable | e) | | | | 00057835 | | , |
| 4 | Date | 5 Pay | /ee name | | | | | | | | |
| | 01/30/2025 | | | ublican Caucus | | | | | | | |
| 6 | Amount (\$) \$1,000.00 | PC | vee address; D Box 13305 Stin, TX 78711 | City; | State; Zip | Code | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Cat | | ories listed at the top of t | his schedule) | (b) | <u>—</u> | | de of Texas. Comp | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | didate/Officeholde | er name | Office s | ought | | | Office he | ld | |
| | | | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

| | Candidate/Officeholder/Politica | ů. | | alaries/Wages/Con | | THER (enter a category | y not listed al | bove) |
|----|---------------------------------|--|--------------------------------|-----------------------|---------------------------|---------------------------|-----------------|--------------|
| _ | | | ruction Guide explains ho | w to complete ti | nis iorm. | 1 | | |
| 1 | Total pages Schedule F4: | | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| | Sch: 1/27 Rpt: 14/40 | Schofield, Michael (| (The Honorable) | | | 00057835 | | |
| 4 | CREDIT CARD | Name of finar | ncial institution | | OF UNITEMIZED | | | |
| | ISSUER | America | n Express | | DITURES ED TO A CREDIT | . \$ | | |
| | | | | CARD | LD TO A GILLDIT | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | | \$25.76 | 01/02/2025 | | | | | |
| | | Ψ20.70 | 01/02/2020 | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee a | address; | City, | State, | Zip Code |
| | | | | 740 S Ma | | • | | · |
| | | Cabo Bob's Burritos | 3 | | | | | |
| | | | | Katy, TX | 77450 | | | |
| 8 | PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| | EXPENDITURE | (See Categories listed at the top | • | staff meal | | | | |
| | X Political | Food/Beverage Expe | nse | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | <u></u> | Check if Austin TX | , officeholder living exp | | |
| a | Complete ONLY if direct | Candidate/Officeholder | <u> </u> | <u>L</u> ce sought | Check ii Austin, 174 | Office held | | |
| | xpenditure to benefit C/OH | | | oo ooug | | 000014 | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | | , , | | (6) 2418(6) | | | | |
| | | \$5.51 | 01/03/2025 | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee a | addrees: | City, | State, | Zip Code |
| | ., | (a) Fayee name | | | e Highway, Ste | - | State, | Zip Code |
| | | Ready Refresh | | 0001 DIXI | e nignway, sie | 4 | | |
| | | | | Louisvillo | , KY 40258 | | | |
| | PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| | EXPENDITURE | (See Categories listed at the top | of this schedule) | ` ′ . | Capitol office | | | |
| | X Political | Office Overhead/Rent | tal Expense | Water for | Capitor office | | | |
| | | | | | | | | |
| | Non-Political | 1 | of Texas. Complete Schedule T. | | Check if Austin, TX | , officeholder living exp | ense | |
| | Complete ONLY if direct | Candidate/Officeholder | name Offic | ce sought | | Office held | | |
| e | xpenditure to benefit C/OH | | T | 145-45 | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | | \$57.35 | 01/03/2025 | | | | | |
| | | | | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee a | address; | City, | State, | Zip Code |
| | | O#: D | | 415 S Fry | Rd | | | |
| | | Office Depot | | | | | | |
| | | | | Katy, TX | 77450 | | | |
| | PURPOSE OF | (a) Category | | (b) Descrip | tion | | | |
| | EXPENDITURE | (See Categories listed at the top Office Overhead/Rent | | ink for pri | nter | | | |
| | X Political | Onice Overneau/Rem | iai Experise | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Г | Check if Austin. TX | , officeholder living exp | ense | |
| | Complete ONLY if direct | Candidate/Officeholder | <u> </u> | ce sought | | Office held | | |
| Δ. | vnenditure to henefit C/OH | | | 3 | | | | |

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. | | | | | |
|---|--|--------------------------------|--------------------------------|--|-------------------------|------------|--------------|--|--|
| Total pages Schedule F4: 2 FILER NAME Sch: 2/27 Rpt: 15/40 Schofield, Michael (The Honorable | | | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) | | |
| Sch: 2/27 Rpt: 15/40 | Schofield, Michael | (The Honorable) | | | 00057835 | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | F UNITEMIZED ITURES ED TO A CREDIT | \$ | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issue | r Paid | | | | |
| | \$87.42 | 01/05/2025 | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | | |
| | Constant Contact | | | elo Road, Ste 3 | 29 | | | | |
| | () 2 : | | Waltham, MA 02451 | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description Email services | | | | | | |
| X Political | Advertising Expense | , | Email Serv | ices | | | | | |
| 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 | | | | | | | | | |
| PAYMENT | PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issu | | | Credit Card Issue | r Paid | | | | |
| | \$120.44 01/06/2025 | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | | |
| | Fresa's | | 1703 S 1st | t St | | | | | |
| | | | Austin, TX | 78704 | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this cohodulo) | (b) Descripti | | | | | | |
| EXPENDITURE | Food/Beverage Exper | * | staff meals | 3 | | | | | |
| X Political | | | | | | | | | |
| Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issue | r Paid | | | | |
| | \$119.83 | 01/07/2025 | | | | | | | |
| PAYEE | (a) Payee name | • | (b) Payee a | ddress; | City, | State, | Zip Code | | |
| | | | 500 W 2nd | l St | | | | | |
| | North Italia | | Ste 120 | | | | | | |
| | | | Austin, TX | 78701 | | | | | |
| PURPOSE OF | | | | on | | | | | |
| EXPENDITURE | (See Categories listed at the top Food/Beverage Expe | | staff meals | 5 | | | | | |
| X Political | | · · · · | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | | | |
| expenditure to benefit C/OH | <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

Printing Expense Salaries/Wages/Contract Labor

| Candidate/Officeriolide//Folitica | | ruction Guide explains how | - | THEN (enter a category in | Ji iisteu ar | ove) |
|---|---|--------------------------------|--|----------------------------|--------------|----------|
| 1 Total pages Schedule F4: | | <u> </u> | 3 Filer ID (Ethics (| Commiss | sion Filers) | |
| Sch: 3/27 Rpt: 16/40 | Schofield, Michael | (The Honorable) | | 00057835 | | • |
| 4 CREDIT CARD ISSUER | Name of final | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | |
| | \$35.78 | 01/08/2025 | | | | |
| 7 PAYEE | (a) Payee name Southern Dough Ba | aking | (b) Payee address; 908 Avenue B Suite A Katy, TX 77493 | City, | State, | Zip Code |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Food/Beverage Expe | | (b) Description staff meals | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expens | ie | |
| 9 Complete ONLY if direct | • | | | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | |
| | \$10.00 | 01/10/2025 | | | | |
| PAYEE | (a) Payee name | • | (b) Payee address; | City, | State, | Zip Code |
| | Hana Johnson Ente | erprises, Inc. | 10801 Hammerly | | | |
| | () 0 : | | Houston, TX 77043 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description embroidery for logo'd app | arol | | |
| X Political | embroidery for logo'd | | епівгої дету тог тодо и арр | diei | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expens | e | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | |
| | \$32.09 | 01/14/2025 | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | Starbucks | | 108 East Hwy 290 West Ste 101 Dripping Springs, TX 786 | 20 | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | coffee for opening day gu | ests | | |
| X Political Event Expense | | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | Check if Austin, TX | officeholder living expens | se . | |
| Complete ONLY if direct expenditure to benefit C/OH | Complete ONLY if direct Candidate/Officeholder name Of | | | Office held | | |
| | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

| | The Inst | ruction Guide explains how | to complete | this form. | (3 | , | , |
|---|--|--------------------------------|----------------------|---|-------------------------|--------|--------------|
| 1 Total pages Schedule F4: | tal pages Schedule F4: 2 FILER NAME | | | | | | sion Filers) |
| Sch: 4/27 Rpt: 17/40 | REDIT CARD Name of financial institution 5 TOTAL OF | | | | 00057835 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED DITURES SED TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | \$72.45 | 01/14/2025 | | | | | |
| 7 PAYEE | (a) Payee name HEB | | (b) Payee 12021 W | | City, | State, | Zip Code |
| | | | Austin, T | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Event Expense | of this schedule) | (b) Description | otion opening day gue | ests | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | ı | Check if Austin, TX, | officeholder living exp | pense | |
| 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) Cr | | | | Credit Card Issue | r Paid | | |
| | \$57.81 | 01/14/2025 | | | | | |
| PAYEE | (a) Payee name | • | (b) Payee | address; | City, | State, | Zip Code |
| | Taco Joint | | 134 E Riv | verside Dr | | | |
| | | | Austin, T | X 78704 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schodulo) | (b) Descrip | | | | |
| X Political | Event Expense | or triis scriedule) | Food for | opening day gue | ests | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | oense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | \$188.27 | 01/14/2025 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | Local Foods Austin | | 454 W 2r | nd St. | | | |
| | Local Foods Austin | | A | V 70704 | | | |
| PURPOSE OF | (a) Category | | Austin, T. | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | 1 ` ' ' | r opening day gu | ests | | |
| X Political | Event Expense | | | , | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | l | Check if Austin. TX. | officeholder living exp | oense | |
| Complete ONLY if direct | Candidate/Officeholder | · | 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 | cs Commiss | sion Filers) | | | | |
| Sch: 5/27 Rpt: 18/40 | 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 | | | | | | |
| | \$63.96 | 01/14/2025 | | | | | | | | |
| 7 PAYEE | (a) Payee name Ready Refresh | | (b) Payee address; 6661 Dixie Highway, Ste | City, 4 | State, | Zip Code | | | | |
| | | | Louisville , KY 40258 | | | | | | | |
| 8 PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top Office Overhead/Rent | | (b) Description water for Capitol office | | | | | | | |
| Non-Political | | of Towns Committee Colored do T | Observative TV | -#6 | | | | | | |
| 9 Complete ONLY if direct | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. | e sought | , officeholder living exp | ense | | | | | |
| expenditure to benefit C/OH | | | o coug.it | 000 | | | | | | |
| PAYMENT | PAYMENT (a) Amount Charged (b) Date of Charge | | | r Paid | | | | | | |
| | \$10.83 | 01/15/2025 | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | | | |
| | Plat Parking | | 405 Colorado St | | | | | | | |
| | | | Austin, TX 78701 | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Event Expense | of this schedule) | (b) Description event parking | | | | | | | |
| X Political | Event Expense | | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living exp | ense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | | | |
| PAYMENT | (a) Amount Charged \$150.00 | (b) Date of Charge 01/16/2025 | (c) Date(s) Credit Card Issue | er Paid | | | | | | |
| PAYEE | (a) Payee name Katy Area Chambe | r of Commerce | (b) Payee address; 814 East Ave. Unit G Katy, TX 77493 | City, | State, | Zip Code | | | | |
| PURPOSE OF EXPENDITURE X Political | EXPENDITURE (See Categories listed at the top of this schedule) Event Expense | | | | | | | | | |
| Non-Political | Non-Political (c) Check if travel outside of Texas. Complete Schedule | | | , officeholder living exp | ense | | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Instruction Guide explains how to complete this form. | | | | | | | | | | |
|--------------------|---|--|----------------------------------|--|--------------------------|-----------|--------------|--|--|--|--|
| 1 Total pag | ges Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethic | s Commiss | sion Filers) | | | | |
| Sch: 6/2 | 27 Rpt: 19/40 | Schofield, Michael | (The Honorable) | | 00057835 | | | | | | |
| 4 CREDIT ISSUER | | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | | | | |
| 6 PAYME | NT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | | | | | |
| | | \$27.05 | 01/16/2025 | | | | | | | | |
| 7 PAYEE | | (a) Payee name Chick Fil-A | | (b) Payee address; 503 W Martin Luther King | City, , Jr Blvd | State, | Zip Code | | | | |
| | | | | Austin, TX 78701 | | | | | | | |
| 8 PURPO | | (a) Category | | (b) Description | | | | | | | |
| EXPENI | DITURE | (See Categories listed at the top Food/Beverage Expe | | staff meals | | | | | | | |
| X Pol | litical | T odd/Beverage Exper | 1150 | | | | | | | | |
| ☐ No | n-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | T. Check if Austin, TX, officeholder living expense | | | | | | | |
| 9 Complet | e ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | | | | |
| expenditur | e to benefit C/OH | | | | | | | | | | |
| PAYME | NT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | | | | | |
| | | \$82.54 | 01/17/2025 | | | | | | | | |
| PAYEE | | (a) Payee name | L | (b) Payee address; | City, | State, | Zip Code | | | | |
| | | Ready Refresh | | 6661 Dixie Highway, Ste | 4 | | | | | | |
| | | | | Louisville , KY 40258 | | | | | | | |
| PURPO EXPENI | | (a) Category (See Categories listed at the top | | (b) Description water for Capitol office | | | | | | | |
| X Pol | litical | Office Overhead/Rent | tal Expense | | | | | | | | |
| No. | n-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expe | ense | | | | | |
| | e ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | | | | |
| expenditur | e to benefit C/OH | | | | | | | | | | |
| PAYME | NT | (a) Amount Charged \$17.67 | (b) Date of Charge 01/20/2025 | (c) Date(s) Credit Card Issue | r Paid | | | | | | |
| PAYEE | | (a) Payee name Lemonade Insurano | ce Company | (b) Payee address; 5 Crosby St 3rd floor New York, NY 10013 | City, | State, | Zip Code | | | | |
| EXPENI | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) renters insurance for Austin apartment | | | (b) Description renters insurance for Aust | tin apartment | | | | | | |
| No | n-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | X Check if Austin, TX, | officeholder living expe | ense | | | | | |
| | e <u>ONLY</u> if direct e to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

| | | The Insti | ruction Guide explains how | to complete th | nis form. | (9- | ., | , | | | |
|---------------|---|---|--|--------------------------|--|--------------------------|------------|--------------|--|--|--|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) | | | |
| | Sch: 7/27 Rpt: 20/40 | Schofield, Michael (| (The Honorable) | | | 00057835 | | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEND | DF UNITEMIZED DITURES ED TO A CREDIT | \$ | | | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issue | r Paid | | | | | |
| | | \$117.99 | 01/22/2025 | | | | | | | | |
| 7 | PAYEE | (a) Payee name Target | | (b) Payee a 8500 Main | | City, | State, | Zip Code | | | |
| L | | | | Houston, TX 77005 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descript | | | | | | | |
| | | Office Overhead/Rent | | supplies to | or Capitol office | | | | | | |
| | X Political | | • | | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | | | |
| е | expenditure to benefit C/OH | | | | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issue | r Paid | | | | | |
| | | \$179.10 | 01/22/2025 | | | | | | | | |
| | PAYEE | (a) Payee name | I | (b) Payee a | ddress; | City, | State, | Zip Code | | | |
| | | HEB | | 5225 Buffa | alo Speedway | | | | | | |
| | | | | Houston, | TX 77005 | | | | | | |
| | PURPOSE OF | (a) Category | | (b) Descript | ion | | | | | | |
| | EXPENDITURE Political | (See Categories listed at the top Office Overhead/Rent | | supplies a | nd snacks for C | apitol office | | | | | |
| | Non-Political | (a) Chock if traval autoida | of Texas. Complete Schedule T. | | Chook if Austin TV | officeholder living over | 20000 | | | | |
| H | Complete ONLY if direct | (c) Check if travel outside Candidate/Officeholder | • | <u>L</u> e sought | Check if Austin, 1A, | officeholder living exp | Jense | | | | |
| | expenditure to benefit C/OH | Garialaate/Giliceriolaer | That is a state of the state of | o oougiit | | Office field | | | | | |
| H | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issue | r Paid | | | | | |
| | | \$23.82 | 01/23/2025 | (5) = 55(5) | | | | | | | |
| | PAYEE | (a) Payee name | <u> </u> | (b) Payee a | ddress; | City, | State, | Zip Code | | | |
| l | | | | 200 W Ce | sar Chavez | | | | | | |
| l | | PMC paid parking | | | | | | | | | |
| l | | | | Austin, TX | 78701 | | | | | | |
| | PURPOSE OF | (a) Category | | (b) Descript | | | | | | | |
| | EXPENDITURE | (See Categories listed at the top Event Expense | of this schedule) | event park | ing | | | | | | |
| | X Political | Event Expense | | | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | . г | Check if Austin, TX, | officeholder living exp | ense | | | | |
| e | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | _ | Office held | | | | | |
| $\overline{}$ | | - | | | | | | | | | |

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 (Et | hics Commiss | sion Filers) | | | |
| Sch: 8/27 Rpt: 21/40 | 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 | | | | | |
| | \$327.61 | 02/04/2025 | | | | | | | | |
| 7 PAYEE | (a) Payee name Jimmy Johns #491 | | (b) Payee a 515 Cong | address; ress Avenue | City, | State, | Zip Code | | | |
| | | | Austin, TX 78701 | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | . | | | | |
| | Food/Beverage Exper | | lunch for (| constituent grou | p visiting the | Capitol | | | | |
| X Political | | | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living e | xpense | | | | |
| 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 | | | | | |
| | \$105.16 | 01/24/2025 | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | address; | City, | State, | Zip Code | | | |
| | Phoebe's Diner | | 408 W 11 | th St. | | | | | | |
| | | | Austin, T | K 78701 | | | | | | |
| PURPOSE OF | (a) Category | | (b) Descrip | tion | | | | | | |
| EXPENDITURE | (See Categories listed at the top Food/Beverage Expe | | staff meal | s | | | | | | |
| X Political | Food/Deverage Exper | 1136 | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, 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 Card Issue | r Paid | | | | | |
| | \$239.95 | 01/26/2025 | | | | | | | | |
| PAYEE | (a) Payee name | <u>I</u> | (b) Payee a | address; | City, | State, | Zip Code | | | |
| | | | 9001 IH-3 | | | | | | | |
| | Slaughter Lane U-h | naul | | | | | | | | |
| | | | Austin, T | < 78783 | | | | | | |
| PURPOSE OF | (a) Category | | (b) Descrip | | | | | | | |
| EXPENDITURE | (See Categories listed at the top Austin storage unit | of this schedule) | Austin sto | rage unit | | | | | | |
| X Political | , asim storage unit | | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | · | X Check if Austin, TX, | officeholder living e | xpense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | | Office held | | | | | |
| | ı | | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

| Candidate/Officeholder/Politica | | | aries/Wages/Cor | | HER (enter a catego | ry not listed at | bove) |
|---|---|--------------------------------|------------------------------|-----------------------|------------------------|------------------|--------------|
| 4 7 | | ruction Guide explains how | to complete i | inis iorm. | la e'i 15 (eii) | 0 | |
| 1 Total pages Schedule F4: | | (- 1 | | | 3 Filer ID (Eth | ics Commiss | sion Filers) |
| Sch: 9/27 Rpt: 22/40 | Schofield, Michael (| | 1 | | 00057835 | | |
| 4 CREDIT CARD | Name of finar | ncial institution | | OF UNITEMIZED DITURES | \$ | | |
| ISSUER | see pi | revious | | ED TO A CREDIT | ا ا | | |
| | | | CARD | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issuer | Paid | | |
| | \$60.00 | 01/30/2025 | | | | | |
| | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | | 8711 Hig | hway 6 N | | | |
| | CyFair Houston Ch | amber of | #120 | | | | |
| | | | | TX 77095 | | | |
| 8 PURPOSE OF | (a) Category | | (b) Descrip | otion | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | event tick | ret | | | |
| X Political | Event Expense | | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if | | | | | officeholder living ex | nense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issuer | · Paid | | |
| | \$64.38 | 02/03/2025 | | | | | |
| | 4060 | 02/00/2020 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | Maria de la companya della companya della companya della companya de la companya della companya | | 1712 Spr | ing Green Blvd | | | |
| | Kroger | | | _ | | | |
| | | | Katy, TX | 77494 | | | |
| PURPOSE OF | (a) Category | | (b) Descrip | otion | | | |
| EXPENDITURE | (See Categories listed at the top Office Overhead/Rent | | supplies for district office | | | | |
| X Political | omee overneau/ivem | Lai Experise | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living ex | pense | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issuer | Paid | | |
| | \$87.42 | 02/05/2025 | | | | | |
| | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | | 1601 Tra | pelo Road, Ste 3 | 29 | | |
| | Constant Contact | | | | | | |
| | | | Waltham | , MA 02451 | | | |
| PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| EXPENDITURE | (See Categories listed at the top Advertising Expense | ot this schedule) | email ser | vices | | | |
| X Political | , savertioning Expense | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living ex | pense | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| 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 (Ethio | cs Commiss | sion Filers) | | |
| | Sch: 10/27 Rpt: 23/40 | Schofield, Michael | (The Honorable) | | | 00057835 | | | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEND | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | Paid | | | | |
| | | \$150.00 | 02/07/2025 | | | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | | |
| | | ARC of Katy | | 934 Igloo | | | | | | |
| Ļ | | () 0 : | | Brookshire, TX 77423 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descript | | | | | | |
| | X Political | Event Expense | · | event ticks | - | | | | | |
| L | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | |
| | • | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| е | expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge | | | T | - | | | | | |
| | PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Cred | | | Credit Card Issuer | Paid | | | | | |
| | \$102.89 02/11/2025 | | | | | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | | |
| | | Capitol Extension G | 2iftshon | 1400 Con | gres Ave | | | | | |
| | | Capitol Extension 6 | эпсэнор | Austin, TX | 78701 | | | | | |
| H | PURPOSE OF | (a) Category | | (b) Descript | | | | | | |
| | EXPENDITURE | (See Categories listed at the top | · | frame and mounting for TV in Capitol office | | | | | | |
| | X Political | Office Overhead/Rent | iai Experise | | | | | | | |
| | 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 | | | | |
| е | xpenditure to benefit C/OH | | | _ | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | Paid | | | | |
| | | \$74.24 | 02/15/2025 | | | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code | | |
| | | Book Butook | | 6661 Dixie | e Highway, Ste | 1 | | | | |
| | | Ready Refresh | | | | | | | | |
| | | | | | , KY 40258 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | | | | |
| | | Office Overhead/Rent | , | water for 0 | Capitol office | | | | | |
| | X Political | | | | | | | | | |
| <u> </u> | Non-Political | \(\frac{1}{2}\) | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | | | |
| | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | | | |
| L e | 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 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: 11/27 Rpt: 24/40 | 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 | | | | | | | |
| | | \$1,400.00 | 02/17/2025 | | | | | | | | | |
| 7 | PAYEE | (a) Payee name Katy ISD FFA | | (b) Payee address; 6301 S Stadium Ln | City, | State, | Zip Code | | | | | |
| | | | | Katy, TX 77494 | | | | | | | | |
| 8 | PURPOSE OF | (a) Category | | (b) Description | | | | | | | | |
| | EXPENDITURE | (See Categories listed at the top Contributions/Donatio | , | FFA add-ons | | | | | | | | |
| l | X Political | Candidate/Officeholde | | ee | | | | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | , officeholder living expe | 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 0 | | | (c) Date(s) Credit Card Issue | er Paid | | | | | | | |
| | | \$158.82 | 02/19/2025 | | | | | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | | | | | |
| | | Office De | | 2101 S Lamar | | | | | | | | |
| l | | | | Austin, TX 78704 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | | (b) Description Ink for printer and supplies for Capitol office | | | | | | | | |
| | X Political | Office Overhead/Rent | ai Expense | | | | | | | | | |
| L | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | , officeholder living expe | ense | | | | | | |
| l | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | | | | | |
| е | expenditure to benefit C/OH | | T | 1 | | | | | | | | |
| | PAYMENT | (a) Amount Charged \$17.67 | (b) Date of Charge 02/20/2025 | (c) Date(s) Credit Card Issue | er Paid | | | | | | | |
| | PAYEE (a) Payee name Lemonade Insurance Company | | | (b) Payee address; 5 Crosby St 3rd floor New York, NY 10013 | City, | State, | Zip Code | | | | | |
| | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) renters insurance for Austin apartment | | | (b) Description renters insurance for Aus | tin apartment | | | | | | | |
| L | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | X Check if Austin, TX | , officeholder living expe | ense | | | | | | |
| e | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

| Candidate/Officeholder/Politica | - | | | THER (enter a categor | y not listed at | oove) |
|---|---|--|----------------------------------|---------------------------|-----------------|--------------|
| | | ruction Guide explains how | to complete this form. | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethic | cs Commiss | sion Filers) |
| Sch: 12/27 Rpt: 25/40 | Schofield, Michael (| (The Honorable) | | 00057835 | | |
| 4 CREDIT CARD | Name of finar | ncial institution | 5 TOTAL OF UNITEMIZED | | | |
| ISSUER | see pi | revious | EXPENDITURES CHARGED TO A CREDIT | ₋ \$ | | |
| | · | | CARD | ' | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | |
| | \$239.95 | 02/27/2025 | | | | |
| | Ψ233.33 | 02/21/2023 | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | (ay r ay ou manne | | 9001 IH-35 | -1-5, | , | |
| | Slaughter Lane U-h | aul | 000111100 | | | |
| | | | Austin, TX 78783 | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top | | storage unit for Austin ap | artment | | |
| X Political | storage unit for Austin | apartment | | | | |
| Non-Political | (a) Charliffman alamaida | of Texas. Complete Schedule T. | Observation TV | | | |
| 9 Complete ONLY if direct | (c) Check if travel outside Candidate/Officeholder | | Check if Austin, TX e sought | Office held | ense | |
| expenditure to benefit C/OH | Canadate/Oniceriolaer | That is the same | c sought | Office field | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | |
| | \$51.47 | 02/28/2025 | | | | |
| | | | | | | |
| PAYEE | (a) Payee name | <u> </u> | (b) Payee address; | City, | State, | Zip Code |
| | | | 1400 Congres Ave | | | |
| | Capitol Extension G | Siftshop | | | | |
| | | | Austin, TX 78701 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top Office Overhead/Rent | | legislative handbooks | | | |
| X Political | Office Overflead/Reffi | lai Experise | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | , officeholder living exp | ense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | |
| | \$17.67 | 03/20/2025 | | | | |
| | Ψ17.07 | 00/20/2020 | | | | |
| PAYEE | (a) Payee name | <u> </u> | (b) Payee address; | City, | State, | Zip Code |
| | (1) | | 5 Crosby St | - 9, | , | |
| | Lemonade Insurand | ce Company | 3rd floor | | | |
| | | | New York, NY 10013 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top | | renters insurance for Aus | tin apartment | | |
| X Political | renters insurance for A | Austin apartment | | • | | |
| Non-Political | (c) Chock if traval autaida | of Toyas, Campleta Sahadula T | Chook if Auctin TV | officeholder living over | onso | |
| | Candidate/Officeholder | (c) Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, office Candidate/Officeholder name Office sought O | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Sandidate/Onicendider | manic Offic | o sought | Office held | | |
| experience to belieff 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 | Commiss | sion Filers) |
| Sch: 13/27 Rpt: 26/40 | 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 | | |
| | \$239.95 | 03/26/2025 | | | | |
| 7 PAYEE | (a) Payee name Slaughter Lane U-h | aul | (b) Payee address; 9001 IH-35 | City, | State, | Zip Code |
| | | | Austin, TX 78783 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schodulo) | (b) Description | | | |
| X Political | storage unit for Austir | | storage unit for Austin apa | artment | | |
| Non-Political | (a) Chook if traval outside | of Texas. Complete Schedule T. | Chook if Austin TV | officeholder living evper | | |
| 9 Complete ONLY if direct | (c) Check if travel outside Candidate/Officeholder | • | e sought | office held | ise | |
| expenditure to benefit C/OH | | | o oodgiit | Omee neid | | |
| PAYMENT | PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer | | | r Paid | | |
| | \$31.58 | 03/29/2025 | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | Texas Chili Parlor | | 1409 Lavaca | | | |
| | | | Austin, TX 78701 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | |
| X Political | Food/Beverage Expe | | legislator meeting | | | |
| 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 | | | | | | |
| PAYMENT | (a) Amount Charged \$30.71 | (b) Date of Charge 03/29/2025 | (c) Date(s) Credit Card Issue | r Paid | | |
| PAYEE | (a) Payee name | • | (b) Payee address; | City, | State, | Zip Code |
| | NA/olNdowt | | 710 E Ben White Blvd | | | |
| | WalMart | | | | | |
| | | | Austin, TX 78704 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | |
| X Political | Office Overhead/Rent | , | drinks for Capitol office | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin. TX. | , officeholder living exper | nse | |
| 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 Insti | ruction Guide explains how | to complete this form. | | | |
|--|--|--------------------------------|--|-------------------------------|--------|-------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics C | ommiss | ion Filers) |
| Sch: 14/27 Rpt: 27/40 | 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 | | |
| | \$27.18 | 02/18/2025 | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, S | State, | Zip Code |
| | Austin Rotisserie | | 111 Congress Ave | | | |
| | | | Austin, TX 78701 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this colored (Is) | (b) Description | | | |
| EXPENDITURE | Food/Beverage Exper | | staff meals | | | |
| 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 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 | | | |
| | \$21.78 | 02/19/2025 | | | | |
| PAYEE | (a) Payee name | l | (b) Payee address; | City, S | State, | Zip Code |
| | Capitol Grill | | 1400 Congress Ave | | | |
| | | | Austin, TX 78701 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top | | staff meals | | | |
| X Political | Food/Beverage Exper | iise | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | , officeholder living expense | ! | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | |
| | \$48.49 | 02/19/2025 | | | | |
| PAYEE | (a) Payee name | <u> </u> | (b) Payee address; | City, S | State, | Zip Code |
| | | | 400 Congress Ave | | | |
| | AirGarage Parking | | | | | |
| | | | Austin, TX 78701 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top Event Expense | of this schedule) | event parking | | | |
| X Political | Lvent 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 | | | | | | |

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| | | The Insti | ruction Guide explains how | to complete | this form. | (| ., | , |
|---------------------------------|---|---|--------------------------------|-------------|---|------------------------|-------------|--------------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Eth | ics Commiss | sion Filers) |
| | Sch: 15/27 Rpt: 28/40 | Schofield, Michael (| (The Honorable) | | | 00057835 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED DITURES SED TO A CREDIT | \$ | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | | \$87.42 | 03/05/2025 | | | | | |
| 7 | PAYEE | (a) Payee name Constant Contact | | | pelo Road, Ste 3 | City, 329 | State, | Zip Code |
| L | | | | | , MA 02451 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | | |
| | | Advertising Expense | or true deficuation | email ser | vices | | | |
| l | X Political | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living ex | pense | |
| · · · · · · · · · · · · · · · · | | | e sought | | Office held | | | |
| е | expenditure to benefit C/OH | | | 1 | - | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | | \$66.55 | 03/18/2025 | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | Ready Refresh | | 6661 Dix | ie Highway, Ste | 4 | | |
| l | | | | Louisville | , KY 40258 | | | |
| | PURPOSE OF | (a) Category | | (b) Descrip | otion | | | |
| | X Political | (See Categories listed at the top Office Overhead/Rent | | water for | Capitol office | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | <u> </u> | Check if Austin, TX, | officeholder living ex | pense | |
| H | Complete ONLY if direct | Candidate/Officeholder | | e sought | | Office held | | |
| e | expenditure to benefit C/OH | | | | | | | |
| T | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | | \$234.79 | 04/04/2025 | | | | | |
| Н | PAYEE | (a) Payee name | l | (b) Payee | address; | City, | State, | Zip Code |
| l | | | _ | 2838 N G | Grand Parkway | | | |
| l | | Michaels Store 136 | 3 | | | | | |
| l | | | | Katy, TX | 77494 | | | |
| Г | PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| | EXPENDITURE | (See Categories listed at the top Gift/Awards/Memorial | | staff gifts | | | | |
| | X Political | | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living ex | pense | |
| е | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | | Office held | | |
| | | | | | | - | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Inst | ruction Guide explains how | to complete this form. | | | | |
|---|---|---------------------------------------|---|---|---------------|--|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commi | ssion Filers) | | |
| Sch: 16/27 Rpt: 29/40 | 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 | r Paid | | | |
| | \$260.73 | 04/05/2025 | | | | | |
| 7 PAYEE | (a) Payee name Harris County Repu | ublican Party | (b) Payee address; 8588 Katy Freeway | City, State, | Zip Code | | |
| | () 5 : | | Houston, TX 77024 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description event ticket | | | | |
| | Event Expense | · · · · · · · · · · · · · · · · · · · | eveni licket | | | | |
| X Political | | | | | | | |
| Non-Political | \(\frac{1}{2}\) | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expense Office held | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Onici | e sought | Office field | | | |
| PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue | | | | r Paid | | | |
| TAIMEN | \$87.42 | 04/05/2025 | (c) Bate(3) Great Gara issue. | . T did | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, | Zip Code | | |
| | Constant Contact | | 1601 Trapelo Road, Ste 3 | 29 | | | |
| | | | Waltham, MA 02451 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this cahadula) | (b) Description | | | | |
| X Political | Advertising Expense | of this serieutie) | email services | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX, | officeholder living expense | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | |
| expenditure to benefit C/OH | | - | | | | | |
| PAYMENT | (a) Amount Charged \$6.59 | (b) Date of Charge 04/09/2025 | (c) Date(s) Credit Card Issuer | r Paid | | | |
| PAYEE | (a) Payee name | • | (b) Payee address; | City, State, | Zip Code | | |
| | Ready Refresh | | 6661 Dixie Highway, Ste | 4 | | | |
| | | | Louisville , KY 40258 | | | | |
| PURPOSE OF | (a) Category | -£4bibd-d-\ | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top Office Overhead/Rent | • | water for Capitol office | | | | |
| X Political | | | | | | | |
| Non-Political | \(\frac{1}{2}\) | of Texas. Complete Schedule T. | | officeholder living expense | | | |
| Complete ONLY if direct 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 -

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

| Candidate/Officeholder/Politica | - | | alaries/Wages/Con | | THER (enter a cate | egory not listed at | bove) |
|---------------------------------|--|--------------------------------|-------------------|------------------------|---------------------|---------------------|--------------|
| | | ruction Guide explains hov | v to complete ti | nis torm. | 1 /- | | \ |
| 1 Total pages Schedule F4: | | (- 1 | | | 3 Filer ID (E | thics Commiss | sion Filers) |
| Sch: 17/27 Rpt: 30/40 | Schofield, Michael | | | | 00057835 | | |
| 4 CREDIT CARD ISSUER | Name of final | ncial institution | | OF UNITEMIZED DITURES | \$ | | |
| ISSUER | 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 | | |
| | \$59.96 | 04/11/2025 | | | | | |
| | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee a | address; | City, | State, | Zip Code |
| | Doody Dofrook | | 6661 Dixi | e Highway, Ste | 4 | | |
| | Ready Refresh | | | | | | |
| | | | | , KY 40258 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | | |
| | Office Overhead/Ren | | water for | Capitol office | | | |
| X Political | | • | | | | | |
| Non-Political | | 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 | | |
| | \$102.83 | 04/26/2025 | | | | | |
| | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | address; | City, | State, | Zip Code |
| | Ready Refresh | | 6661 Dixi | e Highway, Ste | 4 | | |
| | Ready Reliesii | | | | | | |
| | () - | | | , KY 40258 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | | |
| _ | water for Capitol office | | water for | Capitol office | | | |
| X Political | | | | | | | |
| Non-Political | ` | of Texas. Complete Schedule T. | | Check if Austin, TX, | | expense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | 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 | r Paid | | |
| | \$239.95 | 04/26/2025 | | | | | |
| | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | | City, | State, | Zip Code |
| | Slaughter Lane U-h | naul | 9001 IH-3 | 5 | | | |
| | Slaughter Lane 0-1 | iaui | | | | | |
| | () 2 : | | Austin, T | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | ortmost. | | |
| | storage unit for Austir | | Storage u | nit for Austin apa | arunent | | |
| X Political | | | | | | | |
| Non-Political | ` | of Texas. Complete Schedule T. | | X Check if Austin, TX, | | expense | |
| Complete ONLY if direct | Candidate/Officeholder | name Offic | e sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| 1 | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

| | | The Insti | ruction Guide explains how | to complete th | nis form. | (| , | , |
|---------------|---|--|--------------------------------|----------------|--|-------------------------|------------|--------------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethio | cs Commiss | sion Filers) |
| | Sch: 18/27 Rpt: 31/40 | Schofield, Michael (| (The Honorable) | | | 00057835 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEND | OF UNITEMIZED DITURES ED TO A CREDIT | \$ | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | | \$123.38 | 04/29/2025 | | | | | |
| 7 | PAYEE | (a) Payee name Austin Rotisserie | | (b) Payee a | ress Ave | City, | State, | Zip Code |
| | | () 2 | | Austin, TX | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descript | | | | |
| | _ | Food/Beverage Exper | | staff meals | S | | | |
| | X Political | | | | | | | |
| | Non-Political | | | | officeholder living exp | ense | | |
| 9 e | Complete ONLY if direct expenditure to benefit C/OH | | | | Office held | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | | \$87.42 | 05/05/2025 | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee a | ıddress; | City, | State, | Zip Code |
| | | Constant Contact | | 1601 Trap | oelo Road, Ste 3 | 329 | | |
| | | | | Waltham, | MA 02451 | | | |
| | PURPOSE OF | (a) Category | | (b) Descript | tion | | | |
| | EXPENDITURE | (See Categories listed at the top | of this schedule) | email serv | vices | | | |
| | X Political | Advertising Expense | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Г | Check if Austin, TX. | officeholder living exp | ense | |
| | Complete ONLY if direct | Candidate/Officeholder | <u> </u> | sought | | Office held | | |
| е | expenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | | \$60.40 | 05/10/2025 | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee a | address; | City, | State, | Zip Code |
| | | | | 1409 Lava | aca | • | | · |
| | | Texas Chili Parlor | | | | | | |
| | | | | Austin, TX | (78701 | | | |
| | PURPOSE OF | (a) Category | | (b) Descript | | | | |
| | EXPENDITURE | (See Categories listed at the top | | legislator i | meeting | | | |
| | X Political | Food/Beverage 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 | 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

| l | | The Inst | ruction Guide explains how | to complete | this form. | (| , | |
|----------------------|----------------------------|---|--------------------------------|-------------|---|------------------------|-------------|--------------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Eth | ics Commiss | sion Filers) |
| l | Sch: 19/27 Rpt: 32/40 | Schofield, Michael (| (The Honorable) | | | 00057835 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED DITURES SED TO A CREDIT | \$ | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | | \$246.60 | 05/21/2025 | | | | | |
| 7 | PAYEE | (a) Payee name Amazon | | | / Avenue N. | City, | State, | Zip Code |
| L | | () 2 : | | | VA 98109 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | | |
| | | Gift/Awards/Memorial | · · | staff gifts | | | | |
| | X Political | No. Political | | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living ex | pense | |
| To complete distance | | | e sought | | Office held | | | |
| е | xpenditure to benefit C/OH | | | | | | | |
| | PAYMENT | AYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer | | | r Paid | | | |
| | | \$134.79 | 05/29/2025 | | | | | |
| Г | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | Local Foods Austin | | 454 W 2r | nd St. | | | |
| l | | | | Austin, T | X 78701 | | | |
| | PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| | EXPENDITURE | (See Categories listed at the top | | staff and | guest meals | | | |
| | X Political | Food/Beverage Expe | nse | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | ı | Check if Austin, TX, | officeholder living ex | pense | |
| 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 | | |
| | | \$120.00 | 05/30/2025 | | | | | |
| H | PAYEE | (a) Payee name | I | (b) Payee | address; | City, | State, | Zip Code |
| l | | | | PO Box 1 | L7474 | | | |
| l | | National Council of | State | | | | | |
| | | | | Denver, 0 | CO 80217 | | | |
| Г | PURPOSE OF | (a) Category | | (b) Descrip | otion | | | |
| | EXPENDITURE | (See Categories listed at the top Office Overhead/Rent | | legislative | e procedure bool | < | | |
| | X Political | Onice Overneau/Rein | iai expense | | | | | |
| 1 | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | • | Check if Austin, TX, | officeholder living ex | pense | |
| Г | Complete ONLY if direct | name Office | e sought | | Office held | | | |
| е | xpenditure to benefit C/OH | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | | The Inst | ruction Guide explains how | to complete | this form. | (* ** ** ****************************** | , | , |
|----------|---|--|--------------------------------|-----------------------|---|---|-----------|--------------|
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethi | cs Commis | sion Filers) |
| | Sch: 20/27 Rpt: 33/40 | Schofield, Michael | (The Honorable) | | | 00057835 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED DITURES SED TO A CREDIT | \$ | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | Paid | | |
| | | \$156.16 | 05/31/2025 | | | | | |
| 7 | PAYEE | (a) Payee name Polvo's | | (b) Payee 2004 S 1 | st St | City, | State, | Zip Code |
| L | | () 2 : | | Austin, T | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | | |
| | X Political | Food/Beverage Expe | | legislator | meeung | | | |
| | 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 Issue | Paid | | |
| | | \$27.00 | 06/05/2025 | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | Cypress Republica | ns | 19813 No | orthwest Fwy | | | |
| l | | | | Houston, | TX 77065 | | | |
| H | PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| | EXPENDITURE | (See Categories listed at the top Event Expense | of this schedule) | event tick | ket | | | |
| | X Political | Event Expense | | | | | | |
| | Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| Г | Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | | Office held | | |
| е | expenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | Paid | | |
| | | \$23.80 | 06/05/2025 | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | Constant Contact | | 1601 Tra | pelo Road, Ste 3 | 29 | | |
| | | Constant Contact | | | | | | |
| L | | () 2 | | | , MA 02451 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | | |
| 1 | | Advertising Expense | , | email ser | VICES | | | |
| | X Political | | | | | | | |
| L | Non-Political | · · · · · · · · · · · · · · · · · · · | 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 | | |
| ⊢ً | Apenditure to beliefft C/OH | | | | | | | |
| ı | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

| Candidate/Officeholder/Politica | • | | | THER (enter a category | not listed al | bove) |
|---|--|--------------------------------|------------------------------------|----------------------------|---------------|--------------|
| | | ruction Guide explains how | to complete this form. | T | | |
| 1 Total pages Schedule F4: | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| Sch: 21/27 Rpt: 34/40 | Schofield, Michael | • | _ | 00057835 | | |
| 4 CREDIT CARD | Name of final | ncial institution | 5 TOTAL OF UNITEMIZED EXPENDITURES | œ. | | |
| ISSUER | see pi | revious | CHARGED TO A CREDIT | \$ | | |
| | | | CARD | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | |
| | \$17.67 | 04/20/2025 | | | | |
| | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | | | 5 Crosby St | | | |
| | Lemonade Insurand | ce Company | 3rd floor | | | |
| | | | New York, NY 10013 | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top | | renters insurance for Aus | tin apartment | | |
| X Political | renters insurance for <i>i</i> | Ausun aparımeni | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | X Check if Austin, TX | officeholder living expe | ense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | · · | e sought | Office held | | |
| expenditure to benefit C/OH | | | v | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | |
| | \$43.11 | 04/24/2025 | | | | |
| | Ψ43.11 | 04/24/2023 | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | | | 111 Congress Ave | - 3, | , | |
| | Austin Rotisserie | | | | | |
| | | | Austin, TX 78701 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top | | staff meals | | | |
| X Political | Food/Beverage Expe | nse | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin TX | , officeholder living expe | ense | |
| Complete ONLY if direct | Candidate/Officeholder | · | e sought | Office held | | |
| expenditure to benefit C/OH | | | g | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | |
| | ., | , , | (0) =(0) | | | |
| | \$17.67 | 05/20/2025 | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | (a) · ayee ··a···e | | 5 Crosby St | c.t.y, | Ottato, | p |
| | Lemonade Insurand | ce Company | 3rd floor | | | |
| | | | New York, NY 10013 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top | | renters insurance for Aus | tin apartment | | |
| X Political | renters insurance for a | Austin apartment | | • | | |
| Non-Political | (a) Chook if traval autoid- | of Toyon, Complete Cabadula T | Chook if Augin TV | officeholder lining arms | | |
| | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T. | e sought | Office held | inse | |
| Complete ONLY if direct expenditure to benefit C/OH | Janaiaato/Omocnolidei | inamo Omo | o ooagiit | Office field | | |
| 1,200.000.000.0000.0000 | | | | | | |
| | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Inst | ruction Guide explains how | to complete th | is form. | | | |
|-----------------------------|--|--------------------------------|-----------------|---|--------------------------|-----------|--------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| Sch: 22/27 Rpt: 35/40 | Schofield, Michael | (The Honorable) | | | 00057835 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | EXPEND | OF UNITEMIZED ITURES ED TO A CREDIT | \$ | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | Paid | | |
| | \$729.61 | 05/20/2025 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | Capitol Extension G | Siftshop | 1400 Cong | | | | |
| | (a) Oatawari | | Austin, TX | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descripti | | | | |
| X Political | Gift/Awards/Memorial | | committee gifts | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | 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 Issuer | r Paid | | |
| | \$30.31 | 05/22/2025 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | Capitol Extension G | Giftshop | 1400 Cong | gres Ave | | | |
| | | | Austin, TX | 78701 | | | |
| PURPOSE OF | (a) Category | | (b) Descripti | | | | |
| EXPENDITURE | (See Categories listed at the top Gift/Awards/Memorial | | committee | gifts | | | |
| X Political | | | | | | | |
| 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 | | T | 1 | - | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | r Paid | | |
| | \$81.19 | 05/22/2025 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | Capital Extension (| `iftohon | 1400 Cong | gres Ave | | | |
| | Capitol Extension G | siitsiiop | | | | | |
| | | | Austin, TX | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descripti | on | | | |
| | Gift/Awards/Memorial | | staff gifts | | | | |
| X Political | | | | | | | |
| Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder | | | | | 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

| Candidate/Onicendiden/Folitica | • | ruction Guide explains how | - | TTIER (enter a categor | y not listed at | oove) | |
|--|--|----------------------------------|---|-------------------------|-----------------|--------------|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethi | cs Commiss | sion Filers) | |
| Sch: 23/27 Rpt: 36/40 | Schofield, Michael (| (The Honorable) | | 00057835 | | | |
| 4 CREDIT CARD ISSUER | Name of final | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | | |
| | \$107.17 | 05/23/2025 | | | | | |
| 7 PAYEE | (a) Payee name Hana Johnson Ente | erprises, Inc. | (b) Payee address; 10801 Hammerly | City, | State, | Zip Code | |
| | () 2 | | Houston, TX 77043 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | | |
| | Gift/Awards/Memorial | | staff gifts | | | | |
| X Political | | | | | | | |
| Non-Political | \ \ -\ | of Texas. Complete Schedule T. | | officeholder living exp | ense | | |
| 9 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) Credit Card Issue | r Paid | | | |
| | \$239.95 | 05/26/2025 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | |
| | Slaughter Lane U-h | naul | 9001 IH-35 | | | | |
| | | | Austin, TX 78783 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | • | (b) Description storage unit for Austin apartment | | | | |
| X Political | storage unit for Austir | n apartment | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | officeholder living exp | ense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | |
| PAYMENT | (a) Amount Charged \$76.46 | (b) Date of Charge 06/01/2025 | (c) Date(s) Credit Card Issue | r Paid | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code | |
| | | | 440 Terry Avenue N. | | | | |
| | Amazon | | | | | | |
| | | | Seattle, WA 98109 | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this cohodule) | (b) Description | | | | |
| EXPENDITURE | Office Overhead/Rent | | Books for Capitol office | | | | |
| X Political | | · | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | dule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name Office | e sought | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

| | The Inst | ruction Guide explains how | to complete this form. | | | | |
|---|---|----------------------------------|--|-----------------------------|---------------------------------------|--|--|
| 1 Total pages Schedule F4: | tal pages Schedule F4: 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 24/27 Rpt: 37/40 | 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 | | | |
| | \$259.80 | 06/03/2025 | | | | | |
| 7 PAYEE | (a) Payee name (b) Payee address; 3520 Van Ness Ave | | City, State, | Zip Code | | | |
| | | | San Francisco, CA 94109 | | | | |
| 8 PURPOSE OF EXPENDITURE | 1 1.7 . 7 . 7 | | (b) Description | | | | |
| X Political | Gift/Awards/Memorial | * | staff gifts | | | | |
| 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 | <u>'</u> | Check if Austin, TX, officeholder living expense De sought Office held | | | | |
| expenditure to benefit C/OH | | | J | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer | Paid | | | |
| | \$29.69 | 06/12/2025 | | | | | |
| PAYEE | (a) Payee name | l | (b) Payee address; | City, State, | Zip Code | | |
| | Ready Refresh | | 6661 Dixie Highway, Ste | 1 | | | |
| | | | Louisville , KY 40258 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description water for Capitol office | | | | |
| X Political | Office Overhead/Rental Expense | | water for Capitor office | | | | |
| 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 \$12.00 | (b) Date of Charge 06/13/2025 | (c) Date(s) Credit Card Issuer | Paid | | | |
| PAYEE | (a) Payee name | <u> </u> | (b) Payee address; | City, State, | Zip Code | | |
| | | | 2222 West Loop S Fwy Svc Rd | | | | |
| | Royal Sonesta Hote | el | | | | | |
| | | | Houston, TX 77027 | | | | |
| PURPOSE OF | (a) Category | -f.4b-i | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top Travel Out of District | or this schedule) | event parking | | | | |
| X Political | | | | | | | |
| Non-Political | \(\frac{1}{2}\) | of Texas. Complete Schedule T. | <u> </u> | officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Office | e sought | Office held | | | |
| experiorare 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 Filers) | | | |
| Sch: 25/27 Rpt: 38/40 | 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 | | | |
| | \$56.27 | 06/15/2025 | | | | | |
| 7 PAYEE | (a) Payee name Office Depot | | (b) Payee address; 415 S Fry Rd | City, State, | Zip Code | | |
| | | | Katy, TX 77450 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | | | | |
| <u> </u> | Office Overhead/Rental Expense | | office supplies for district 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 | er Paid | | | |
| | \$37.00 | 06/20/2025 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, | Zip Code | | |
| | CyFair Republican Women | | 10750 Barker Cypress Ro Ste 104 Cypress, TX 77433 | d | | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description event ticket | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | Check if Austin, TX | K, officeholder living expense | | | |
| Complete ONLY if direct | · · · | | ce sought Office held | | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged \$17.67 | (b) Date of Charge 06/20/2025 | (c) Date(s) Credit Card Issue | er Paid | | | |
| PAYEE | (a) Payee name Lemonade Insurance Company | | (b) Payee address; 5 Crosby St 3rd floor New York, NY 10013 | City, State, | Zip Code | | |
| PURPOSE OF EXPENDITURE X Political | (a) Category (See Categories listed at the top of this schedule) renters insurance for Austin apartment | | (b) Description renters insurance for Austin 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 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

| Candidate/Onicendiden/Folitica | | ruction Guide explains how | | mplete th | | TTIEN (enter a catego | ory not listed at | bove) |
|---|--|--|-------------------|---------------------------------------|----------------------|------------------------|-------------------|----------|
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 26/27 Rpt: 39/40 | Schofield, Michael (The Honorable) | | | 00057835 | | | | |
| 4 CREDIT CARD ISSUER | 1 | 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) C | redit Card Issue | r Paid | | |
| | \$12.08 | 06/22/2025 | | | | | | |
| 7 PAYEE | (a) Payee name Timewise Store #24 | 42 | 21 | Payee ac 901 Katy | / Fwy | City, | State, | Zip Code |
| | () 0 : | | | ity, TX 7 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | 1 ` ′ | (b) Description | | | | |
| l <u> </u> | Travel Out of District gas for out of district | | of district trave | : I | | | | |
| X Political | | | | | | | | |
| Non-Political | \(\frac{1}{2}\) | of Texas. Complete Schedule T. | | | Check if Austin, TX, | officeholder living ex | pense | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name Offic | ce sou | ight | | Office held | | |
| expenditure to benefit C/OH | (a) A | (h) Data at Ohama | (-) | D-+-(-) C |) | - D-1-I | | |
| PAYMENT | (a) Amount Charged \$123.34 | (b) Date of Charge 06/22/2025 | (c) | Dale(s) C | Credit Card Issue | rPaid | | |
| PAYEE | (a) Payee name | | (b) | Payee ac | ldress; | City, | State, | Zip Code |
| | Elizabeth Street Cafe | | 15 | 01 S Fir | st St | | | |
| | | | Αu | ıstin, TX | 78704 | | | |
| PURPOSE OF | (a) Category | | (b) | Descripti | on | | | |
| EXPENDITURE | (See Categories listed at the top Food/Beverage Expe | | sta | aff meals | | | | |
| X Political | T odd/Beverage Exper | 1100 | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | | Check if Austin, TX, | officeholder living ex | pense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | ce sou | ıght | | Office held | | |
| PAYMENT | (a) Amount Charged \$19.63 | (b) Date of Charge 06/22/2025 | (c) | Date(s) C | credit Card Issue | r Paid | | |
| PAYEE | (a) Payee name | | (b) | Payee ac | ldress; | City, | State, | Zip Code |
| | _ | | 86 | 5 E St H | wy 71 | | | |
| | Exxon | | | | | | | |
| | | | Ва | strop, T | X 78682 | | | |
| PURPOSE OF | (a) Category | -f.4b-ibb-d-\ | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top Travel Out of District | of this schedule) | ga | s for out | of district trave | <u> </u> | | |
| X Political | | | | | | | | |
| Non-Political | (c) Check if travel outside | of Texas. Complete Schedule T. | | | Check if Austin, TX, | officeholder living ex | pense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Offic | ce sou | ıght | | Office held | | |
| | | | | | | | | |

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | - Gift/Awards | rage Expense s/Memorials Expense ices | Printing Expense | Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
|---|---|--|---|--------------------------------|---|--|--|--|--|
| The Instruction Guide explains how to complete this form. | | | | | | | | | |
| 1 Total pages Schedule F4: 2 FILER NAME | | | | | 3 Filer ID (Ethics Commission Filers) | | | | |
| So | ch: 27/27 Rpt: 40/40 | Schofield, Michael (The Honorable) | | | 00057835 | | | | |
| 4 CI | REDIT CARD | Name of financial institution | | 5 TOTAL OF UNITEMIZED | | | | | |
| IS | SUER | see pi | evious | EXPENDITURES CHARGED TO A CRED | \$ | | | | |
| | | | | CARD | ` | | | | |
| 6 P | AYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | er Paid | | | | |
| | | \$97.01 | 06/05/2025 | | | | | | |
| | | | | | | | | | |
| 7 P | AYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | |
| | | Constant Contact | | 1601 Trapelo Road, Ste | 1601 Trapelo Road, Ste 329 | | | | |
| | | Constant Contact | | | | | | | |
| | | Waltham, TX 02451 | | | | | | | |
| | URPOSE OF XPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | | | | | |
| Ι. | | Advertising Expense | · · · · · · · · · · · · · · · · · · · | Email services | | | | | |
| │ | X Political | | | | | | | | |
| | Non-Political | I | of Texas. Complete Schedule | | X, officeholder living expense | | | | |
| | omplete <u>ONLY</u> if direct enditure to benefit C/OH | Candidate/Officeholder | name O | ffice sought | Office held | | | | |
| Схрс | enditure to benefit C/OTT | | | | | | | | |
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