

SCHEDULE A - ASSETS & "UNEARNED INCOME"

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income																							
																						Current Year												Preceding Year											
		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g. Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI
None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED		None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000*	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000*	
BP DC JT	ASSET NAME	EIF	<p style="font-size: 2em; opacity: 0.5;">N.A.</p>																																										

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SCHEDULE C – EARNED INCOME

Name <i>Schanfer, Mike</i>	Page <i>4</i> of <i>6</i>
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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouses' earned income exceeding \$1,000. See examples below.

EXCLUDE Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2024 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$31,815. The 2025 limit is \$33,285. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
Examples			
ABC Trade Association, Baltimore MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$76,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
<i>State of Calif.</i>	<i>Salary</i>	<i>45,000</i>	

SCHEDULE D – LIABILITIES

Name Mike Schaefer Page 5 of 6

Report liabilities of over \$10 000 owed to any one creditor at any time during the reporting period by you your spouse or your dependent children Mark the highest amount owed during the reporting period **New Members** Members are required to report all liabilities secured by real property including mortgages on their personal residence **Exclude** Any mortgage on your personal residence (unless you rent it out or are a Member) loans secured by automobiles household furniture or appliances liabilities of a business in which you own an interest (unless you are personally liable) and liabilities owed to you by a spouse or the child parent or sibling of you or your spouse Report a revolving charge account (ie credit card) only if the balance at the close of the reporting period exceeded \$10 000 Column K is for liabilities held solely by your spouse or dependent children

SP DC JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability											
				A \$10 001 \$15 000	B \$15 001 \$50 000	C \$50 001 \$100 000	D \$100 001 \$250 000	E \$250 001 \$500 000	F \$500 001 \$1 000 000	G \$1 000 001 \$5 000 000	H \$5 000 001 \$25 000 000	I \$25 000 001 \$50 000 000	J Over \$50 000 000	K Over \$1 000 000 (Spouse/DC Liability)	
	<i>Example</i> First Bank of Wilmington DE	5/20	Mortgage on Rental Property Dover DE				X								
	N.A.														

SCHEDULE E – POSITIONS

Report all positions compensated or uncompensated as an officer director trustee of an organization partner proprietor representative employee or consultant of any corporation firm partnership or other business enterprise nonprofit organization labor organization or educational or other institution other than the United States **Exclude** Positions held in any religious social fraternal or political entities (such as political parties and campaign organizations) and positions solely of an honorary nature **New Members and second year candidates** report positions held in the reporting period and the current calendar year **First-year candidates and new employees** report positions held in the current calendar year and two previous years

Position	Name of Organization
N.A.	

Use additional sheets if more space is required

SCHEDULE F – AGREEMENTS

Name <i>Mike Scheffer</i>	Page <i>6</i> of <i>6</i>
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Identify the date parties to and general terms of any agreement or arrangement that you have with respect to future employment a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U S government or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties to Agreement	Terms of Agreement
	<i>N/A</i>	

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years This includes the names of clients and customers of any corporation firm partnership or other business enterprise if you directly provided the services generating a fee or payment of more than \$5 000 **Exclude** Payments by the U S government and any information considered confidential as a result of a privileged relationship recognized by law **Do not repeat the information listed on Schedule C**

	Source (Name and City/State)	Brief Description of Duties
<i>Example</i>	Doe Jones & Smith Hometown State	Accounting Services
	<i>N/A</i>	

Use additional sheets if more space is required