

# 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: <b>9</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Mr. <b>David</b>	MI L	<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered or Date Postmarked <b>01/14/26 KOT</b>		
	NICKNAME	LAST David	SUFFIX JR			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE 3006 San Marcos Rockwall TX 75032	
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( 817 )	PHONE NUMBER 913-0036	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ms. <b>Jennifer</b>	MI E.	Receipt # <b>01/14/26</b> Amount \$  Date Processed <b>01/14/26</b> Date Imaged <b>01/14/26</b>		
	NICKNAME	LAST Jennifer	SUFFIX Jeffus			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 120 Pleasant Hill			CITY; Fate	STATE; TX ZIP CODE 75189	
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 214 )	PHONE NUMBER 725-0381	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 12	Day 01	Year / 2025	Month / 2025	Day 31	Year / 2025
11 ELECTION	ELECTION DATE Month Day Year 05 / 02 / 2026		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)			13 OFFICE SOUGHT (if known) City Council Place 6		
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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		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	David L. Schoen Jr.	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)	\$ 3,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 5816.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2601.64
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS		

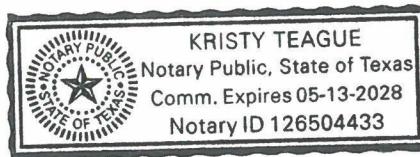
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by DAVID L. SCHOEN this the 14th day of JANUARY.

20 26, to certify which, witness my hand and seal of office.

Kristy Teague  
Signature of officer administering oath

Kristy Teague  
Printed name of officer administering oath

NOTARY PUBLIC  
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**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
David L. Schoen Jr.	
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,500.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ .00
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ .00
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ .00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ .00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ .00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ .00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 5714.68
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ .00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ .00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ .00

# 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: 1
2 FILER NAME David Schoen		3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2025	5 Full name of contributor Cynthia K Bachman 6 Contributor address; 3001 San Marcos Dr. Rockwall TX 75032	7 Amount of contribution (\$) \$2500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date	Full name of contributor □ 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 □ 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 □ 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: 1	
2 FILER NAME David Schoen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 500.00	
5 Date 12/15/2025	6 Full name of contributor Kelly Folds	7 Contributor address; 9113 Doral Ct.	8 Amount of Contribution \$ \$500 9 In-kind contribution description Headshots <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self employed	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
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)			

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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 <input type="checkbox"/> Total pages Schedule G:	2 FILER NAME	David Schoen	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	GoDaddy.com	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$67.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	100 South Mill Ave. Ste. 1600	Tempe	AZ 85281
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Digital Marketing Services	Domain Registration	
(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
	David Schoen	City Council Place 6	
Date	Payee name		
12/15/2025	QBall Designs		
Amount (\$)	Payee address;	City;	State; Zip Code
\$541.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	102 North Tyler Street	Rockwall	TX 75087
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Campaign Logo	
<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
	David Schoen	City Council Place 6	
Date	Payee name		
12/15/2025	Post Net		
Amount (\$)	Payee address;	City;	State; Zip Code
\$210.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	2931 Ridge Rd. #101	Rockwall	TX 75032
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Office Overhead/Rental Expense	PO Box rental	
<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
	David Schoen	City Council Place 6	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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 <b>4</b> Total pages Schedule G:	2 <b>FILER NAME</b> David Schoen	3 <b>Filer ID (Ethics Commission Filers)</b>	
4 <b>Date</b> 12/15/2025	5 <b>Payee name</b> Rockwall County GOP		
6 <b>Amount (\$)</b>  \$4,145.20 <small>Reimbursement from political contributions intended</small>	7 <b>Payee address;</b>  112 Kenway St.	City; State; Zip Code  Rockwall TX 75087	
<b>PURPOSE OF EXPENDITURE</b>	(a) <b>Category</b> (See Categories listed at the top of this schedule)  Advertising Expense	(b) <b>Description</b>  Lincoln-Reagan Day Sponsorship	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 <b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> David Schoen	<b>Office sought</b> City Council Place 6	<b>Office held</b>
<b>Date</b> 12/15/2025	<b>Payee name</b> Godaddy.com		
<b>Amount (\$)</b>  \$191.75 <small>Reimbursement from political contributions intended</small>	<b>Payee address;</b>  100 South Mill Ave. St. 1600	City; State; Zip Code  Tempe AZ 85281	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  Advertising	<b>Description</b>  Campaign Website	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> David Schoen	<b>Office sought</b> City Council Place 6	<b>Office held</b>
<b>Date</b> 12/15/2025	<b>Payee name</b> Smoke Monkey BBQ		
<b>Amount (\$)</b>  \$101.28 <small>Reimbursement from political contributions intended</small>	<b>Payee address;</b>  11139 South St. Hwy. 205	City; State; Zip Code  Rockwall TX 75032	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  Food/Beverage Expense	<b>Description</b>  Campaign Dinner	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	<b>Candidate / Officeholder name</b> David Schoen	<b>Office sought</b> City Council Place 6	<b>Office held</b>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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 <b>4</b> Total pages Schedule G:	2 <b>FILER NAME</b> David Schoen	3 <b>Filer ID (Ethics Commission Filers)</b>
4 <b>Date</b> 12/17/2025	5 <b>Payee name</b> Google	
6 <b>Amount (\$)</b>  \$106.59 <small>Reimbursement from political contributions intended</small>	7 <b>Payee address;</b>  1600 Amphitheater Pkwy.	<b>City;</b> Mountain View <b>State;</b> CA <b>Zip Code</b> 94043
<b>PURPOSE OF EXPENDITURE</b>	(a) <b>Category (See Categories listed at the top of this schedule)</b> Office Overhead/Rental Expense	(b) <b>Description</b> Google Drive Space
	(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	<b>Candidate / Officeholder name</b> David Schoen	<b>Office sought</b> City Council Place 6 <b>Office held</b>
<b>Date</b> 12/15/2025	<b>Payee name</b> Godaddy.com	
<b>Amount (\$)</b>  \$25.58 <small>Reimbursement from political contributions intended</small>	<b>Payee address;</b>  100 South Mill Ave. St. 1600	<b>City;</b> Tempe <b>State;</b> AZ <b>Zip Code</b> 85281
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Advertising	<b>Description</b> Treasurer Email Address
	<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	<b>Candidate / Officeholder name</b> David Schoen	<b>Office sought</b> City Council Place 6 <b>Office held</b>
<b>Date</b> 12/18/2025	<b>Payee name</b> Signs.com	
<b>Amount (\$)</b>  \$223.51 <small>Reimbursement from political contributions intended</small>	<b>Payee address;</b>  1550 South Gladiola St.	<b>City;</b> Salt Lake City <b>State;</b> UT <b>Zip Code</b> 84104
<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b> Advertising Expense	<b>Description</b> Campaign Logo Flag
	<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	<b>Candidate / Officeholder name</b> David Schoen	<b>Office sought</b> City Council Place 6 <b>Office held</b>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$23.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	1111 East Yellowjacket Ste. 100	Rockwall TX 75087
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Legal Services	Assumed Name
(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
	David Schoen	Office held
	City Council Place 6	
Date	Payee name	
12/19/2025	Godaddy.com	
Amount (\$)	Payee address;	City; State; Zip Code
\$79.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	100 South Mill Ave. St. 1600	Tempe AZ 85281
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead	Point of Sale Reader
<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
	David Schoen	Office held
	City Council Place 6	
Date	Payee name	
12/19/2025	David Schoen for Rockwall	
Amount (\$)	Payee address;	City; State; Zip Code
\$102.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	2931 Ridge Rd. St. 101-225	Rockwall TX 75032
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Accounting/Banking	Money to open campaign checking acct.
<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
	David Schoen	Office held
	City Council Place 6	

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