

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00089768	2 Total pages filed: 100		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Michael A.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Hewitt	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 860067 Plano, TX 75086-0067			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Michael A.	MI			
	NICKNAME	LAST Hewitt	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); P.O. Box 860067 Plano, TX 75086-0067		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 583-6644					
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 70		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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13 C / OH NAME	Hewitt, Michael A. (Mr.)		14 Filer ID (Ethics Commission Filers) 00089768
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 12,357.91
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 49,473.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,318.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 16,249.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Michael A. Hewitt

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME	19 Filer ID	(Ethics Commission Filers)
Hewitt, Michael A. (Mr.)	00089768	
20 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	
	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	4,537.91
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	7,820.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	4,749.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	15,632.37
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	46.48
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	16,780.25
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	17,014.38
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	243.13

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/100
2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albertson, Sharron 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of Contribution (\$) \$100.00
	8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions) Retired
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bearden, Diana Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Lawyer	Employer (See Instructions) Clark Hill
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Vladimir Contributor address; City; State; Zip Code Dallas, TX 75202	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Vice President	Employer (See Instructions) SmartKargo
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cinciripino, Alison (Mrs.) Contributor address; City; State; Zip Code Boyertown, PA 19512	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cinciripino, Matthew Contributor address; City; State; Zip Code Spring City, PA 19475	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Sales	Employer (See Instructions) State Farm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/100
2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cinciripino, Michele	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Spring City, PA 19475	
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) CLA
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa, Vickie	Amount of Contribution (\$) \$25.73
	Contributor address; City; State; Zip Code Frisco, TX	
Principal occupation / Job title (See Instructions) Best efforts		Employer (See Instructions) Best efforts
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fountain, Susan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75238	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Elisabeth	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Fort Myers, FL 33908	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Southwind Aviation Inc.
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Gregory	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Fort Myers, FL 33908	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Southwind Aviation Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/100
2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Michael (Mr.) 6 Contributor address; City; State; Zip Code Plano, TX 75086	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) None
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Michael (Mr.) Contributor address; City; State; Zip Code Plano, TX 75086	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) None
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Michael (Mr.) Contributor address; City; State; Zip Code Plano, TX 75086	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) None
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Michael (Mr.) Contributor address; City; State; Zip Code Plano, TX 75086	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) None
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hux, Daniel Contributor address; City; State; Zip Code Kemp, TX 75143	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Waterloo Mortgage LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/100
2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Jensen	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code McKinney, TX 75070	
8 Principal occupation / Job title (See Instructions) Construction Management		9 Employer (See Instructions) JPMorgan Chase
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Alan	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Plano, TX 75074	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knutson, Vicki	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Plano, TX 75025	
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) LED Skin Care Spa
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Marcos	Amount of Contribution (\$) \$25.73
	Contributor address; City; State; Zip Code Wylie, TX 75098	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loveless, Ellen (Mrs.)	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Sachse, TX 75048	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) P23 Branding

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/100
2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loveless, Jason	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Sachse, TX 75048	
8 Principal occupation / Job title (See Instructions) Insurance Broker/Principal		9 Employer (See Instructions) JCL Solutions Group, LLC
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Natasha	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Richardson, TX 75080	
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Honu Healthcare
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Angela	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Texas, TX 75002	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midgley, Denise	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Plano, TX 75075	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Sarah	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Co-Owner		Employer (See Instructions) Affordable Drywall Repair LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/100
2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parigi, John	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Rockwall, TX 75087	
8 Principal occupation / Job title (See Instructions) Healthcare Consultant		9 Employer (See Instructions) Self
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Cromack	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Allen, TX 75002	
Principal occupation / Job title (See Instructions) Founder / Principal		Employer (See Instructions) Fact-R Consulting, LLC
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sickler, Dana	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Allen, TX 75013	
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Dutton & Sickler Properties, LLC
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitt, Maggie	Amount of Contribution (\$) \$51.45
	Contributor address; City; State; Zip Code Plano, TX	
Principal occupation / Job title (See Instructions) Best efforts		Employer (See Instructions) Best efforts
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yamini, Sally	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75206	
Principal occupation / Job title (See Instructions) Retired - Real Estate		Employer (See Instructions) None - Self Employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/100
2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 10/08/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Associated Republicans of Texas Campaign Fund 7 Contributor address; City; State; Zip Code Austin, TX 78701	8 Amount of contribution (\$) 9 In-kind contribution description \$7,820.00 Opposition Research <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/2 Rpt: 11/100
2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/01/2025	7 Name of lender Hewitt, Michael	9 out-of-state PAC (ID#: \$999.00)
6 Is lender a financial institution? No	8 Lender address; Plano, TX 75086-0067	10 Interest Rate .05
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) None
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; Plano, TX 75086-0067	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 12/04/2025	Name of lender Hewitt, Michael	Loan Amount (\$) \$2,000.00
Is lender a financial institution? No	Lender address; Plano, TX 75086-0067	Interest Rate .05
		Maturity Date
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) None
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; Plano, TX 75086-0067	
Principal occupation		Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/2 Rpt: 12/100
2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/18/2025	7 Name of lender Hewitt, Michael	9 out-of-state PAC (ID#: \$1,000.00)
6 Is lender a financial institution? No	8 Lender address; Plano, TX 75086-0067	10 Interest Rate .05
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) None
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; Plano, TX 75086-0067	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 11/13/2025	Name of lender Hewitt, Michael	Loan Amount (\$) \$750.00
Is lender a financial institution? No	Lender address; Plano, TX 75086-0067	Interest Rate .05
		Maturity Date
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) None
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; Plano, TX 75086-0067	
Principal occupation		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/19 Rpt: 13/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 09/09/2025	5 Payee name Alphagraphics of Plano and McKinney	
6 Amount (\$) \$58.40	7 Payee address; City; State; Zip Code 601 W. Plano Parkway Suite 127 Plano, TX 75075	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for printing of business cards.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/16/2025	Payee name Alphagraphics of Plano and McKinney	
Amount (\$) \$130.20	Payee address; City; State; Zip Code 601 W. Plano Parkway Suite 127 Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for printing of push cards.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/25/2025	Payee name Alphagraphics of Plano and McKinney	
Amount (\$) \$393.89	Payee address; City; State; Zip Code 601 W. Plano Parkway Suite 127 Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for printing of yard signs with stakes.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/19 Rpt: 14/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 07/29/2025	5 Payee name Alphagraphics of Plano and McKinney	
6 Amount (\$) \$108.61	7 Payee address; City; State; Zip Code 601 W. Plano Parkway Suite 127 Plano, TX 75075	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for printing of business cards and badge.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name Anedot, Inc.	
Amount (\$) \$4.00	Payee address; City; State; Zip Code 3723 Greenville Ave. Ste. 41002 Dallas, TX 75206-5311	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot's fee for using their online donation platform.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/02/2025	Payee name Anedot, Inc.	
Amount (\$) \$14.30	Payee address; City; State; Zip Code 3723 Greenville Ave. Ste. 41002 Dallas, TX 75206-5311	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot's fee for using their online donation platform.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/19 Rpt: 15/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 08/04/2025	5 Payee name Anedot, Inc.	
6 Amount (\$) \$40.30	7 Payee address; City; 3723 Greenville Ave. Ste. 41002 Dallas, TX 75206-5311	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot's fee for using their online donation platform.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Anedot, Inc.	Office sought Office held
Date 08/18/2025	Payee name Anedot, Inc.	
Amount (\$) \$4.30	Payee address; City; 3723 Greenville Ave. Ste. 41002 Dallas, TX 75206-5311	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot's fee for using their online donation platform.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Anedot, Inc.	Office sought Office held
Date 09/15/2025	Payee name Anedot, Inc.	
Amount (\$) \$4.30	Payee address; City; 3723 Greenville Ave. Ste. 41002 Dallas, TX 75206-5311	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot's fee for using their online donation platform.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Anedot, Inc.	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/19 Rpt: 16/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 09/17/2025	5 Payee name Anedot, Inc.	
6 Amount (\$) \$1.30	7 Payee address; City; 3723 Greenville Ave. Ste. 41002 Dallas, TX 75206-5311	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot's fee for using their online donation platform.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Anedot, Inc.	Office sought Office held
Date 09/23/2025	Payee name Anedot, Inc.	
Amount (\$) \$20.30	Payee address; City; 3723 Greenville Ave. Ste. 41002 Dallas, TX 75206-5311	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot's fee for using their online donation platform.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Anedot, Inc.	Office sought Office held
Date 09/25/2025	Payee name Anedot, Inc.	
Amount (\$) \$6.10	Payee address; City; 3723 Greenville Ave. Ste. 41002 Dallas, TX 75206-5311	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot's fee for using their online donation platform.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Anedot, Inc.	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 5/19 Rpt: 17/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 10/17/2025	5 Payee name Anedot, Inc.	
6 Amount (\$) \$3.60	7 Payee address; City; 3723 Greenville Ave. Ste. 41002 Dallas, TX 75206-5311	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot's fee for using their online donation platform.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Anedot, Inc.	Office sought Office held
Date 11/12/2025	Payee name Anedot, Inc.	
Amount (\$) \$11.90	Payee address; City; 3723 Greenville Ave. Ste. 41002 Dallas, TX 75206-5311	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot's fee for using their online donation platform.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Anedot, Inc.	Office sought Office held
Date 11/12/2025	Payee name Anedot, Inc.	
Amount (\$) \$12.60	Payee address; City; 3723 Greenville Ave. Ste. 41002 Dallas, TX 75206-5311	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot's fee for using their online donation platform.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Anedot, Inc.	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 6/19 Rpt: 18/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 11/18/2025	5 Payee name Anedot, Inc.	
6 Amount (\$) \$1.30	7 Payee address; City; 3723 Greenville Ave. Ste. 41002 Dallas, TX 75206-5311	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot's fee for using their online donation platform.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Anedot, Inc.	Office sought Office held
Date 11/22/2025	Payee name Anedot, Inc.	
Amount (\$) \$8.30	Payee address; City; 3723 Greenville Ave. Ste. 41002 Dallas, TX 75206-5311	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot's fee for using their online donation platform.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Anedot, Inc.	Office sought Office held
Date 12/18/2025	Payee name Anedot, Inc.	
Amount (\$) \$1.30	Payee address; City; 3723 Greenville Ave. Ste. 41002 Dallas, TX 75206-5311	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot's fee for using their online donation platform.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Anedot, Inc.	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 7/19 Rpt: 19/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 08/18/2025	5 Payee name CapCut	
6 Amount (\$) \$21.31	7 Payee address; City; State; Zip Code 1 Raffles Quay #26-10, South Tower Singapore 048583 Singapore	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for use of social media video editing feature.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CapCut	Office sought Office held
Date 08/18/2025	Payee name CapCut	
Amount (\$) \$0.19	Payee address; City; State; Zip Code 1 Raffles Quay #26-10, South Tower Singapore 048583 Singapore	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for use of social media video editing feature.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CapCut	Office sought Office held
Date 09/16/2025	Payee name CapCut	
Amount (\$) \$21.31	Payee address; City; State; Zip Code 1 Raffles Quay #26-10, South Tower Singapore 048583 Singapore	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for use of social media video editing feature.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CapCut	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 8/19 Rpt: 20/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 09/19/2025	5 Payee name CapCut	
6 Amount (\$) \$0.19	7 Payee address; City; State; Zip Code 1 Raffles Quay #26-10, South Tower Singapore 048583 Singapore	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for use of social media video editing feature.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/13/2025	Payee name Collin County Republican Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 2963 West 15th Street Suite 2981 Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for filing fee for place on primary ballot
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/09/2025	Payee name DNH GODADDY	
Amount (\$) \$23.44	Payee address; City; State; Zip Code 100 S. Mill Ave. #1600 Tempe, AZ 85281	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for website domain name.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 9/19 Rpt: 21/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 11/10/2025	5 Payee name DNH GODADDY	
6 Amount (\$) \$23.44	7 Payee address; City; 100 S. Mill Ave. #1600 Tempe, AZ 85281	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for website domain name.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DNH GODADDY	Office sought Office held
Date 12/09/2025	Payee name DNH GODADDY	
Amount (\$) \$23.44	Payee address; City; 100 S. Mill Ave. #1600 Tempe, AZ 85281	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for website domain name.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DNH GODADDY	Office sought Office held
Date 07/09/2025	Payee name DNH GODADDY	
Amount (\$) \$23.44	Payee address; City; 100 S. Mill Ave. #1600 Tempe, AZ 85281	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for website domain name.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DNH GODADDY	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 10/19 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 08/09/2025	5 Payee name DNH GODADDY	
6 Amount (\$) \$23.44	7 Payee address; City; 100 S. Mill Ave. #1600 Tempe, AZ 85281	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for website domain name.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DNH GODADDY	Office sought Office held
Date 09/09/2025	Payee name DNH GODADDY	
Amount (\$) \$23.44	Payee address; City; 100 S. Mill Ave. #1600 Tempe, AZ 85281	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for website domain name.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Eventbrite, Inc.	Office sought Office held
Date 10/14/2025	Payee name Eventbrite, Inc.	
Amount (\$) \$0.73	Payee address; City; 95 Third Street 2nd Floor San Francisco, CA 94103	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eventbrite's fee for donation platform.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Eventbrite, Inc.	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 11/19 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 10/27/2025	5 Payee name Eventbrite, Inc.	
6 Amount (\$) \$1.45	7 Payee address; City; 95 Third Street 2nd Floor San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eventbrite's fee for donation platform.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/27/2025	Payee name Eventbrite, Inc.	Office held
Amount (\$) \$0.73	Payee address; City; 95 Third Street 2nd Floor San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Eventbrite's fee for donation platform.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/11/2025	Payee name Golden Corridor Republican Women	Office held
Amount (\$) \$60.00	Payee address; City; PO Box 162 Frisco, TX 75034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of ticket to GCRW's 35th Anniversary Luncheon.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 12/19 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 08/11/2025	5 Payee name Golden Corridor Republican Women		
6 Amount (\$) \$60.00	7 Payee address; City; PO Box 162 Frisco, TX 75034	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of ticket to GCRW's 35th Anniversary Luncheon.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 07/12/2025	Payee name Hairston, Taylor		
Amount (\$) \$225.00	Payee address; City; Denton, TX 76207	State; Zip Code	
			REDACTED PER 254.0401, ELEC. CODE
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for purchase of graphic design services.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 08/03/2025	Payee name Hairston, Taylor		
Amount (\$) \$75.00	Payee address; City; Denton, TX 76207	State; Zip Code	
			REDACTED PER 254.0401, ELEC. CODE
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for purchase of graphic design services.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 13/19 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 07/02/2025	5 Payee name Lauren Garrison Photography LLC	
6 Amount (\$) \$649.50	7 Payee address; City; PO Box 202131 Austin, TX 78720	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Photographer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for purchase of photographer's services taking and editing photographs for campaign
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/08/2025	Payee name Leadership Institute	
Amount (\$) \$25.00	Payee address; City; 1101 N. Highland Street Arlington, VA 22201	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of ticket to attend campaign training event.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Leon Strategies	
Amount (\$) \$3,525.00	Payee address; City; PO Box 311 Leander, TX 78646	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment to entity for campaign management/consulting services.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 14/19 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 09/02/2025	5 Payee name Meta Platforms, Inc.	
6 Amount (\$) \$99.26	7 Payee address; City; State; Zip Code c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for purchase of advertising on Facebook.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Prosperity Bancshares, Inc.	Office sought Office held
Date 09/21/2025	Payee name Prosperity Bancshares, Inc.	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 80 Sugar Creek Center Blvd Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank checking account service charge.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Prosperity Bancshares, Inc.	Office sought Office held
Date 10/21/2025	Payee name Prosperity Bancshares, Inc.	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 80 Sugar Creek Center Blvd Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank checking account service charge.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Prosperity Bancshares, Inc.	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 15/19 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 11/23/2025	5 Payee name Prosperity Bancshares, Inc.	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 80 Sugar Creek Center Blvd Sugar Land, TX 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank checking account service charge.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Prosperity Bancshares, Inc.	Office sought Office held
Date 12/21/2025	Payee name Prosperity Bancshares, Inc.	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 80 Sugar Creek Center Blvd Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank checking account service charge.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Red Arrow Victory Solutions, LLC	Office sought Office held
Date 08/04/2025	Payee name Red Arrow Victory Solutions, LLC	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code P.O. Box 248 Benton, LA 71006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment to entity for campaign management/consulting services.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Red Arrow Victory Solutions, LLC	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 16/19 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 09/03/2025	5 Payee name Red Arrow Victory Solutions, LLC	
6 Amount (\$) \$1,500.00	7 Payee address; City; P.O. Box 248 Benton, LA 71006	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment to entity for campaign management/consulting services.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/02/2025	Payee name Red Arrow Victory Solutions, LLC	
Amount (\$) \$3,000.00	Payee address; City; P.O. Box 248 Benton, LA 71006	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment to entity for campaign management/consulting services.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/10/2025	Payee name Tello, Misael	
Amount (\$) \$250.00	Payee address; City; Mesquite, TX 75150	State; Zip Code
	REDACTED PER 254.0401, ELEC. CODE	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for miscellaneous campaign staffer work-photographing events, inputting data, manning table.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 17/19 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 10/27/2025	5 Payee name Tello, Misael	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mesquite, TX 75150	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for miscellaneous campaign staffer work-photographing events, inputting data, manning table.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Tello, Misael	
Amount (\$) \$55.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mesquite, TX 75150	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for reimbursement of dinner cost for campaign volunteers at dinnertime event.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/23/2025	Payee name Tello, Misael	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mesquite, TX 75150	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for work installing campaign signs.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 18/19 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 11/10/2025	5 Payee name The Rocket Science Group LLC	
6 Amount (\$) \$13.86	7 Payee address; City; State; Zip Code 405 N. Angier Ave. NE Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for use of upgraded Mailchimp account features.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name X Corp.	
Amount (\$) \$8.64	Payee address; City; State; Zip Code 865 FM 1209 Building 2 Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for premium features for X account.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/10/2025	Payee name X Corp.	
Amount (\$) \$8.64	Payee address; City; State; Zip Code 865 FM 1209 Building 2 Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for premium features for X account.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 19/19 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 12/10/2025	5 Payee name X Corp.		
6 Amount (\$) \$8.64	7 Payee address; City; 865 FM 1209 Building 2 Bastrop, TX 78602	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for premium features for X account.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/09/2025	Payee name X Corp.		
Amount (\$) \$8.64	Payee address; City; 865 FM 1209 Building 2 Bastrop, TX 78602	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for premium features for X account.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/09/2025	Payee name X Corp.		
Amount (\$) \$8.64	Payee address; City; 865 FM 1209 Building 2 Bastrop, TX 78602	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for premium features for X account.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2:	2 FILER NAME Sch: 1/1 Rpt: 32/100	3 Filer ID (Ethics Commission Filers) 00089768	
4	TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		
5 Date 12/27/2025	6 Payee name AT&T Inc.		
7 Amount (\$) \$46.48	8 Payee address; City; State; Zip Code Corporation Trust Center 1209 Orange St. Wilmington, DE 19801		
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign phone expense	(b) Description <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p> <p>Expenditure for phone line for campaign use</p>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 1/26 Rpt: 33/100	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution Capital One		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$60.03	(b) Date of Charge 12/03/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025
7 PAYEE	(a) Payee name Landry's, Inc.		(b) Payee address; City, State, Zip Code 1510 West Loop South Houston, TX 77027
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for dinner for two people for dinner meeting with campaign staffer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$51.99	(b) Date of Charge 07/14/2025	(c) Date(s) Credit Card Issuer Paid 07/29/2025
PAYEE	(a) Payee name Republican Club at Heritage		(b) Payee address; City, State, Zip Code 406 Saddleback Dr. Fairview, TX 75069
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Charge for dinner and attendance for two people at Republican Club at Heritage Ranch's July meeting.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$41.24	(b) Date of Charge 07/12/2025	(c) Date(s) Credit Card Issuer Paid 07/14/2025
PAYEE	(a) Payee name Grassroots America We The		(b) Payee address; City, State, Zip Code PO BOX 130012 Tyler, TX 75713
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Charge for admission to July 26 Texas Conservative Grassroots Coalition Summit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 2/26 Rpt: 34/100	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.60	(b) Date of Charge 07/03/2025	(c) Date(s) Credit Card Issuer Paid 07/14/2025
7 PAYEE	(a) Payee name AT&T Hotel and Conference		(b) Payee address; City, State, Zip Code 1900 University Avenue Austin, TX 78705
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for breakfast at hotel in Austin during travel for campaign photographs at capitol.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$629.14	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025
PAYEE	(a) Payee name Alphagraphics of Plano and		(b) Payee address; City, State, Zip Code 601 W. Plano Parkway Suite 127 Plano, TX 75075
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Charge for printing of campaign yard signs and stickers as well as for stakes for signs.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$73.97	(b) Date of Charge 07/12/2025	(c) Date(s) Credit Card Issuer Paid 07/14/2025
PAYEE	(a) Payee name Booking Holdings Inc.		(b) Payee address; City, State, Zip Code 1521 Concord Pike Suite 201 Wilmington, DE 19803
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Charge for hotel in Tyler for travel for July 26 Texas Conservative Grassroots Coalition Summit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/26 Rpt: 35/100	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$4,335.86	(b) Date of Charge 12/16/2025	(c) Date(s) Credit Card Issuer Paid 12/18/2025
7 PAYEE	(a) Payee name Alphagraphics of Plano and		(b) Payee address; City, State, Zip Code 601 W. Plano Parkway Suite 127 Plano, TX 75075
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Charge for printing of extra-large double-sided campaign signs.
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$41.50	(b) Date of Charge 07/21/2025	(c) Date(s) Credit Card Issuer Paid 07/29/2025
PAYEE	(a) Payee name Dallas County Council of		(b) Payee address; City, State, Zip Code 11617 N. Central Expressway Suite 240 Dallas, TX 75243
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Charge for purchase of event admission for Together We Rise: Women United for T.R.U.T.H. event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 07/30/2025	(c) Date(s) Credit Card Issuer Paid 08/13/2025
PAYEE	(a) Payee name Hewitt4House		(b) Payee address; City, State, Zip Code PO Box 860067 Plano, TX 75086
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution-loan to campaign
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/26 Rpt: 36/100	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$186.97	(b) Date of Charge 08/15/2025	(c) Date(s) Credit Card Issuer Paid 09/13/2025
7 PAYEE	(a) Payee name Booking Holdings Inc.		(b) Payee address; City, State, Zip Code 1521 Concord Pike Suite 201 Wilmington, DE 19803
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Charge for hotel in Austin for travel to capitol for last day of first special legislative session
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$45.00	(b) Date of Charge 08/22/2025	(c) Date(s) Credit Card Issuer Paid 09/13/2025
PAYEE	(a) Payee name Dallas County Republican Party		(b) Payee address; City, State, Zip Code 11617 N Central Expy Ste 240 Dallas, TX 75243
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Charge for ticket to Dallas GOP's "The Most Influential Women of Dallas Luncheon" event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$10.00	(b) Date of Charge 07/30/2025	(c) Date(s) Credit Card Issuer Paid 08/13/2025
PAYEE	(a) Payee name Hewitt4House		(b) Payee address; City, State, Zip Code PO Box 860067 Plano, TX 75086
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution-loan to campaign
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 5/26 Rpt: 37/100	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$154.50	(b) Date of Charge 08/19/2025	(c) Date(s) Credit Card Issuer Paid 09/13/2025
7 PAYEE	(a) Payee name Vitae Foundation		(b) Payee address; City, State, Zip Code 1731 Southridge Dr. Ste. D Jefferson City, MO 65109-4004
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Charge for ticket for organization's annual Dallas gala event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 07/30/2025	(c) Date(s) Credit Card Issuer Paid 08/13/2025
PAYEE	(a) Payee name Hewitt4House		(b) Payee address; City, State, Zip Code PO Box 860067 Plano, TX 75086
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution-loan to campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 07/30/2025	(c) Date(s) Credit Card Issuer Paid 08/13/2025
PAYEE	(a) Payee name Hewitt4House		(b) Payee address; City, State, Zip Code PO Box 860067 Plano, TX 75086
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution-loan to campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 6/26 Rpt: 38/100	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$7.18	(b) Date of Charge 08/10/2025	(c) Date(s) Credit Card Issuer Paid 08/13/2025
7 PAYEE	(a) Payee name Eventbrite, Inc.		(b) Payee address; City, State, Zip Code 95 Third Street 2nd Floor San Francisco, CA 94103
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Charge for ticket to Collin County YR "Pickleball with State Reps Jeff Leach & Matt Shaheen" event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(a) Candidate/Officeholder name Office sought		Office held
PAYMENT	(a) Amount Charged \$38.28	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 10/11/2025
PAYEE	(a) Payee name American Jewish Conservatives		(b) Payee address; City, State, Zip Code 16817 Coit Rd. #1147 Dallas, TX 75248
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Charge for ticket for admission to "Civililzation Under Siege" event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(a) Candidate/Officeholder name Office sought		Office held
PAYMENT	(a) Amount Charged \$24.59	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 10/31/2025
PAYEE	(a) Payee name FedEx Office		(b) Payee address; City, State, Zip Code 715 Central Expy S. Allen, TX 75013
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Charge for printing fliers for Collin County Freedom Rally campaign event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(a) Candidate/Officeholder name Office sought		Office held

EXPENDITURES MADE BY CREDIT CARD

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/26 Rpt: 39/100	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$4.50	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid 09/27/2025
7 PAYEE	(a) Payee name Hyatt Hotels Corporation		(b) Payee address; City, State, Zip Code 2711 Centerville Road Suite 400 Wilmington, DE 19808
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for purchase of bottle of water at hotel during trip to Austin for campaign.
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$1,500.00	(b) Date of Charge 09/30/2025	(c) Date(s) Credit Card Issuer Paid 10/04/2025
PAYEE	(a) Payee name Red Arrow Victory Solutions, LLC		(b) Payee address; City, State, Zip Code P.O. Box 248 Benton, LA 71006
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Charge from entity for campaign management/consulting services.
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$6.00	(b) Date of Charge 10/13/2025	(c) Date(s) Credit Card Issuer Paid 10/31/2025
PAYEE	(a) Payee name Sherry Lane Place		(b) Payee address; City, State, Zip Code 5956 Sherry Lane Dallas, TX 75225
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Charge for parking garage for parking to attend IPI's October lunch meeting.
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 8/26 Rpt: 40/100	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$1,500.00	(b) Date of Charge 10/07/2025	(c) Date(s) Credit Card Issuer Paid 10/11/2025
7 PAYEE	(a) Payee name Red Arrow Victory Solutions, LLC		(b) Payee address; City, State, Zip Code P.O. Box 248 Benton, LA 71006
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Charge from entity for campaign management/consulting services.
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$35.00	(b) Date of Charge 10/13/2025	(c) Date(s) Credit Card Issuer Paid 10/13/2025
PAYEE	(a) Payee name The Institute for Policy Innovation		(b) Payee address; City, State, Zip Code 5810 Long Prairie Road Ste 700, PMB 352 Flower Mound, TX 75028
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Charge for attendance and lunch at IPI's October lunch meeting.
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$35.91	(b) Date of Charge 08/24/2025	(c) Date(s) Credit Card Issuer Paid 08/30/2025
PAYEE	(a) Payee name Republican Club at Heritage		(b) Payee address; City, State, Zip Code 406 Saddleback Dr. Fairview, TX 75069
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Charge for dinner/attendance for one person at Republican Club at Heritage Ranch September meeting.
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 9/26 Rpt: 41/100	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$204.70	(b) Date of Charge 10/06/2025	(c) Date(s) Credit Card Issuer Paid 10/13/2025
7 PAYEE	(a) Payee name Alphagraphics of Plano and		(b) Payee address; City, State, Zip Code 601 W. Plano Parkway Suite 127 Plano, TX 75075
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Charge for printing of push cards
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$271.69	(b) Date of Charge 09/30/2025	(c) Date(s) Credit Card Issuer Paid 10/11/2025
PAYEE	(a) Payee name Alphagraphics of Plano and		(b) Payee address; City, State, Zip Code 601 W. Plano Parkway Suite 127 Plano, TX 75075
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Charge for printing of campaign banner and stickers.
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$2.30	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 10/31/2025
PAYEE	(a) Payee name FedEx Office		(b) Payee address; City, State, Zip Code 715 Central Expy S. Allen, TX 75013
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Charge for printing fliers for Collin County Freedom Rally campaign event
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 10/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$50.73	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 10/31/2025
7 PAYEE	(a) Payee name FedEx Office		(b) Payee address; City, State, Zip Code 715 Central Expy S. Allen, TX 75013
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Charge for printing fliers for Collin County Freedom Rally campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$2,000.00	(b) Date of Charge 11/03/2025	(c) Date(s) Credit Card Issuer Paid 11/05/2025
PAYEE	(a) Payee name Red Arrow Victory Solutions, LLC		(b) Payee address; City, State, Zip Code P.O. Box 248 Benton, LA 71006
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Charge from entity for campaign management/consulting services.
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$83.82	(b) Date of Charge 11/09/2025	(c) Date(s) Credit Card Issuer Paid 11/14/2025
PAYEE	(a) Payee name American Jewish Conservatives		(b) Payee address; City, State, Zip Code 16817 Coit Rd. #1147 Dallas, TX 75248
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Charge for ticket for admission to "Lights & Liberty Annual Hanukkah Celebration" event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 11/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$512.73	(b) Date of Charge 11/10/2025	(c) Date(s) Credit Card Issuer Paid 11/14/2025
7 PAYEE	(a) Payee name Alphagraphics of Plano and		(b) Payee address; City, State, Zip Code 601 W. Plano Parkway Suite 127 Plano, TX 75075
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Charge for printing of campaign photo backdrop.
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$27.03	(b) Date of Charge 12/13/2025	(c) Date(s) Credit Card Issuer Paid 12/18/2025
PAYEE	(a) Payee name The Home Depot, Inc.		(b) Payee address; City, State, Zip Code 2455 Paces Ferry Road Northwest Atlanta, GA 30339
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) campaign sign equipment		(b) Description Charge for tools-equipment to install and remove roadside campaign signs
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$4.00	(b) Date of Charge 12/17/2025	(c) Date(s) Credit Card Issuer Paid 12/18/2025
PAYEE	(a) Payee name SP Plus Corporation		(b) Payee address; City, State, Zip Code 200 East Randolph Street Suite 7700 Chicago, IL 60601
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Charge for parking garage cost to park to meet campaign staffer
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 12/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$194.18	(b) Date of Charge 12/29/2025	(c) Date(s) Credit Card Issuer Paid 12/30/2025
7 PAYEE	(a) Payee name U-Haul Holding Company		(b) Payee address; City, State, Zip Code 5555 Kietzke Lane Suite 100 Reno, NV 89511
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Charge for u-haul truck rental to transport roadside campaign signs and installation equipment
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$7.34	(b) Date of Charge 10/28/2025	(c) Date(s) Credit Card Issuer Paid 10/31/2025
PAYEE	(a) Payee name Panera Bread		(b) Payee address; City, State, Zip Code 1400 S Highway Dr. Fenton, MO 63026
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for coffee for campaign meeting with potential campaign volunteer/staffer
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$116.05	(b) Date of Charge 11/03/2025	(c) Date(s) Credit Card Issuer Paid 11/14/2025
PAYEE	(a) Payee name FedEx Office		(b) Payee address; City, State, Zip Code 715 Central Expy S. Allen, TX 75013
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Charge for printing fliers for Collin County Freedom Rally campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 13/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 12/04/2025	(c) Date(s) Credit Card Issuer Paid 12/05/2025
7 PAYEE	(a) Payee name Collin County Republican Party		(b) Payee address; City, State, Zip Code 2963 West 15th Street Suite 2981 Plano, TX 75075
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Charge for being a candidate sponsor of Collin County GOP Christmas party event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$39.98	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid 12/18/2025
PAYEE	(a) Payee name The Home Depot, Inc.		(b) Payee address; City, State, Zip Code 2455 Paces Ferry Road Northwest Atlanta, GA 30339
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) campaign sign equipment		(b) Description Charge for tools-equipment to install and remove roadside campaign signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$86.19	(b) Date of Charge 12/14/2025	(c) Date(s) Credit Card Issuer Paid 12/18/2025
PAYEE	(a) Payee name The Home Depot, Inc.		(b) Payee address; City, State, Zip Code 2455 Paces Ferry Road Northwest Atlanta, GA 30339
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) campaign sign equipment		(b) Description Charge for tools-equipment to install and remove roadside campaign signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 14/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$50.69	(b) Date of Charge 12/13/2025	(c) Date(s) Credit Card Issuer Paid 12/16/2025
7 PAYEE	(a) Payee name La Madeleine de Corps, Inc.		(b) Payee address; City, State, Zip Code 12201 Merit Drive Suite 900 Dallas, TX 75251
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for breakfast for campaign volunteers working installing campaign signs
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$72.64	(b) Date of Charge 12/13/2025	(c) Date(s) Credit Card Issuer Paid 12/18/2025
PAYEE	(a) Payee name Extra Space Storage Inc.		(b) Payee address; City, State, Zip Code 2795 East Cottonwood Parkway Suite 400 Salt Lake City, UT 84121
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Charge for storage unit rental to store campaign signs and equipment for installing/removing signs
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$270.49	(b) Date of Charge 12/29/2025	(c) Date(s) Credit Card Issuer Paid 12/30/2025
PAYEE	(a) Payee name U-Haul Holding Company		(b) Payee address; City, State, Zip Code 5555 Kietzke Lane Suite 100 Reno, NV 89511
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Charge for u-haul truck rental to transport roadside campaign signs and installation equipment
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 15/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$329.60	(b) Date of Charge 11/23/2025	(c) Date(s) Credit Card Issuer Paid 11/23/2025
7 PAYEE	(a) Payee name Hart Halsey, LLC		(b) Payee address; City, State, Zip Code 1 Waterview Drive Suite 101 Shelton, CT 06484
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Charge for hiring security for campaign kickoff party event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$180.60	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid 12/02/2025
PAYEE	(a) Payee name Andrew's American Pizza Kitchen		(b) Payee address; City, State, Zip Code 1401 Preston Rd. Plano, TX 75093
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Charge for food and beverages for volunteers at campaign volunteer meet and greet dinner event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$134.05	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid 12/18/2025
PAYEE	(a) Payee name The Home Depot, Inc.		(b) Payee address; City, State, Zip Code 2455 Paces Ferry Road Northwest Atlanta, GA 30339
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) campaign sign equipment		(b) Description Charge for t bar posts for roadside campaign signs
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 16/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$90.67	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid 12/18/2025
7 PAYEE	(a) Payee name The Home Depot, Inc.		(b) Payee address; City, State, Zip Code 2455 Paces Ferry Road Northwest Atlanta, GA 30339
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) campaign sign equipment		(b) Description Charge for tools-equipment to install and remove roadside campaign signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$606.24	(b) Date of Charge 12/16/2025	(c) Date(s) Credit Card Issuer Paid 12/18/2025
PAYEE	(a) Payee name The Home Depot, Inc.		(b) Payee address; City, State, Zip Code 2455 Paces Ferry Road Northwest Atlanta, GA 30339
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) campaign sign equipment		(b) Description Charge to t bar posts for roadside campaign signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$15.35	(b) Date of Charge 12/13/2025	(c) Date(s) Credit Card Issuer Paid 12/16/2025
PAYEE	(a) Payee name La Madeleine de Corps, Inc.		(b) Payee address; City, State, Zip Code 12201 Merit Drive Suite 900 Dallas, TX 75251
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for breakfast for campaign volunteers working installing campaign signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 17/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$139.99	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 10/11/2025
7 PAYEE	(a) Payee name Target Corporation		(b) Payee address; City, State, Zip Code 1000 Nicollet Mall Minneapolis, MN 55403
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Campaign table and related items		(b) Description Charge for purchase of campaign table, chair, table cloth, candy, and sign-up sheet clipboards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$11.19	(b) Date of Charge 08/16/2025	(c) Date(s) Credit Card Issuer Paid 08/30/2025
PAYEE	(a) Payee name Uber Technologies, Inc.		(b) Payee address; City, State, Zip Code 1725 3rd Street San Francisco, CA 94158
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Charge for uber to hotel from Texas Capitol on last day of first special legislative session
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$9.02	(b) Date of Charge 08/16/2025	(c) Date(s) Credit Card Issuer Paid 08/30/2025
PAYEE	(a) Payee name Uber Technologies, Inc.		(b) Payee address; City, State, Zip Code 1725 3rd Street San Francisco, CA 94158
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Charge for uber to Texas Capitol from hotel for last day of first special legislative session
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 18/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$11.58	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid 12/30/2025
7 PAYEE	(a) Payee name Uber Technologies, Inc.		(b) Payee address; City, State, Zip Code 1725 3rd Street San Francisco, CA 94158
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Charge for uber courier		(b) Description Charge for uber courier to deliver campaign push cards to precinct chair for block walking
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$10.78	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid 09/27/2025
PAYEE	(a) Payee name Uber Technologies, Inc.		(b) Payee address; City, State, Zip Code 1725 3rd Street San Francisco, CA 94158
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Charge for uber to hotel from meeting with campaign consultant in Austin
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$45.34	(b) Date of Charge 08/28/2025	(c) Date(s) Credit Card Issuer Paid 08/28/2025
PAYEE	(a) Payee name M Crowd Restaurant Group		(b) Payee address; City, State, Zip Code 2455 McIver Lane Carrollton, TX 75006
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for lunch for two people for lunch meeting with campaign donor
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 19/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$11.91	(b) Date of Charge 08/27/2025	(c) Date(s) Credit Card Issuer Paid 08/30/2025
7 PAYEE	(a) Payee name Uber Technologies, Inc.		(b) Payee address; City, State, Zip Code 1725 3rd Street San Francisco, CA 94158
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Charge for uber to "Quorum Busting Campaign Bootcamp" event from hotel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$11.78	(b) Date of Charge 08/27/2025	(c) Date(s) Credit Card Issuer Paid 08/30/2025
PAYEE	(a) Payee name Uber Technologies, Inc.		(b) Payee address; City, State, Zip Code 1725 3rd Street San Francisco, CA 94158
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Charge for uber to hotel from "Quorum Busting Campaign Bootcamp" event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$47.07	(b) Date of Charge 09/03/2025	(c) Date(s) Credit Card Issuer Paid 09/13/2025
PAYEE	(a) Payee name M Crowd Restaurant Group		(b) Payee address; City, State, Zip Code 2455 McIver Lane Carrollton, TX 75006
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for dinner for two people for campaign dinner meeting with precinct chair
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 20/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$72.62	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid 09/27/2025
7 PAYEE	(a) Payee name Perry's Restaurants Ltd.		(b) Payee address; City, State, Zip Code 9805 Katy Freeway Suite 650 Houston, TX 77024
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for lunch for two people at lunch meeting with campaign staffer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$144.97	(b) Date of Charge 07/03/2025	(c) Date(s) Credit Card Issuer Paid 07/14/2025
PAYEE	(a) Payee name Booking Holdings Inc.		(b) Payee address; City, State, Zip Code 1521 Concord Pike Suite 201 Wilmington, DE 19803
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Charge for hotel room in Austin for travel for photographs at capitol building for campaign website.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$19.76	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid 09/27/2025
PAYEE	(a) Payee name Uber Technologies, Inc.		(b) Payee address; City, State, Zip Code 1725 3rd Street San Francisco, CA 94158
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Uber to meeting with campaign consultant from hotel in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 21/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$108.90	(b) Date of Charge 08/25/2025	(c) Date(s) Credit Card Issuer Paid 08/30/2025
7 PAYEE	(a) Payee name United States Postal Service		(b) Payee address; City, State, Zip Code USPS Headquarters 475 L'Enfant Plaza SW Washington, DC 20260
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description USPS post office box rental expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
PAYMENT	(a) Amount Charged \$108.90	(b) Date of Charge 11/16/2025	(c) Date(s) Credit Card Issuer Paid 11/19/2025
PAYEE	(a) Payee name United States Postal Service		(b) Payee address; City, State, Zip Code USPS Headquarters 475 L'Enfant Plaza SW Washington, DC 20260
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description USPS post office box rental expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
PAYMENT	(a) Amount Charged \$125.79	(b) Date of Charge 07/14/2025	(c) Date(s) Credit Card Issuer Paid 07/29/2025
PAYEE	(a) Payee name AT&T Inc.		(b) Payee address; City, State, Zip Code Corporation Trust Center 1209 Orange St. Wilmington, DE 19801
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Campaign phone expense		(b) Description Expenditure for phone line for campaign use
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(a) Candidate/Officeholder name Candidate/Officeholder name		(b) Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 22/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$4.33	(b) Date of Charge 12/16/2025	(c) Date(s) Credit Card Issuer Paid 12/18/2025
7 PAYEE	(a) Payee name Deep Cuts Coffee		(b) Payee address; City, State, Zip Code 1910 Pacific Ave Ste 2060 Fl 2 Dallas, TX 75201
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for beverage at coffee shop during campaign meeting for campaign staffer
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$7.99	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025
PAYEE	(a) Payee name La Madeleine de Corps, Inc.		(b) Payee address; City, State, Zip Code 12201 Merit Drive Suite 900 Dallas, TX 75251
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for coffee at restaurant for meeting with potential campaign volunteer
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$900.00	(b) Date of Charge 11/10/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name Landry's, Inc.		(b) Payee address; City, State, Zip Code 1510 West Loop South Houston, TX 77027
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Cost for food and beverages for guests at restaurant for campaign kickoff party
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 23/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution Chase		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$48.71	(b) Date of Charge 09/18/2025	(c) Date(s) Credit Card Issuer Paid 09/27/2025
7 PAYEE	(a) Payee name Hyatt Hotels Corporation		(b) Payee address; City, State, Zip Code 2711 Centerville Road Suite 400 Wilmington, DE 19808
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Charge for parking at hotel in Austin on trip for various campaign-related meetings
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$6.22	(b) Date of Charge 08/15/2025	(c) Date(s) Credit Card Issuer Paid 08/30/2025
PAYEE	(a) Payee name AT&T Hotel and Conference		(b) Payee address; City, State, Zip Code 1900 University Avenue Austin, TX 78705
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for breakfast at hotel in Austin on last day of first special legislative session
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$11.10	(b) Date of Charge 08/15/2025	(c) Date(s) Credit Card Issuer Paid 08/30/2025
PAYEE	(a) Payee name AT&T Hotel and Conference		(b) Payee address; City, State, Zip Code 1900 University Avenue Austin, TX 78705
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for breakfast at hotel in Austin on last day of first special legislative session
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 24/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$27.73	(b) Date of Charge 08/15/2025	(c) Date(s) Credit Card Issuer Paid 08/30/2025
7 PAYEE	(a) Payee name AT&T Hotel and Conference		(b) Payee address; City, State, Zip Code 1900 University Avenue Austin, TX 78705
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for lunch at hotel in Austin on last day of first special legislative session
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$207.27	(b) Date of Charge 08/22/2025	(c) Date(s) Credit Card Issuer Paid 08/30/2025
PAYEE	(a) Payee name AT&T Hotel and Conference		(b) Payee address; City, State, Zip Code 1900 University Avenue Austin, TX 78705
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Charge for hotel room in Austin to attend Quorum Busting Campaign Bootcamp
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$36.99	(b) Date of Charge 09/15/2025	(c) Date(s) Credit Card Issuer Paid 09/27/2025
PAYEE	(a) Payee name Republican Club at Heritage		(b) Payee address; City, State, Zip Code 406 Saddleback Dr. Fairview, TX 75069
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Charge for dinner/attendance for one person at Republican Club at Heritage Ranch September meeting.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 25/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$277.77	(b) Date of Charge 09/18/2025	(c) Date(s) Credit Card Issuer Paid 09/27/2025
7 PAYEE	(a) Payee name Hyatt Hotels Corporation		(b) Payee address; City, State, Zip Code 2711 Centerville Road Suite 400 Wilmington, DE 19808
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Charge for hotel in Austin for trip for various campaign-related meetings
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$5.78	(b) Date of Charge 09/18/2025	(c) Date(s) Credit Card Issuer Paid 09/27/2025
PAYEE	(a) Payee name Capitol Cafe		(b) Payee address; City, State, Zip Code 1001 Congress Ave Suite 180 Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for coffee in Austin on trip for various campaign-related meetings
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$5.41	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid 08/30/2025
PAYEE	(a) Payee name AT&T Hotel and Conference		(b) Payee address; City, State, Zip Code 1900 University Avenue Austin, TX 78705
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for bottle of water at hotel in Austin on trip for campaign training event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 26/26 Rpt:	2 FILER NAME Hewitt, Michael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089768
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$38.32	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid 08/30/2025
7 PAYEE	(a) Payee name AT&T Hotel and Conference		(b) Payee address; City, State, Zip Code 1900 University Avenue Austin, TX 78705
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for breakfast and lunch at hotel in Austin on trip for campaign training event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$4.70	(b) Date of Charge 09/18/2025	(c) Date(s) Credit Card Issuer Paid 09/27/2025
PAYEE	(a) Payee name Capitol Cafe		(b) Payee address; City, State, Zip Code 1001 Congress Ave Suite 180 Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Charge for coffee in Austin on trip for various campaign-related meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 1/28 Rpt: 59/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 08/16/2025	5 Payee name AT&T Inc.		
6 Amount (\$) \$46.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Corporation Trust Center 1209 Orange St. Wilmington, DE 19801		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign phone expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expenditure for phone line for campaign use	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/16/2025	Payee name AT&T Inc.		
Amount (\$) \$46.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Corporation Trust Center 1209 Orange St. Wilmington, DE 19801		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign phone expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expenditure for phone line for campaign use	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/16/2025	Payee name AT&T Inc.		
Amount (\$) \$46.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Corporation Trust Center 1209 Orange St. Wilmington, DE 19801		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign phone expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expenditure for phone line for campaign use	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 2/28 Rpt: 60/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 11/16/2025	5 Payee name AT&T Inc.		
6 Amount (\$) \$46.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Corporation Trust Center 1209 Orange St. Wilmington, DE 19801		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign phone expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expenditure for phone line for campaign use	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/16/2025	Payee name AT&T Inc.		
Amount (\$) \$46.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Corporation Trust Center 1209 Orange St. Wilmington, DE 19801		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign phone expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expenditure for phone line for campaign use	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/13/2025	Payee name Capital One		
Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for contribution-loan to campaign	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 3/28 Rpt: 61/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 08/13/2025	5 Payee name Capital One		
6 Amount (\$) \$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for contribution-loan to campaign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/13/2025	Payee name Capital One		
Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for contribution-loan to campaign	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/13/2025	Payee name Capital One		
Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for contribution-loan to campaign	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 4/28 Rpt: 62/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 09/13/2025	5 Payee name Capital One	
6 Amount (\$) \$47.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for dinner for two people for campaign dinner
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/29/2025	Payee name Capital One	
Amount (\$) \$51.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for dinner/attendance for two at
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/14/2025	Payee name Capital One	
Amount (\$) \$41.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for admission to July 26 Texas Conservative
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 5/28 Rpt: 63/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 07/14/2025	5 Payee name Capital One		
6 Amount (\$) \$25.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for breakfast at hotel in Austin during travel for	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/10/2025	Payee name Capital One		
Amount (\$) \$629.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for printing of campaign yard signs and stickers as	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/14/2025	Payee name Capital One		
Amount (\$) \$73.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for hotel for July 26 Texas Conservative Grassroots Coalition Summit	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 6/28 Rpt: 64/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 12/18/2025	5 Payee name Capital One		
6 Amount (\$) \$4,335.86	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for printing of extra-large double-sided campaign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/29/2025	Payee name Capital One		
Amount (\$) \$41.50	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for event admission for Together We Rise: Women United for TRUTH event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/13/2025	Payee name Capital One		
Amount (\$) \$186.97	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for hotel for travel to capitol for last day of special leg. session	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 7/28 Rpt: 65/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 09/13/2025	5 Payee name Capital One		
6 Amount (\$) \$45.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for ticket to Dallas GOP's The Most Influential	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/13/2025	Payee name Capital One		
Amount (\$) \$154.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for ticket for Vitae Foundation's annual Dallas gala event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/13/2025	Payee name Capital One		
Amount (\$) \$7.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for ticket to Collin County YR Pickleball with State	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 8/28 Rpt: 66/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 10/11/2025	5 Payee name Capital One		
6 Amount (\$) \$38.28	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for ticket for admission to "Civilization Under Siege"	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/31/2025	Payee name Capital One		
Amount (\$) \$24.59	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for printing fliers for Collin County Freedom Rally	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/27/2025	Payee name Capital One		
Amount (\$) \$4.50	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for purchase of bottle of water at hotel during trip for campaign	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 9/28 Rpt: 67/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 10/04/2025	5 Payee name Capital One		
6 Amount (\$) \$1,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for charge from entity for campaign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/31/2025	Payee name Capital One		
Amount (\$) \$6.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for parking garage for parking to attend IPI's	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/11/2025	Payee name Capital One		
Amount (\$) \$1,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for charge from entity for campaign	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 10/28 Rpt: 68/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 10/13/2025	5 Payee name Capital One		
6 Amount (\$) \$35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for attendance and lunch at IPI's October lunch	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/30/2025	Payee name Capital One		
Amount (\$) \$35.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for dinner/attendance at Republican	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/13/2025	Payee name Capital One		
Amount (\$) \$204.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for printing of push cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 11/28 Rpt: 69/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 10/11/2025	5 Payee name Capital One		
6 Amount (\$) \$271.69	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for printing of campaign banner and stickers	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/31/2025	Payee name Capital One		
Amount (\$) \$2.30	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for printing fliers for Collin County Freedom Rally	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/31/2025	Payee name Capital One		
Amount (\$) \$50.73	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for printing fliers for Collin County Freedom Rally	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 12/28 Rpt: 70/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 11/05/2025	5 Payee name Capital One		
6 Amount (\$) \$2,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for charge from entity for campaign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/14/2025	Payee name Capital One		
Amount (\$) \$83.82 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for admission to "Lights & Liberty Annual	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/14/2025	Payee name Capital One		
Amount (\$) \$512.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for printing of campaign photo backdrop	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 13/28 Rpt: 71/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 11/12/2025	5 Payee name Capital One		
6 Amount (\$) \$900.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for food/beverages for guests for campaign kickoff party	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/18/2025	Payee name Capital One		
Amount (\$) \$27.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for tools-equipment to install and remove roadside	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/18/2025	Payee name Capital One		
Amount (\$) \$4.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for parking garage cost to park to meet campaign	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 14/28 Rpt: 72/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768		
4 Date 12/30/2025	5 Payee name Capital One			
6 Amount (\$) \$194.18	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519			
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for u-haul truck rental to transport campaign signs and equipment	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
Date 10/31/2025	Payee name Capital One			
Amount (\$) \$7.34	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519			
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for campaign meeting with potential	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
Date 11/14/2025	Payee name Capital One			
Amount (\$) \$116.05	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519			
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for printing fliers for Collin County Freedom Rally	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 15/28 Rpt: 73/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 12/05/2025	5 Payee name Capital One		
6 Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for being a candidate sponsor of Collin County GOP	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/10/2025	Payee name Capital One		
Amount (\$) \$7.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for coffee at restaurant for meeting with potential	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/18/2025	Payee name Capital One		
Amount (\$) \$39.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for tools-equipment to install and remove roadside	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 16/28 Rpt: 74/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 12/18/2025	5 Payee name Capital One		
6 Amount (\$) \$86.19	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for tools-equipment to install and remove roadside	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/16/2025	Payee name Capital One		
Amount (\$) \$50.69	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for breakfast for campaign volunteers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/18/2025	Payee name Capital One		
Amount (\$) \$72.64	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for storage unit rental to store campaign signs and	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 17/28 Rpt: 75/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768
4 Date 12/18/2025	5 Payee name Capital One	
6 Amount (\$) \$4.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for beverage at coffee shop during campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/30/2025	Payee name Capital One	
Amount (\$) \$270.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for u-haul truck rental to transport
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/23/2025	Payee name Capital One	
Amount (\$) \$329.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for hiring security for campaign kickoff party event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 18/28 Rpt: 76/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 12/02/2025	5 Payee name Capital One		
6 Amount (\$) \$180.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for food/beverages for volunteers at campaign	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/18/2025	Payee name Capital One		
Amount (\$) \$134.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for t bar posts for roadside campaign signs	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/18/2025	Payee name Capital One		
Amount (\$) \$90.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for tools-equipment to install and remove roadside	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 19/28 Rpt: 77/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768		
4 Date 12/18/2025	5 Payee name Capital One			
6 Amount (\$) \$606.24	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519			
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for t bar posts for roadside campaign signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
Date 12/16/2025	Payee name Capital One			
Amount (\$) \$15.35	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519			
PURPOSE OF EXPENDITURE <input type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for breakfast for campaign volunteers working	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
Date 10/11/2025	Payee name Capital One			
Amount (\$) \$139.99	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519			
PURPOSE OF EXPENDITURE <input type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for campaign table, chair, table cloth,	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 20/28 Rpt: 78/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 08/30/2025	5 Payee name Capital One		
6 Amount (\$) \$11.19	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for uber to hotel from Texas Capitol on last day of special leg. session	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/30/2025	Payee name Capital One		
Amount (\$) \$9.02	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for uber to Tex. Capitol from hotel for last day of special leg. session	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/30/2025	Payee name Capital One		
Amount (\$) \$11.58	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for uber courier to deliver campaign push cards to	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 21/28 Rpt: 79/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 09/27/2025	5 Payee name Capital One		
6 Amount (\$) \$10.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for uber to hotel from meeting with campaign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/28/2025	Payee name Capital One		
Amount (\$) \$45.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for lunch for two people for lunch meeting with	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/30/2025	Payee name Capital One		
Amount (\$) \$11.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for uber to "Quorum Busting Campaign Bootcamp"	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 22/28 Rpt: 80/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 08/30/2025	5 Payee name Capital One		
6 Amount (\$) \$11.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for uber to hotel from "Quorum Busting Campaign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/14/2025	Payee name Capital One		
Amount (\$) \$144.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for hotel room in Austin for travel for campaign photographs at	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/27/2025	Payee name Capital One		
Amount (\$) \$72.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for lunch for two people at lunch meeting with	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 23/28 Rpt: 81/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 12/10/2025	5 Payee name Capital One		
6 Amount (\$) \$60.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for dinner for two people for dinner meeting with	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/27/2025	Payee name Capital One		
Amount (\$) \$19.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for uber to meeting with campaign consultant from hotel in	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/30/2025	Payee name Capital One		
Amount (\$) \$108.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for USPS post office box rental expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 24/28 Rpt: 82/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 11/19/2025	5 Payee name Capital One		
6 Amount (\$) \$108.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for USPS post office box rental expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/29/2025	Payee name Capital One		
Amount (\$) \$125.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 60159 City of Industry, CA 91716-0519		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for phone line for campaign use	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/30/2025	Payee name Chase		
Amount (\$) \$5.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for bottle water at hotel in Austin on trip for	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 25/28 Rpt: 83/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 08/30/2025	5 Payee name Chase		
6 Amount (\$) \$38.32	7 Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for breakfast and lunch in Austin on trip for	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/27/2025	Payee name Chase		
Amount (\$) \$4.70	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for coffee in Austin on trip for various campaign-related	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/27/2025	Payee name Chase		
Amount (\$) \$48.71	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for parking in Austin on trip for various	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 26/28 Rpt: 84/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768		
4 Date 08/30/2025	5 Payee name Chase			
6 Amount (\$) \$6.22	7 Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123			
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for breakfast in Austin on last day of first	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
Date 08/30/2025	Payee name Chase			
Amount (\$) \$11.10	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123			
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for breakfast in Austin on last day of first	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
Date 08/30/2025	Payee name Chase			
Amount (\$) \$27.73	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123			
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for lunch in Austin on last day of first special	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 27/28 Rpt: 85/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 08/30/2025	5 Payee name Chase		
6 Amount (\$) \$207.27	7 Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for hotel room in Austin to attend Quorum Busting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/27/2025	Payee name Chase		
Amount (\$) \$36.99	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for dinner/attendance at Republican	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/27/2025	Payee name Chase		
Amount (\$) \$277.77	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for hotel in Austin for trip for various campaign-related	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 28/28 Rpt: 86/100	2 FILER NAME Hewitt, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089768	
4 Date 09/27/2025	5 Payee name Chase		
6 Amount (\$) \$5.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for coffee in Austin on trip for various campaign-related	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 1/14 Rpt: 87/100</p>
<p>2 FILER NAME Hewitt, Michael A. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089768</p>
<p>4 Date 07/31/2025</p>	<p>5 Name of person from whom amount is received Capital One</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>8 Amount (\$) \$0.30</p>
	<p>7 Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/31/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.01</p>
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/15/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$7.69</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/05/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$2.17</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/05/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.38</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 2/14 Rpt: 88/100</p>
<p>2 FILER NAME Hewitt, Michael A. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089768</p>
<p>4 Date 07/14/2025</p>	<p>5 Name of person from whom amount is received Capital One</p>	<p>8 Amount (\$) \$1.11</p>
	<p>6 Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>7 Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/16/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$0.78</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/14/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$0.62</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/31/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$0.38</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/22/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$0.62</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 3/14 Rpt: 89/100</p>
<p>2 FILER NAME Hewitt, Michael A. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089768</p>
<p>4 Date 07/31/2025</p>	<p>5 Name of person from whom amount is received Capital One</p>	<p>8 Amount (\$) \$0.38</p>
	<p>6 Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>7 Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/31/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$0.15</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/31/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$0.15</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/16/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$1.89</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/11/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$0.11</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 4/14 Rpt: 90/100</p>
<p>2 FILER NAME Hewitt, Michael A. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089768</p>
<p>4 Date 08/18/2025</p>	<p>5 Name of person from whom amount is received Capital One</p>	<p>8 Amount (\$) \$2.83</p>
	<p>6 Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>7 Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/22/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$2.32</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/22/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$0.68</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/04/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$0.54</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/18/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$0.09</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 5/14 Rpt: 91/100</p>
<p>2 FILER NAME Hewitt, Michael A. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089768</p>
<p>4 Date 08/18/2025</p>	<p>5 Name of person from whom amount is received Capital One</p>	<p>8 Amount (\$) \$0.11</p>
	<p>6 Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>7 Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/04/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$0.12</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/04/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$0.12</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/04/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$1.63</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/04/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$0.68</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 6/14 Rpt: 92/100</p>
<p>2 FILER NAME Hewitt, Michael A. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089768</p>
<p>4 Date 09/20/2025</p>	<p>5 Name of person from whom amount is received Capital One</p>	<p>8 Amount (\$) \$0.07</p>
	<p>6 Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>7 Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/01/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$4.08</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/01/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$22.50</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/01/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$0.57</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/11/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$3.07</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 7/14 Rpt: 93/100</p>
<p>2 FILER NAME Hewitt, Michael A. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089768</p>
<p>4 Date 10/11/2025</p>	<p>5 Name of person from whom amount is received Capital One</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>8 Amount (\$) \$22.50</p>
	<p>7 Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.53</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/20/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.09</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.03</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/20/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.37</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 8/14 Rpt: 94/100</p>
<p>2 FILER NAME Hewitt, Michael A. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089768</p>
<p>4 Date 10/20/2025</p>	<p>5 Name of person from whom amount is received Capital One</p>	<p>8 Amount (\$) \$0.76</p>
	<p>6 Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>7 Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/05/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$0.11</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/01/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$2.10</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/05/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$1.74</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/15/2025</p>	<p>Name of person from whom amount is received Capital One</p>	<p>Amount (\$) \$1.26</p>
	<p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 9/14 Rpt: 95/100</p>
<p>2 FILER NAME Hewitt, Michael A. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089768</p>
<p>4 Date 11/15/2025</p>	<p>5 Name of person from whom amount is received Capital One</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>8 Amount (\$) \$13.50</p>
	<p>7 Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$4.94</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/19/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$1.63</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$30.00</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/03/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$2.71</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 10/14 Rpt: 96/100</p>
<p>2 FILER NAME Hewitt, Michael A. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089768</p>
<p>4 Date 12/04/2025</p>	<p>5 Name of person from whom amount is received Capital One</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>8 Amount (\$) \$1.50</p>
	<p>7 Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.12</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/06/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$2.01</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$1.36</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/12/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.59</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.59</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 11/14 Rpt: 97/100</p>
<p>2 FILER NAME Hewitt, Michael A. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089768</p>
<p>4 Date 12/13/2025</p>	<p>5 Name of person from whom amount is received Capital One</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>8 Amount (\$) \$0.41</p>
	<p>7 Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$1.29</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/16/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$9.09</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.23</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/13/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.76</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 12/14 Rpt: 98/100</p>
<p>2 FILER NAME Hewitt, Michael A. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089768</p>
<p>4 Date 12/13/2025</p>	<p>5 Name of person from whom amount is received Capital One</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>8 Amount (\$) \$1.09</p>
	<p>7 Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.06</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/17/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.06</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.06</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/31/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$4.06</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$2.91</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 13/14 Rpt: 99/100</p>	
<p>2 FILER NAME Hewitt, Michael A. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089768</p>	
<p>4 Date 12/04/2025</p>	<p>5 Name of person from whom amount is received Capital One</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>8 Amount (\$) \$0.90</p>	
	<p>7 Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer	
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.12</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer	
<p>Date 12/10/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$9.44</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer	
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$65.03</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer	
<p>Date 09/20/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.20</p>	
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer	
	<p> </p>		
	<p> </p>		

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 14/14 Rpt: 100/100</p>
<p>2 FILER NAME Hewitt, Michael A. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089768</p>
<p>4 Date 09/20/2025</p>	<p>5 Name of person from whom amount is received Capital One</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>8 Amount (\$) \$0.11</p>
	<p>7 Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$0.71</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/04/2025</p>	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$1.10</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer
	<p>Name of person from whom amount is received Capital One</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code City of Industry, CA 91716-0519</p>	<p>Amount (\$) \$1.56</p>
	<p>Purpose for which amount is received Cash back</p>	<input type="checkbox"/> Check if political contribution returned to filer