

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: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST William	MI T
	NICKNAME Thomas	LAST Schoenbein	SUFFIX JR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
	6911 Silver Grove Ct. Pasadena Tx 77505		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	210-8075	N/A
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST Paige	MI 0
	NICKNAME McINNIS	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	15950 MANOR SQUARE Houston Tx 77062		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(281)	630-3381	N/A
9 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)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	05 / 07 / 2023		01 / 15 / 2024
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 05 / 03 / 2025	<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) City Council Member Dist H PASADENA Tx	13 OFFICE SOUGHT (if known) MAYOR	
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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received
2021 JAN 11 AM 9:10

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

CITY SECRETARY

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Thomas Schoenbein 16 Filer ID (Ethics Commission Filers)

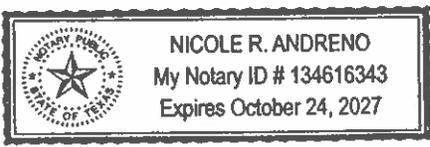
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>15,045⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>214²⁸</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5867²²</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>13,148⁰⁰</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 Schoenbein
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Thomas Schoenbein this the 11th day of January, 2024, 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 <i>Thomas Schoenbe</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,045 ⁰⁰
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	\$ 5867 ²³
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: <i>10</i>
2 FILER NAME <i>THOMAS Schoenbein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/20/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RONALD & Dawn Puy</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>26 ARMAND Shore Dr Houston TX 77058</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>10/06/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Bewoit</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>1015 Blue Water Place Spring Branch TX 78070</i>		
Principal occupation / Job title (See Instructions) <i>Real Estate Broker</i>		Employer (See Instructions) <i>EXP Broker/owner</i>
Date <i>10/03/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shelley Storey Fuller</i>	Amount of contribution (\$) <i>200⁰⁰</i>
Contributor address; City; State; Zip Code <i>5726 Westrick LN Pasadena TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>Marketing</i>		Employer (See Instructions) <i>Project Joy & Hope</i>
Date <i>08/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randy Bennett / Mary Ellen Bennett</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>6110 Lacq Oak Pasadena TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>THOMAS Schoenbein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>08/25/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shelly Bracher</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>7027 Royal Knoll Pasadena TX 77505</i>		
8 Principal occupation / Job title (See Instructions) <i>Housewife</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>08/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BARBARA Keyler</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>2510 Williamsburg Pasadena TX 77502</i>		
Principal occupation / Job title (See Instructions) <i>Retiree</i>		Employer (See Instructions) <i>N/A</i>
Date <i>01/8/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRAD HANCE</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>6222 SANDS Dr Pasadena TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>Retiree</i>		Employer (See Instructions) <i>N/A</i>
Date <i>08/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KAROL & MICHAEL Fletcher</i>	Amount of contribution (\$) <i>1000⁰⁰</i>
Contributor address; City; State; Zip Code <i>4211 Los Verdos Pasadena TX 77504</i>		
Principal occupation / Job title (See Instructions) <i>Travel Agent</i>		Employer (See Instructions) <i>TRAVEL Agency Fairmont Travel</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>THOMAS Schoenbein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>08/25/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Talton</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>2304 Tuscany Ct Pearland TX 77581-7515</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>08/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Phyllis TACQUARD</i>	Amount of contribution (\$) <i>20⁰⁰</i>
Contributor address; City; State; Zip Code <i>12442 Rutgers Park Ct Houston TX 77058</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>
Date <i>08/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randy: Carla Moody</i>	Amount of contribution (\$) <i>300⁰⁰</i>
Contributor address; City; State; Zip Code <i>4631 NATONS Pasadena TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>
Date <i>08/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Buddy: LINDA LAND</i>	Amount of contribution (\$) <i>125⁰⁰</i>
Contributor address; City; State; Zip Code <i>5202 Baywood Dr Pasadena TX 77505-5423</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Thomas Schenkein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>0/24/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adrienne Sun</i>	7 Amount of contribution (\$) <i>\$150.00</i>
6 Contributor address; City; State; Zip Code <i>15507 Daffwood Oak Houston TX 77059</i>		
8 Principal occupation / Job title (See Instructions) <i>District Director</i>		9 Employer (See Instructions) <i>Brigade CAIW / State of Texas</i>
Date <i>08/24/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica Ramirez</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Police officer</i>		Employer (See Instructions) <i>City of Pasadena</i>
Date <i>08/24/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Jackson</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>Po Box 282902 Houston TX 77207</i>		
Principal occupation / Job title (See Instructions) <i>Police officer</i>		Employer (See Instructions) <i>City of Pasadena</i>
Date <i>08/24/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Fletcher</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>Pasadena TX</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>
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4 Date <i>08/24/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MP:LE JACKSON</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 282902 Houston TX 77207</i>		
8 Principal occupation / Job title (See Instructions) <i>Police Officer</i>		9 Employer (See Instructions) <i>City of Pasadena</i>
Date <i>08/07/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Russ: SUSAN MORRIS</i>	Amount of contribution (\$) <i>2500⁰⁰</i>
Contributor address; City; State; Zip Code <i>4219 Chipley Dr Pasadena TX 77505-4432</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>
Date <i>08/07/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARK BENROT</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>1015 Blue Water Pl Spring Branch TX 78070</i>		
Principal occupation / Job title (See Instructions) <i>Real Estate Broker</i>		Employer (See Instructions) <i>OWNER/OPERATOR CFP</i>
Date <i>7/26/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. Janice Wheeler</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>2422 Pinney Point Deer Park TX 77536</i>		
Principal occupation / Job title (See Instructions) <i>CEO Project Joy & Hope</i>		Employer (See Instructions) <i>Project Joy & Hope</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Thomas Schenkein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>07/14/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Bewirot</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1015 Blue Water Place Spring Branch Tx 78070</i>		
8 Principal occupation / Job title (See Instructions) <i>Real Estate Broker</i>		9 Employer (See Instructions) <i>ETP</i>
Date <i>08/24/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bow Lowe</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>1519 Village Townhome Dr Pasadena TX 77504</i>		
Principal occupation / Job title (See Instructions) <i>Survey Project Manager</i>		Employer (See Instructions) <i>LJA Surveying</i>
Date <i>08/24/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James & Amy Holt</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code <i>1711 PAMPAS TRAIL Dr FRIENDWOOD TX 77546</i>		
Principal occupation / Job title (See Instructions) <i>Police Officer</i>		Employer (See Instructions) <i>City of Pasadena</i>
Date <i>08/24/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jack Fletcher</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>5403 Springs Oak Dr Pasadena TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>Retiree</i>		Employer (See Instructions) <i>N/A</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>		

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4 Date <i>08/24/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SUSAN LABLANE</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>4614 WAIALAE CIR PASADENA TX 77505</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>08/23/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>STEPHANIE LONG</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>4627 AUGUSTAN PASADENA TX 77506</i>		
Principal occupation / Job title (See Instructions) <i>Volunteer</i>		Employer (See Instructions) <i>Animal Artist</i>
Date <i>08/16/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BARBRA MORENO</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>5502 SIERRA CT PASADENA TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>Volunteer / Retired</i>		Employer (See Instructions) <i>N/A</i>
Date <i>08/12/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHARLIE SANDERS</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>7713 LONGLEAF DR PEARLAND TX 77581</i>		
Principal occupation / Job title (See Instructions) <i>President Blue office</i>		Employer (See Instructions) <i>city of Pasadena</i>
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4 Date <i>08/08/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Terry John</i>	7 Amount of contribution (\$) <i>1000⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>15430 Woodland Oaks Dr Cypress Tx 77433</i>		
8 Principal occupation / Job title (See Instructions) <i>CONSULTANT</i>		9 Employer (See Instructions) <i>Geo Services</i>
Date <i>07/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>M. Ayes Middleton</i>	Amount of contribution (\$) <i>2500</i>
Contributor address; City; State; Zip Code <i>1702 Beachtown Dr Galveston Tx 77550</i>		
Principal occupation / Job title (See Instructions) <i>State of Texas President of E.O. Middleton oil company services</i>		Employer (See Instructions) <i>State of Texas Middleton oil company</i>
Date <i>08/24/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Butch Bragg</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>4606 WAIALA CIR PASADENA TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>OWNER Self-employed</i>		Employer (See Instructions) <i>BRAGG'S Select Services</i>
Date <i>08/24/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Conkey Debbie TURNER</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>6311 Avenel Pasadena TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>OWNER/operator</i>		Employer (See Instructions) <i>CASA oke</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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2 FILER NAME <u>Thomas Schoenbein</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>08/24/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Chess Milos</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>
	6 Contributor address; City; State; Zip Code <u>3518 Dry Creek Pasadena TX 77505</u>	
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions) <u>N/A</u>
Date <u>08/24/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LARRY & SYLVIA CERNOSEK</u>	Amount of contribution (\$) <u>500⁰⁰</u>
	Contributor address; City; State; Zip Code <u>1705 Kingsdale Deer Park TX 77536</u>	
Principal occupation / Job title (See Instructions) <u>owner / operator</u>		Employer (See Instructions) <u>Cernosek wrecker service</u>
Date <u>08/24/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SARAH BRADY</u>	Amount of contribution (\$) <u>100⁰⁰</u>
	Contributor address; City; State; Zip Code <u>4401 Fox Meadow Lane Pasadena TX 77504</u>	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>N/A</u>
Date <u>08/24/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Scott & Rhonda Howe</u>	Amount of contribution (\$) <u>100⁰⁰</u>
	Contributor address; City; State; Zip Code <u>6575 Stone Briarst Pasadena TX 77505</u>	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>owner N/A</u>

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: <i>10</i>
2 FILER NAME <i>Thomas Scherlein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>08/24/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Plumbers Local Union 68</i>	7 Amount of contribution (\$) <i>1000⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>Po Box 8746 Houston TX 77249</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <i>Plumbers Local 68</i>

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		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.

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: <i>6</i>	2 FILER NAME <i>THOMAS Schoenbein</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/17/23</i>	5 Payee name <i>HEB</i>	
6 Amount (\$) <i>119⁸⁰</i>	7 Payee address: <i>6210 Fairmont</i>	City: <i>PASADENA</i> State: <i>Tx</i> Zip Code: <i>77505</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Exp</i>	(b) Description <i>Meeting</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>06/06/23</i>	Payee name <i>GO DADDY.COM</i>	
Amount (\$) <i>119⁹⁶</i>	Payee address: <i>godaddy.com</i>	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising/Fee</i>	Description <i>Website Fee</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>07/12/23</i>	Payee name <i>Project Joy & Hope</i>	
Amount (\$) <i>1200⁰⁰</i>	Payee address: <i>3209 Tulip St.</i>	City: <i>PASADENA</i> State: <i>Tx</i> Zip Code: <i>77504</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>DONATION</i>	Description <i>Project Joy & Hope Sponsorship</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

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: 6	2 FILER NAME Thomas Schoenbein	3 Filer ID (Ethics Commission Filers)
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4 Date 07/17/23	5 Payee name HEB
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6 Amount (\$) 66⁰⁰	7 Payee address; 6210 FAIRMONT	City; PASADENA	State; TX	Zip Code 77505
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description STAMPS
	(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
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Date 07/25/23	Payee name HEB
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Amount (\$) 66⁰⁰	Payee address; 6210 FAIRMONT	City; PASADENA	State; TX	Zip Code 77505
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description STAMPS
	<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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Date 07/26/23	Payee name Devine Promotions
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Amount (\$) 214⁹⁷	Payee address; 5411 Brookgreen Dr, Ste B Houston TX	City; HOUSTON	State; TX	Zip Code 77017
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense Advertising Expense	Description Print Material
	<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 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: <i>6</i>	2 FILER NAME <i>Thomas Schoenbein</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>07/31/23</i>	5 Payee name <i>Vista Print</i>	
6 Amount (\$) <i>100.66</i>	7 Payee address; City; State; Zip Code <i>VistaPrint/customer.com</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Exp/Advertising</i>	(b) Description <i>Printed Advertising</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>08/07/23</i>	Payee name <i>HEB</i>	
Amount (\$) <i>66.00</i>	Payee address; City; State; Zip Code <i>6210 FAIRMONT PASADENA TX 77505</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	Description <i>STAMPS</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>08/08/23</i>	Payee name <i>Devine Promotions</i>	
Amount (\$) <i>1120.85</i>	Payee address; City; State; Zip Code <i>5411 Brookgreen Dr Ste B, Houston TX 77017</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising/Printing Exp</i>	Description <i>Banner/Printing</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 Expense | 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: <i>6</i>	2 FILER NAME <i>Thomas Schoenbein</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>08/15/23</i>	5 Payee name <i>Vista Print</i>	
6 Amount (\$) <i>102²⁸</i>	7 Payee address; City; State; Zip Code <i>Vistaprint/customer.com</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>mail outs</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>08/25/23</i>	Payee name <i>ERNIE'S CAFE</i>	
Amount (\$) <i>1800⁰⁰</i>	Payee address; City; State; Zip Code <i>1860 E. Sam Houston Pkwy S Pasadena TX 77503</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Campaign kickoff event</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>11/28/23</i>	Payee name <i>Pasadena Chamber of Commerce</i>	
Amount (\$) <i>170⁰⁰</i>	Payee address; City; State; Zip Code <i>4334 Fairmont Pkwy Pasadena TX 77504</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Pasadena Chamber of Commerce</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

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: <i>6</i>	2 FILER NAME <i>THOMAS Schoenbein</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/11/23</i>	5 Payee name <i>Vista Print</i>	
6 Amount (\$) <i>132⁰⁰</i>	7 Payee address; City; State; Zip Code <i>Vistaprint/customer.com</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Printing chairman cards</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>12/12/23</i>	Payee name <i>SAN JACINTO CONSERVATIVE</i>	
Amount (\$) <i>250⁰⁰</i>	Payee address; City; State; Zip Code <i>405 WATER Pasadena TX 77506</i>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contributions/Donation</i>	Description <i>Donation</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>12/14/23</i>	Payee name <i>HERB</i>	
Amount (\$) <i>198⁰⁰</i>	Payee address; City; State; Zip Code <i>6210 FAIRMONT Pasadena TX 77505</i>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>STAMPS</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 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: <i>6</i>	2 FILER NAME <i>Thomas Schoenbein</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/14/23</i>	5 Payee name <i>HEB</i>	
6 Amount (\$) <i>66⁰⁰</i>	7 Payee address; <i>6210 Fairmont</i>	City: <i>Paducah</i> State: <i>TX</i> Zip Code: <i>77505</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Stamps</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>12/18/23</i>	Payee name <i>Office Depot</i>	
Amount (\$) <i>74⁰⁰</i>	Payee address; <i>3937 Fairway Plaza</i>	City: <i>Paducah</i> State: <i>TX</i> Zip Code: <i>TX</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office</i>	Description <i>office supplies</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	Payee name	
Amount (\$)	Payee address;	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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