

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: 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST MI <i>William T</i>	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(90deg); transform-origin: center;"> 2025 JAN 13 AM 11:07 CITY SECRETARY </div>	
	NICKNAME LAST SUFFIX <i>THOMAS Schobenbein JR</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>6911 Silver Grove Ct. PASADENA TX, 77505</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(832) 210-8075 N/A</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST MI <i>PAIGE O</i>	Date Hand-delivered or Date Postmarked	
	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 MANDAL SQUARE Houston TX 77062</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(281) 630-3381 N/A</i>		
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 <i>07 / 15 / 2024 THROUGH 01 / 15 / 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 Dist 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 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

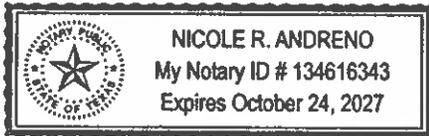
15 C/OH NAME <i>Thomas Schoenbein</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>22,444⁶⁷</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <i>892⁷³</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>10,958⁸²</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>29,765⁰⁶</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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 13th day of January, 2025, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Nicole R. Andreno
Printed name of officer administering oath

Notary
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 SCHÖENBEIN</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	\$ 22,444 ⁶⁷
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 9,000 ⁰⁰
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	\$ 10,958
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: 8
2 FILER NAME Thomas Schoenlein		3 Filer ID (Ethics Commission Filers)
4 Date 7/16/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy & Carla Moody	7 Amount of contribution (\$) \$ 300⁰⁰
6 Contributor address; City; State; Zip Code 4631 NATIONS PASADENA TX 77505		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 7/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRIS & CHRISTY MOODY	Amount of contribution (\$) \$ 150⁰⁰
Contributor address; City; State; Zip Code 6423 INVERNESS WAY PASADENA TX 77505		
Principal occupation / Job title (See Instructions) EDUCATION		Employer (See Instructions) P/SD
Date 7/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL MORRIS	Amount of contribution (\$) \$ 2500⁰⁰
Contributor address; City; State; Zip Code 4219 CHIPLEY PASADENA TX 77505		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYNWOOD MOREAU	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 4207 TREE TOP PASADENA TX 77505		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<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

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: 8
2 FILER NAME THOMAS Schoenbein		3 Filer ID (Ethics Commission Filers)
4 Date 8/9/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAUL & Judith GARCIA	7 Amount of contribution (\$) \$200⁰⁰
6 Contributor address; City; State; Zip Code 4502 SAO PAULO ST. PASADENA TX 77504		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 8/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry & CATHERINE GRIMSLEY	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 3310 Bliss Meadows PASADENA TX 77505		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARC & JANA McGuire	Amount of contribution (\$) \$300⁰⁰
Contributor address; City; State; Zip Code 2118 Sugar Hill Deer Park TX 77586		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) AOI Roofing
Date 8/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DRUID Bright	Amount of contribution (\$) \$3000⁰⁰
Contributor address; City; State; Zip Code 4203 SHANNA LY PASADENA TX 77504		
Principal occupation / Job title (See Instructions) TRUCKING / TRANSPORTATION		Employer (See Instructions) Self Employed
<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: 8
2 FILER NAME THOMAS Schoenbein		3 Filer ID (Ethics Commission Filers)
4 Date 8/9/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan & Brenda Mathews	7 Amount of contribution (\$) \$ 5000⁰⁰
6 Contributor address; City; State; Zip Code 6847 CEDAR POINT DR PASADENA TX 77505		
8 Principal occupation / Job title (See Instructions) LANDSCAPING / NURSERY		9 Employer (See Instructions) SELF EMPLOYED
Date 9/3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANN Wellman	Amount of contribution (\$) \$ 50⁰⁰
Contributor address; City; State; Zip Code 7422 SHADY ABBOTT CT PASADENA TX 77505		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott & Karen McAlister	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code 1510 GREYSTONE CREEK CT KINGWOOD TX 77845		
Principal occupation / Job title (See Instructions) COASTAL ICE		Employer (See Instructions) SELF EMPLOYED
Date 10/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M P JACKSON	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code PO BOX 5421 HOUSTON TX 77325		
Principal occupation / Job title (See Instructions) LAW ENFORCEMENT		Employer (See Instructions) CITY OF PASADENA
<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: B
2 FILER NAME Thomas Schoenhein		3 Filer ID (Ethics Commission Filers)
4 Date 10/7/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark & Jerri Bewot	7 Amount of contribution (\$) \$1 700⁰⁰
6 Contributor address; City; State; Zip Code 1015 Blue water Pl Spring Branch TX 79070		
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self Employed
Date 10/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise Linthicum	Amount of contribution (\$) \$150⁰⁰
Contributor address; City; State; Zip Code 375 Vista Del Lago Dr Huffman TX 77336		
Principal occupation / Job title (See Instructions) Account		Employer (See Instructions) Rosefield Pipeline
Date 10/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Fickessen	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code PO Box 34267 Houston TX 77234		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botch Bragg	Amount of contribution (\$) \$50⁰⁰
Contributor address; City; State; Zip Code 4606 Wailag Cir Pasadena TX 77505		
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self Employed

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Thomas Schoenbein		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL & BARBARA COY KENDALL	7 Amount of contribution (\$) \$ 300⁰⁰
6 Contributor address; City; State; Zip Code 4906 FALLING OAK PASADENA TX 77505		
8 Principal occupation / Job title (See Instructions) Retired / Secretary		9 Employer (See Instructions) 1st Baptist Church
Date 10/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANNY STEFFENAUER	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 3907 ECUADOR DR. PASADENA TX 77504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly G Lynn	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 3907 ECUADOR DR PASADENA TX 77504		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES ANDERSON	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 4950 ANTHONY LN PASADENA TX 77505		
Principal occupation / Job title (See Instructions) LAW ENFORCEMENT		Employer (See Instructions) city of PASADENA

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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: <i>8</i>
2 FILER NAME <i>THOMAS Schoenbein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/11/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>VANCE & SANDRA Mitchell</i>	7 Amount of contribution (\$) <i>\$ 250⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>3546 Dry Creek PASADENA TX 77505</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>10/11/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID & BARBARA Hood</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code <i>5914 DEE A PASADENA TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>10/30/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARK & Debra Thornton</i>	Amount of contribution (\$) <i>\$ 100⁰⁰</i>
Contributor address; City; State; Zip Code <i>4206 ROYAL MANOR PASADENA TX 77505</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>11/18/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KAROL & MIKE Fletcher</i>	Amount of contribution (\$) <i>\$ 500⁰⁰</i>
Contributor address; City; State; Zip Code <i>4211 Los Verdes Dr. PASADENA TX 77504</i>		
Principal occupation / Job title (See Instructions) <i>TRAVEL Agent</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

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: 8
2 FILER NAME Thomas Schoenlein		3 Filer ID (Ethics Commission Filers)
4 Date 12/4/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PA Parker	7 Amount of contribution (\$) \$ 300⁰⁰
6 Contributor address; City; State; Zip Code 2635 Lily PO Box 5244 Pasadena Tx 77508		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALERIE BAGGETT	Amount of contribution (\$) \$ 250⁰⁰
Contributor address; City; State; Zip Code 5507 Hartford Grove Pasadena Tx 77505		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Bennett	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code 6110 Lacey Oak Pasadena Tx 77505		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADRIENNE SUN	Amount of contribution (\$) \$ 200⁰⁰
Contributor address; City; State; Zip Code 15507 Driftwood Oak Houston Tx 77059		
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions) State of Texas
<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

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: 8
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vladimir Victoria	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 5808 Melinda Pasadena TX 7505		
8 Principal occupation / Job title (See Instructions) Reator		9 Employer (See Instructions) EXP
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Thomas Schoenbein</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>9000⁰⁰</u>	
5 Date <u>12/01/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jon Mathews</u>	8 Amount of Contribution \$ <u>\$4,000⁰⁰</u>	9 In-kind contribution description <u>CAMPAIGN OFFICE SPACE</u>
7 Contributor address; City; State; Zip Code <u>6847 Cedar Point Pasadena Tx 77505</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>LANDSCAPE / NURSERY OWNER</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>SELF EMPLOYED</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>10/10/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Foundation Blv</u>	Amount of Contribution \$ <u>\$5000⁰⁰</u>	In-kind contribution description <u>Event Room Food</u>
Contributor address; City; State; Zip Code <u>6327 Spencer Pasadena Tx 77505</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>EVENT CENTER</u>		Employer (FOR NON-JUDICIAL)(See Instructions) <u>ARM Properties</u>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<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>			

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: 9	2 FILER NAME Thomas Schoenbein	3 Filer ID (Ethics Commission Filers)
4 Date 7/17/24	5 Payee name Go Daddy	
6 Amount (\$) \$102.21	7 Payee address; City; State; Zip Code Go Daddy.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website
	(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 7/22/24	Payee name Tommys Steakhouse	
Amount (\$) \$101.73	Payee address; City; State; Zip Code 2555 Bay Area Blvd Houston TX 77508	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description Meeting
	<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 7/24/24	Payee name Buttonworks.com	
Amount (\$) -2.35 ⁰⁰	Payee address; City; State; Zip Code 721 Del Paso Rd Sacramento CA 95834	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Buttons
	<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 | 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: <i>9</i>	2 FILER NAME <i>Thomas Schoenbein</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/24/24</i>	5 Payee name <i>Pappas BBQ Houston Tx</i>	
6 Amount (\$) <i>\$54.27</i>	7 Payee address; City; State; Zip Code <i>5824 Spencer Hwy Pasadena Tx 77505</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Beverage</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>7/29/24</i>	Payee name <i>HEB</i>	
Amount (\$) <i>\$58.86</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>Food/Beverage</i>	Description <i>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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>8/05/24</i>	Payee name <i>Shipley Donuts</i>	
Amount (\$) <i>\$77.06</i>	Payee address; City; State; Zip Code <i>3933 Spencer Hwy Pasadena Tx 77504</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage</i>	Description <i>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 <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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9	2 FILER NAME Thomas Schoenbaum	3 Filer ID (Ethics Commission Filers)
4 Date 8/12/24	5 Payee name Pappa Yolks Grill	
6 Amount (\$) \$ -588.89	7 Payee address; City; State; Zip Code 5824 Spencer Hwy PASADENA TX 77504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event	(b) Description Meet & Greet
	(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 8/28/24	Payee name CANVA
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Amount (\$) \$ -240	Payee address; City; State; Zip Code CANVA.com Website
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description social media
	(c) <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 9/23/24	Payee name Imprint
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Amount (\$) \$ -393.52	Payee address; City; State; Zip Code 14550 Beechnut St. Imprint.com Houston TX 77083
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description CAMPAIGN MATERIALS
	(c) <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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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: <i>9</i>	2 FILER NAME <i>Thomas Schoerbein</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/27/24</i>	5 Payee name <i>Apollo Signs</i>	
6 Amount (\$) <i>\$-475²²</i>	7 Payee address; <i>5222 CYPRESS ST</i>	City; State; Zip Code <i>Pasadena TX 77503</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>CAMPAIGN SIGNS</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>10/3/24</i>	Payee name <i>Ivan Escoto</i>	City; State; Zip Code
Amount (\$) <i>\$-886²³</i>	Payee address; <i>4181 Mottling</i>	<i>Spencer TX 77372</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead</i>	Description <i>office MAINTANCE REPAIRS</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>10/7/24</i>	Payee name <i>Office Depot</i>	City; State; Zip Code
Amount (\$) <i>\$-876⁷</i>	Payee address; <i>3931 Fairway Plaza</i>	<i>PASADENA TX 77505</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead</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

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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 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>9</i>	2 FILER NAME <i>Thomas Schwenwein</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/10/24</i>	5 Payee name <i>Kroger</i>	
6 Amount (\$) <i>\$ 7141</i>	7 Payee address; City; State; Zip Code <i>2610 RED Bluff PASADENA TX 77506</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description <i>FUNDRAISING EVENT</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		
Date <i>10/10/24</i>	Payee name <i>Jack Bush</i>	
Amount (\$) <i>\$ -2500⁰⁰</i>	Payee address; City; State; Zip Code <i>6110 Riverchase Glen Kingwood TX 77345</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>FUNDRAISING</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		
Date <i>10/25/24</i>	Payee name <i>B&S Movers</i>	
Amount (\$) <i>\$ -555⁰⁰</i>	Payee address; City; State; Zip Code <i>4830 RED Bluff PASADENA TX 77503</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>office overhead</i>	Description <i>office furniture for HQ</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

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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: <i>9</i>	2 FILER NAME <i>Thomas Schoenbein</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/8/24</i>	5 Payee name <i>City of Pasadena</i>	
6 Amount (\$) <i>\$-156⁰²</i>	7 Payee address; City; State; Zip Code <i>1149 Ellsworth Drive Pasadena Tx 77505</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office overhead</i>	(b) Description <i>CAMPAIGN HQ Permit</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>10/9/24</i>	Payee name <i>Party City</i>	
Amount (\$) <i>\$-162³⁴</i>	Payee address; City; State; Zip Code <i>4585 E Sam Houston Pkwy Pasadena Tx 77505</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>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 <i>10/9/24</i>	Payee name <i>Sign Pro</i>	
Amount (\$) <i>\$-224⁹⁹</i>	Payee address; City; State; Zip Code <i>4909 W Pasadena Blvd #B Deer Park Tx 77536</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</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

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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: <u>9</u>	2 FILER NAME <u>Thomas Schoenlein</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>10/30/24</u>	5 Payee name <u>Walmart</u>	
6 Amount (\$) <u>\$280⁰¹</u>	7 Payee address; <u>5200 Fairmont Pkwy</u>	City; State; Zip Code <u>PASADENA TX 77505</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food Expense</u>	(b) Description <u>Meet & Greet</u>
	(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 <u>11/1/24</u>	Payee name <u>Sign Plus</u>	
Amount (\$) <u>\$1,244⁸⁸</u>	Payee address; <u>4909 W PASADENA BLVD # B Dege Park TX</u>	City; State; Zip Code <u>77536</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>BANNERS / SIGNS</u>
	<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 <u>11/4/24</u>	Payee name <u>Office Depot</u>	
Amount (\$) <u>\$365⁸³</u>	Payee address; <u>3931 FAIRWAY PLAZA PASADENA TX</u>	City; State; Zip Code <u>77505</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>office overhead</u>	Description <u>office Supplies / printer</u>
	<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: 9	2 FILER NAME Thomas Schoenlein	3 Filer ID (Ethics Commission Filers)
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4 Date 11/8/24	5 Payee name GEXA ENERGY
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6 Amount (\$) \$-5246	7 Payee address; City; State; Zip Code GEXA ENERGY.COM
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Electric Bill HQ
	(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
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Date 11/14/24	Payee name Go Safe
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Amount (\$) \$-53723	Payee address; City; State; Zip Code 4200 UNDERWOOD DEER PARK TX 77536
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description CAMPAIGN T SHIRTS
	<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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Date 12/11/24	Payee name AT&T
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Amount (\$) -\$11828	Payee address; City; State; Zip Code AT&T.COM Houston TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Internet
	<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: <i>9</i>	2 FILER NAME <i>Thomas Schoenbein</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/17/24</i>	5 Payee name <i>GoXA ENERGY</i>	
6 Amount (\$) <i>\$ - 116.08</i>	7 Payee address; City; State; Zip Code <i>GoXA ENERGY, COM</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office overhead</i>	(b) Description <i>Electricity for HQ</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>12/18/24</i>	Payee name <i>SAN JACINTO CONSERVATION</i>	
Amount (\$) <i>\$ - 130.00</i>	Payee address; City; State; Zip Code <i>405 WATER PASADENA TX 77506</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>FUNDRAISER</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>1/02/25</i>	Payee name <i>PASADENA CHAMBER OF COMMERCE</i>	
Amount (\$) <i>- \$ 250.00</i>	Payee address; City; State; Zip Code <i>4334 FAIRMOUNT PASADENA TX 77504</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FEE</i>	Description <i>PASADENA Chamber Membership</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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