

# 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:

13

**OFFICE USE ONLY**

Date Received

CITY SECRETARY  
JUL 15 AM 9:14

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (MR) FIRST WILLIAM MI T  
NICKNAME THOMAS LAST SCHOENBEIN SUFFIX JR

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 6911 Silver Grove Ct APT / SUITE #: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PASADENA TX 77505

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (832) PHONE NUMBER: 210-8075 EXTENSION: N/A

6 CAMPAIGN TREASURER NAME

MS / MRS / MR (MRS) FIRST PAIGE MI O  
NICKNAME \_\_\_\_\_ LAST McINNIS SUFFIX \_\_\_\_\_

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 15950 MANOR Square Houston APT / SUITE #: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: TX ZIP CODE: 77062

8 CAMPAIGN TREASURER PHONE

AREA CODE: (281) PHONE NUMBER: 630-3381 EXTENSION: N/A

9 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded Modified Reporting Limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year  
01 / 15 / 2024    THROUGH    07 / 15 / 2024

11 ELECTION

ELECTION DATE: Month Day Year    ELECTION TYPE:  
05 / 03 / 2025     Primary     Runoff     Other Description  
 General     Special

12 OFFICE

OFFICE HELD (if any) Pasadena City Council Dist H

13 OFFICE SOUGHT (if known) PASADENA Mayor

14 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. 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.

Additional Pages

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

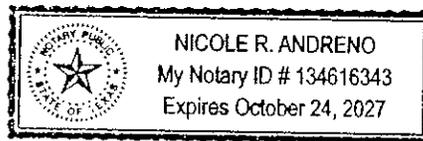
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9771 <sup>86</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 691 <sup>86</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 5442 <sup>87</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,846 <sup>65</sup>
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 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 15<sup>th</sup> day of July, 2024, to certify which, witness my hand and seal of office.

*[Signature]* Nicole R. Andreno Notary public  
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	\$ 9771 <sup>86</sup>
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	\$ 5442 <sup>87</sup>
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: <b>5</b>
2 FILER NAME <b>THOMAS Schoenbein</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/09/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jessu Heuvert</b>	7 Amount of contribution (\$) <b>\$500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>1014 W. Hous St Pasadena TX 77505</b>		
8 Principal occupation / Job title (See Instructions) <b>Part Body Shop owner</b>		9 Employer (See Instructions) <b>Self employed</b>
Date <b>05/08/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rogelo Lopez</b>	Amount of contribution (\$) <b>\$1000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>5113 Spencer Hwy Pasadena TX 77505</b>		
Principal occupation / Job title (See Instructions) <b>owner / Auto Parts</b>		Employer (See Instructions) <b>Next Auto Parts</b>
Date <b>05/15/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tiffany Yates</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4611 Sawmill Ln Pasadena TX 77505</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>05/09/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRIAN LITHICUM</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>375 U.S.A Del Lago Dr Hoffman TX 77336</b>		
Principal occupation / Job title (See Instructions) <b>Police officer</b>		Employer (See Instructions) <b>City of Pasadena</b>

**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:
2 FILER NAME <i>THOMAS Schwarbein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>05/09/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DIANE BROWN</i>	7 Amount of contribution (\$) <i>\$250<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>4723 Kopper Ln Pasadena TX 77505</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>05/09/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHARLIE SANDERS</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>Po Box 1334 Pasadena TX 77501</i>		
Principal occupation / Job title (See Instructions) <i>Police officer</i>		Employer (See Instructions) <i>city of PASADENA</i>
Date <i>05/09/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ADRIENNE SUN</i>	Amount of contribution (\$) <i>\$250<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>15507 Duffwood Houston TX 77059</i>		
Principal occupation / Job title (See Instructions) <i>Liasion</i>		Employer (See Instructions) <i>BRECO CATN</i>
Date <i>04/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JACK NORMAN</i>	Amount of contribution (\$) <i>\$1000<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>Shore Acres TX</i>		
Principal occupation / Job title (See Instructions) <i>lawyer</i>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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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:
2 FILER NAME <i>THOMAS Schoenbein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>04/25/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tellegyn John</i>	7 Amount of contribution (\$) <i>\$1000<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>15430 Woodland Orchard Lane Cypress TX 77433</i>		
8 Principal occupation / Job title (See Instructions) <i>Engineer</i>		9 Employer (See Instructions) <i>Geo Service</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)

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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:
2 FILER NAME <i>Thomas Schoenbein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/9/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Phyllis TACQUARD</i>	7 Amount of contribution (\$) <i>\$ 20<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>12442 Rutgers Houston TX 77058</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>05/13/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>M.P. JACKSON</i>	Amount of contribution (\$) <i>\$ 500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>Po Box 5421 Houston TX 77325</i>		
Principal occupation / Job title (See Instructions) <i>Police officer</i>		Employer (See Instructions)
Date <i>05/09/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BRAGGS A Select Services</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>4606 WALLACE CIR PASADENA TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>Business owner</i>		Employer (See Instructions) <i>BRAGGS Select Services</i>
Date <i>05/19/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RAUL &amp; JUDITH GARCIA</i>	Amount of contribution (\$) <i>\$ 200<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>4502 SAO PAULO PASADENA TX 77504</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:
2 FILER NAME <i>THOMAS Schaublein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>05/09/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GARY &amp; KIMBRA TRUJILLO</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address; City; State; Zip Code <i>4727 Westchester Pasadena TX 77505</i>		
8 Principal occupation / Job title (See Instructions) <i>Plant Safety Manager</i>		9 Employer (See Instructions) <i>Phillips Swearing</i>
Date <i>05/09/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JUAN &amp; JEANNE SAAVEDRA</i>	Amount of contribution (\$) <i>\$ 150.00</i>
Contributor address; City; State; Zip Code <i>6914 Silver Brook Pasadena TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>05/09/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LARRY CONROSEK</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>1705 Kingsdale Dr Deer Park TX 77536</i>		
Principal occupation / Job title (See Instructions) <i>Conrosek Wrecker Service</i>		Employer (See Instructions) <i>Conrosek Wrecker Owner</i>
Date <i>05/08/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARISSELLE PUJATE</i>	Amount of contribution (\$) <i>\$ 1000.00</i>
Contributor address; City; State; Zip Code <i>4827 Water Oak Pasadena TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>operator owner McDonald's</i>		Employer (See Instructions) <i>operator owner McDonald's</i>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>THOMAS SCHUBERT</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>01/10/24</i>	<b>5</b> Payee name <i>GO DADDY.COM</i>	
<b>6</b> Amount (\$) <i>\$207<sup>23</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>Go Daddy . COM</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <i>Website</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/13/24</i>	Payee name <i>The UPS Store</i>	
Amount (\$) <i>\$-264<sup>00</sup></i>	Payee address; City; State; Zip Code <i>FARMINT PASADENA TX 77505</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Office / rental expense</i>	Description <i>P.O. Box</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>2/13/24</i>	Payee name <i>QR Code Generator, COM</i>	
Amount (\$) <i>\$207<sup>23</sup></i>	Payee address; City; State; Zip Code <i>Am henkwerk 13 Bielefeld GERMANY</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Event / Expense</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Thomas Schreiber</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3/15/24</i>	<b>5</b> Payee name <i>TAMMY STATE HOUSE</i>	
<b>6</b> Amount (\$) <i>\$250.00</i>	<b>7</b> Payee address; <i>2555 Bay Area Blvd</i>	City: <i>Houston</i> State: <i>TX</i> Zip Code: <i>77058</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	<b>(b)</b> Description <i>Team Meeting</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>04/12/24</i>	Payee name <i>Johnny Tamaros Cantina</i>	
Amount (\$) <i>\$541.25</i>	Payee address; <i>4647 E Sam Houston Pkwy</i>	City: <i>Pasadena</i> State: <i>TX</i> Zip Code: <i>77505</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Campaign Rally</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>4/22/24</i>	Payee name <i>Vista Print</i>	
Amount (\$) <i>392.89</i>	Payee address; <i>Vista Print.com</i>	City:      State:      Zip Code:
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Give away Promotional</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

# 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 Schoenlein</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7/22/24</i>		5 Payee name <i>NATIONAL PEN</i>			
6 Amount (\$) <i>\$42965</i>		7 Payee address; <i>Pens.com</i>		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Promotional materials</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>4/30/24</i>		Payee name <i>Vista Print</i>			
Amount (\$) <i>\$346<sup>39</sup></i>		Payee address; <i>Vista Print.com</i>		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Promotional materials</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>05/06/24</i>		Payee name <i>PASADENA Live Stock Show &amp; Rodeo</i>			
Amount (\$) <i>250<sup>00</sup></i>		Payee address; <i>7601 Red Bluff</i>		City; State; Zip Code <i>PASADENA TX 77507</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>		Description <i>New Ag BARN</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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Thomas Scheuwein</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>05/31/24</i>	<b>5</b> Payee name <i>Go Safe Laporte</i>	
<b>6</b> Amount (\$) <i>\$ 900.00</i>	<b>7</b> Payee address: <i>4200 Underwood PO Box 1025</i>	City: <i>Deer Park</i> State: <i>TX</i> Zip Code: <i>77536</i>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>Campaign Shirts</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>6/17/24</i>	Payee name <i>Pappasitas Cantina</i>	
Amount (\$) <i>\$ 247.11</i>	Payee address: <i>10099 I-455</i>	City: <i>Webster</i> State: <i>TX</i> Zip Code: <i>77598</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Food/Beverages Team Meeting</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>7/1/24</i>	Payee name <i>Go Safe Laporte</i>	
Amount (\$) <i>\$ 306.00</i>	Payee address: <i>4200 Underwood PO Box 1025</i>	City: <i>Deer Park</i> State: <i>TX</i> Zip Code: <i>77536</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Campaign Shirts</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Thomas Schoenbein</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>7/01/24</i>	<b>5</b> Payee name <i>Pasadena Live Stock Show, Pasadena</i>	
<b>6</b> Amount (\$) <i>\$206.00</i>	<b>7</b> Payee address: <i>7601 Red Bluff</i>	City: <i>Pasadena</i> State: <i>TX</i> Zip Code: <i>77507</i>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Donation</i>	<b>(b)</b> Description <i>Summer Rodeo Show</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>7/02/24</i>	Payee name <i>Mission One</i>	
Amount (\$) <i>\$206.29</i>	Payee address: <i>2810 N Church St. Wilmington Delaware 19802</i>	City:      State:      Zip Code: <i>Wilmington Delaware 19802</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Donation</i>	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
Date <i>5/01/24</i>	Payee name <i>AMERICAN CRANIOPACIAL</i>	
Amount (\$) <i>\$160.00</i>	Payee address: <i>AMERICAN CRANIOPACIAL ASSN, COM Houston TX</i>	City:      State:      Zip Code:
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Donation</i>	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

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