

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

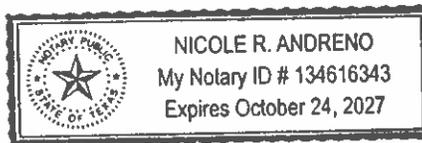
15 C/OH NAME Thomas Schoenbein		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 63,251.77
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 122.40
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,310.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 63,568.13
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 12th day of January, 2026, 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 Thomas Schoenbein		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 63,251.77
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	\$ 9,310.14
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: 10
2 FILER NAME Thomas Schoenbein		3 Filer ID (Ethics Commission Filers)
4 Date 10/1/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melanie Dow 6 Contributor address; City: State; Zip Code [REDACTED] Pasadena, TX 77503	7 Amount of contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Dow Fence Company
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ovidio Alanis Contributor address; City: State; Zip Code [REDACTED] Fulshear, TX 77406	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Engineering Technician		Employer (See Instructions) Applied Materials
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Santiago Castaneda Contributor address; City: State; Zip Code [REDACTED] Kingwood, TX 77339	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Omega Engineers
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry Janak Contributor address; City: State; Zip Code [REDACTED] Houston, TX 77094	Amount of contribution (\$) \$7,500.00
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) IDCUS
<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: 10
2 FILER NAME Thomas Schoenbein		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Sparks	7 Amount of contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code [REDACTED] Katy, TX 77449		
8 Principal occupation / Job title (See Instructions) Senior Principal		9 Employer (See Instructions) Brooks and Sparks
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne Webb	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77059		
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Stellar Bank
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharat Venkata Hari Kalaga	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77042		
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) Civitas Engineering Group
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapnik Khan	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code PO Box 420611, Houston, TX 77242		
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Civitas Engineering Group
<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

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Thomas Schoenbein		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sunil Kommineni	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code [REDACTED], Pearland, TX 77584		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Civitas Engineering Group
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terri Clifton Russell	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77070		
Principal occupation / Job title (See Instructions) President and Managing Partner		Better World Properties
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jess Brooks	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code PO Box 946, South Houston, TX 77597		
Principal occupation / Job title (See Instructions) Owner		Brooks Concrete
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kippy Caraway	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77059		
Principal occupation / Job title (See Instructions) Consultant		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: 10
2 FILER NAME Thomas Schoenbein		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Danny Steffenauer	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code [REDACTED] Pasadena, TX 77504		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shelley Fuller	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code [REDACTED] Pasadena, TX 77505		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Project Joy & Hope
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larry Cersonek	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code [REDACTED] Deer Park, TX 77536		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Cersonek Wrecker Service
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cindy Clifford	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77019		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Clifford Group
<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: 10
2 FILER NAME Thomas Schoenbein		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haitham Baqdound	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77034	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Founder and Director		Project Joy & Hope
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. Janice Wheeler	Amount of contribution (\$) \$150.00
	Contributor address; City; State; Zip Code [REDACTED], Deer Park, TX 77536	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Owner		Eady Wrecker Service
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) M.E. Eady	Amount of contribution (\$) \$125.00
	Contributor address; City; State; Zip Code [REDACTED] Pasadena, TX 77505	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
CEO		Binkley & Barfield / DCCM
Date 1/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Binkley	Amount of contribution (\$) \$1,875.00
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77042	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
CEO		Binkley & Barfield / DCCM

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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: 10
2 FILER NAME Thomas Schoenbein		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youssef A. Laham <hr/> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> Katy, TX 77494	7 Amount of contribution (\$) \$1,875.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Binkley & Barfield / DCCM
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Hamilton <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> , Houston, TX 77024	Amount of contribution (\$) \$1,875.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instruction) Binkley & Barfield / DCCM
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll Smith <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> Pasadena, TX 77503	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Monument Chevrolet
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leroy Stanley <hr/> Contributor address; City; State; Zip Code PO Box 348, Pasadena, TX 77501	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Thomas Schoenbein		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edminster, Hinshaw, Russ & Assoc. Engineering PAC	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code [REDACTED], Houston, TX 77042		
8 Principal occupation / Job title (See Instructions) President & CEO		9 Employer (See Instructions) EHRA Engineering PAC
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisam Ghuneim	Amount of contribution (\$) \$1,941.71
Contributor address; City; State; Zip Code [REDACTED], Pasadena, TX 77505		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ghuneim Law Firm
Date 10/3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Dutton	Amount of contribution (\$) \$485.06
Contributor address; City; State; Zip Code [REDACTED], Pasadena, TX 77506		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Du-West Services
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Monte Orahod	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code [REDACTED], Pasadena, TX 77505		
Principal occupation / Job title (See Instructions) Physician		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: 10
2 FILER NAME Thomas Schoenbein		3 Filer ID (Ethics Commission Filers)
4 Date 10/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark McGuire	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code [REDACTED], Pasadena, TX 77505		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) A01 Roofing & Construction
Date 10/3/25	Full name of contribution <input type="checkbox"/> out-of-state PAC (ID# _____) Karun Sreerama	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED], Houston, TX 77042		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Agility Engineering & Management
Date 10/3/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephen Sparks	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code [REDACTED], Houston, TX 77042		
Principal occupation / Job title (See Instructions) Regional Manager		Employer (See Instructions) HR Green
Date 9/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Telfryn John	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code [REDACTED], Houston, TX 77008		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Geoscience Engineering
<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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2 FILER NAME Thomas Schoenbein		3 Filer ID (Ethics Commission Filers)
4 Date 10/6/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP 6 Contributor address; City; State; Zip Code PO Box 17428, Austin, TX 78760	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Attorneys at Law		9 Employer (See Instructions) Linebarger Goggan Blair & Sampson
Date 10/8/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston ILA Dock & Marine Council PAC Contributor address; City; State; Zip Code [REDACTED] Webster, TX 77596	Amount of contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions) Houston ILA Dock & Marine Council
Date 10/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Quinlan Contributor address; City; State; Zip Code [REDACTED] Katy, TX 77494	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) 2015 Shopping Mall Business LLC
Date 10/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Quinlan Contributor address; City; State; Zip Code [REDACTED] Katy, TX 77494	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Pasadena Mall 2M LLC
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: 10
2 FILER NAME Thomas Schoenbein		3 Filer ID (Ethics Commission Filers)
4 Date 10/24/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Barfield	7 Amount of contribution (\$) \$1,875.00
6 Contributor address; City; State; Zip Code [REDACTED] Cypress, TX 77433		
8 Principal occupation / Job title (See Instructions) President & Chairmand of the Board		9 Employer (See Instructions) Binkley & Barfield /DCCM
Date 11/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Phelps	Amount of contribution (\$) \$750.00
Contributor address; City; State; Zip Code [REDACTED] Pasadena, TX 77505		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/12/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trepac Texas Realtors PAC	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code PO Box 2246, Austin, TX 78766		
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions) Trepac Texas Realtors PAC
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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Thomas Schoenbein	3 Filer ID (Ethics Commission Filers)
4 Date 7/15/25	5 Payee name Go Daddy	
6 Amount (\$) \$102.21	7 Payee address; City; State; Zip Code godaddy.com <input type="checkbox"/> Check if individual's residence address.	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/8/25	Payee name AT&T	
Amount (\$) \$124.38	Payee address; City; State; Zip Code att.com <input type="checkbox"/> Check if individual's residence address.	
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
Date 8/15/25	Payee name Vista Print	
Amount (\$) \$117.97	Payee address; City; State; Zip Code vistaprint.com <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Thomas Schoenbein	3 Filer ID (Ethics Commission Filers)
4 Date 10/1/25	5 Payee name Dolan J. Dow Campaign	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 3810 River Oaks Dr, Pasadena, TX 77505 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description Campaign Contribution
	(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 10/1/25	Payee name Briscoe Cain for Congress	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 7, Deer Park, TX 77536 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Campaign Contribution
	<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 10/20/25	Payee name Best Buy	
Amount (\$) \$3,866.74	Payee address; City; State; Zip Code 5692 Fairmont Parkway, Pasadena, TX 77505 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Computers
	<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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Thomas Schoenbein	3 Filer ID (Ethics Commission Filers)
4 Date 10/28/25	5 Payee name Project Joy and Hope	
6 Amount (\$) \$2,750 .00	7 Payee address; City; State; Zip Code 3209 Tulip Street, Pasadena, TX 77504 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Project Joy & Hope Sponsorship
	<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 11/7/25	Payee name Briscoe Cain for Congress	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 7, Deer Park, TX 77536 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Campaign Contribution
	<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 1/9/26	Payee name Johnny Tamale Cantina	
Amount (\$) \$98.84	Payee address; City; State; Zip Code 4647 E.Sam Houston Pkwy S, Pasadena, TX 77505 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Expense	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 <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