

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)	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST MI <i>William T</i> NICKNAME LAST SUFFIX <i>Thomas Schoenbein Jr</i>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>6811 Silver Grove Ct Pasadena Tx 77505</i>	Date Received 2025 APR 25 AM 8:11 CITY SECRETARY	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(832) 210-8075</i>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / <input checked="" type="radio"/> MRS / MR FIRST MI <i>Paige O</i> NICKNAME LAST SUFFIX <i>McInnis</i>	Receipt # Amount \$	Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <i>15950 Manor Square Houston Tx 77062</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(281) 630-3381</i>		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>03 / 25 / 2025 THROUGH 04 / 23 / 2025</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>05 / 03 / 2025</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>PASADENA CITY Council District H</i>	13 OFFICE SOUGHT (if known) <i>MAYOR OF PASADENA</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME <i>Johnwy Isbell</i> COMMITTEE ADDRESS <i>5136 Spencer Hwy Pasadena Tx 77505</i> COMMITTEE CAMPAIGN TREASURER NAME <i>Johnwy Isbell</i> COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

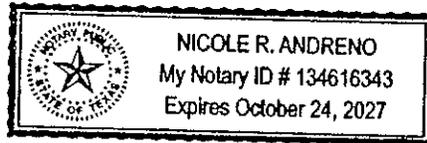
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1200 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9300 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 483 ²²
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,181 ¹²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,447 ²²
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

Thomas Schoebein
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Thomas Schoebein this the 25th day of April, 2025, to certify which, witness my hand and seal of office.

[Signature] Nicole R. Andreno Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9300 ⁰²
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,181 ¹²
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME <i>Thomas Schoerbein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/7/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rex Teten</i>	7 Amount of contribution (\$) <i>\$ 50⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>411 Yorkshire Pasadena Tx 77503</i>	
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>4/7/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gloria Gallegos</i>	Amount of contribution (\$) <i>\$ 200⁰⁰</i>
	Contributor address; City; State; Zip Code <i>4011 Hallmark Fair ct Houston Tx 77059</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>4/8/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles & Sheila Swindoll</i>	Amount of contribution (\$) <i>\$ 500⁰⁰</i>
	Contributor address; City; State; Zip Code <i>10871 US Hwy 190E Point Blank Tx 77364</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>4/8/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Talton</i>	Amount of contribution (\$) <i>\$ 1000⁰⁰</i>
	Contributor address; City; State; Zip Code <i>1501 N PRIMAVERA DR Pearland Tx 77581</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME THOMAS Schoenbein		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE Stone	7 Amount of contribution (\$) \$ 750⁰⁰
6 Contributor address; City; State; Zip Code PO Box 5039 Pasadena TX 77508		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 4/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDMAN SOIL	Amount of contribution (\$) \$ 1500⁰⁰
Contributor address; City; State; Zip Code 3012 RANDOLPH Rd. PASADENA TX 77503		
Principal occupation / Job title (See Instructions) LAWN CARE		Employer (See Instructions) SANDMAN SOIL
Date 4/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M P JACKSON	Amount of contribution (\$) \$ 1000⁰⁰
Contributor address; City; State; Zip Code PO Box 5421 Houston TX 77325		
Principal occupation / Job title (See Instructions) Police officer		Employer (See Instructions) City of PASADENA
Date 4/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID Jennings	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 1440 Smokey Rd. NEWNAN GA 30263		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME <i>Thomas Schoenberg</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/7/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alix Fox</i>	7 Amount of contribution (\$) <i>\$ 500.00</i>
6 Contributor address; City; State; Zip Code <i>1809 Austin ckr Friendswood Tx 77546</i>		
8 Principal occupation / Job title (See Instructions) <i>REALTOR / SELF EMPLOYED</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Anderson</i>	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address; City; State; Zip Code <i>4950 Anthony Ln Pasadena TX 77505</i>	
Principal occupation / Job title (See Instructions) <i>Police officer</i>		Employer (See Instructions) <i>city of Pasadena</i>
Date <i>4/2/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Devinne Conner</i>	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address; City; State; Zip Code <i>6823 Glenavon Dr Pasadena TX 77505</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>4/2/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Mytelka</i>	Amount of contribution (\$) <i>\$ 500</i>
	Contributor address; City; State; Zip Code <i>750 Chestnut Ridge Rd, Chestnut Ridge NY 10977</i>	
Principal occupation / Job title (See Instructions) <i>Property Investor / owner</i>		Employer (See Instructions) <i>Self employed</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Thomas Schoenbein</i>		3 Filer ID (Ethics Commission Filers) <i>5</i>
4 Date <i>4/3/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LARNA & LEONARD RICAROL</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>3830 Crosby St Houston TX 77021</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>4/15/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Rodgers</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>1404 LENEVA LN TX PASADENA 77502</i>		
Principal occupation / Job title (See Instructions) <i>APPLICATION ENG.</i>		Employer (See Instructions) <i>Self employed</i>
Date <i>4/10/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leo Gillies</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>4018 Peach county ct HOUSTON TX 77059</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>4/10/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CURTIS COLLINS</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>4907 Summer Oak Dr PASADENA TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Thomas Schwarbein		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Scarsella	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 587 Wildwood Dr Seabrook Tx 77586		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale Painter	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 1530 Crescent Shores Ln Seabrook Tx 77586		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMMY LAMBERT	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 14002 Mulberry River Ln Houston Tx 77059		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) NONE
Date 3/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANNY SCHNAUTZ	Amount of contribution (\$) \$ 1000.00
Contributor address; City; State; Zip Code Po Box 5808 Pasadena Tx 77508		
Principal occupation / Job title (See Instructions) TRUCKING COMPANY		Employer (See Instructions) SELF EMPLOYED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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:	2 FILER NAME <i>Thomas Schoenbein</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/11/25</i>	5 Payee name <i>Corporate Communications Center Inc</i>	
6 Amount (\$) <i>\$1079.79</i>	7 Payee address; City; State; Zip Code <i>4030 Harry Hines Blvd Dallas Tx 75219</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Mail</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/17/25</i>	Payee name <i>Jessica Colon & COMPANY</i>	
Amount (\$) <i>\$5000.00</i>	Payee address; City; State; Zip Code <i>3405 Edloe St 57300 Houston Tx 77027</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>CAMPAIGN WORK</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/11/25</i>	Payee name <i>Corporate Communications Center Inc</i>	
Amount (\$) <i>\$5786.53</i>	Payee address; City; State; Zip Code <i>4030 Harry Hines Blvd. Dallas Tx 75219</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Mail</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Thomas Schoonbein</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/26/25</i>	5 Payee name <i>Corporate Communications Center Inc</i>	
6 Amount (\$) <i>\$ 5,786⁵⁴</i>	7 Payee address; City; State; Zip Code <i>4030 Harry Hines Blvd Dallas TX 75219</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>mailers</i>
	(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
Date <i>3/31/25</i>	Payee name <i>Apollo Signs</i>	
Amount (\$) <i>402 69</i>	Payee address; City; State; Zip Code <i>5222 Cypress St. Pasadena TX 77503</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>CAMPAIGN SIGNS</i>
	<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
Date <i>3/31/25</i>	Payee name <i>Academy Sports & Outdoors</i>	
Amount (\$) <i>\$ 299⁰²</i>	Payee address; City; State; Zip Code <i>4627 ESAM Houston Pkwy S PASADENA TX 77505</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Table / Canopy</i>
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Thomas Schoenbrin</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/1/25</i>	5 Payee name <i>DeVine Promotions & Printing</i>	
6 Amount (\$) <i>\$3984¹⁸</i>	7 Payee address; City; State; Zip Code <i>5411 Brookgreen Ste B Houston TX 77017</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>MA-Tan</i>
	(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
Date <i>4/8/25</i>	Payee name <i>Vista Print</i>	
Amount (\$) <i>\$462²⁰</i>	Payee address; City; State; Zip Code <i>VISTA Print.com</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Signs / Door Hanger</i>
	<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
Date <i>4/9/25</i>	Payee name <i>Apollo Signs</i>	
Amount (\$) <i>1380¹⁹</i>	Payee address; City; State; Zip Code <i>5222 Cypress St Pasadena TX 77503</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Signs</i>
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED