

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u>	FIRST KENNETH	MI
	NICKNAME	LAST SCHOEN	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	115 Leighton TERRELL, TEXAS 75160		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(972)	524-8014	
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR	FIRST	MI
	NICKNAME	LAST Judy SCHOEN	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	115 Leighton Terrell, Texas 75160		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(972)	524-8014	
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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07 / 15 / 2006		01 / 15 / 2008
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
	03 / 14 / 2008		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	County Commissioner Pct 3		County Commissioner Pct
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

OFFICE USE ONLY

Date Received

BY: **RS**

2008 JAN 15 1 P 1:53

LAURA L. HUGHES
COUNTY CLERK

FILED FOR RECORDS
KAUFMAN CO. TEXAS

Date Hand Delivered or Date Forwarded

Receipt #

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

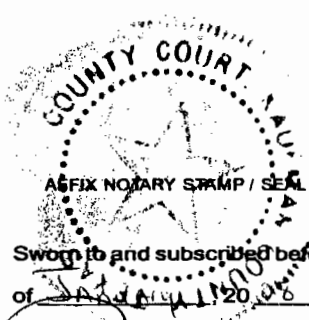
15 C/OH NAME <i>Kenneth Schoen</i>	16 ACCOUNT # (Ethics Commission files)
----------------------------------------------	-----------------------------------------------

17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS		

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2603.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6910.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 2926.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6537.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 AFFIDAVIT

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.



AFIX NOTARY STAMP / SEAL ABOVE

Kenneth Schoen
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kenneth Schoen, this the 15 day of January, 2008, to certify which, witness my hand and seal of office.

Pam Singleton
Signature of officer administering oath

Pam Singleton
Printed name of officer administering oath

Deputy Clerk
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>1 of 8</i>	
2 FILER NAME <i>KENNETH SCHOEN</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/10/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dale + Judy Ham</i>	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>11939 CR 309 Terrell, Texas 75160</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) <i>Self</i>	
Date <i>10/11/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill & Kathy Baker</i>	Amount of contribution (\$) <i>\$200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>318 RASH Lane Terrell, Texas 75160</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/28/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SAM & JANIE Paistop</i>	Amount of contribution (\$) <i>\$100⁰⁰ xx</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. 1915 Terrell, Texas 75160</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>retired</i>	
Date <i>10/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David & Beth Dearing</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1922 Shari Lane Garland, Texas 75043</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>self-employed</i>	
Date <i>10/26/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth + Winnie Moody</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>25138 FM 429 Terrell, Texas 75160</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>self-employed / Amici-retired</i>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 8

2 FILER NAME

KENNETH SCHOEN

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/23/07

5 Full name of contributor out-of-state PAC (ID#: _____)

DR. STEVE + Lisa Byrd

6 Contributor address; City; State; Zip Code

10074 County Rd 357
Terrell, TEXAS 75161

7 Amount of contribution (\$)

\$ 250⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Pedi Surgeon / nurse

10 Employer (See Instructions)

CMC / ~~CMC~~ CMC

Date

10/23/07

Full name of contributor out-of-state PAC (ID#: _____)

Mike Cronin

Contributor address; City; State; Zip Code

311 Laurel Trail
Terrell, TEXAS 75160

Amount of contribution (\$)

\$ 100⁰⁰
XX

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

retired

Date

10/23/07

Full name of contributor out-of-state PAC (ID#: _____)

Senator Bob Derell

Contributor address; City; State; Zip Code

P.O. Box 8609
Greenville, Texas 75404

Amount of contribution (\$)

\$ 250⁰⁰
XX

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

State Senator / M.D.

Date

10/24/07

Full name of contributor out-of-state PAC (ID#: _____)

K. L. Breedem

Contributor address; City; State; Zip Code

P.O. Box 355
Terrell, Texas 75160

Amount of contribution (\$)

\$ 150⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

retired

Date

10/24/07

Full name of contributor out-of-state PAC (ID#: _____)

Wynne + Kiddy Breedem

Contributor address; City; State; Zip Code

13831 FM 1392
Terrell, Texas 75160

Amount of contribution (\$)

\$ 150⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self-employed

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>3 of 8</i>	
2 FILER NAME <i>Kenneth Schoen</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/08/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kenneth + Brenda Duckworth</i>	7 Amount of contribution (\$) <i>\$100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8500 County Rd 313 Terrell, Texas 75161</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) <i>retired</i>	
Date <i>11/01/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Gene + Betty Glaeser</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 1255 Terrell, Texas 75160</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>preacher</i>		Employer (See Instructions) <i>Church of Christ</i>	
Date <i>11/01/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ken hane</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10420 CR 356 Terrell, Texas 75161</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Bank President</i>		Employer (See Instructions) <i>American National</i>	
Date <i>11/01/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Don + La Donna Thurman</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1103 Griffith Terrell, Texas 75160</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>retired</i>	
Date <i>11/01/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ron + Betty Brown</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5999 E. U.S. Hwy 80 Terrell, Texas 75161</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>State Rep</i>		Employer (See Instructions) <i>State of Texas / retired</i>	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>4 of 8</i>	
2 FILER NAME <i>Kenneth Schorn</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>10/24/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID + KRISTEN</i>	7 Amount of contribution (\$) <i>\$150⁰⁰ x x</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>217 Surray Lane Sunnyvale, Texas 75182</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) <i>Retired / self-employed</i>	
Date <i>10/01/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg & Suzanne Shumpert</i>	Amount of contribution (\$) <i>\$200⁰⁰ x x</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>302 West NASH Terrell, TEXAS 75160</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Attorneys / self-employed</i>	
Date <i>11/01/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Harry & Jessie Weaver</i>	Amount of contribution (\$) <i>\$150⁰⁰ x x</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9126 Co Rd 310 Terrell, TEXAS 75161</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>City of Dallas</i>	
Date <i>11/01/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bobby & Jackie Thomas</i>	Amount of contribution (\$) <i>\$200⁰⁰ x x</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11730 Co Rd 309 Terrell, Texas 75161</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>retired</i>	
Date <i>11/01/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. & Mrs. Bruce Wood</i>	Amount of contribution (\$) <i>\$100⁰⁰ x x</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>314 Laurel Hill Dr. Terrell, TEXAS 75160</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) City of Dallas attorney		Employer (See Instructions) attorney City of Dallas <i>Self-employed</i>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>5 of 8</i>	
2 FILER NAME <i>Kenneth Schoer</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/01/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Don Tipton</i>	7 Amount of contribution (\$) <i>\$ 300</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6925 FM 2515 Kaufman, Texas 75142</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) <i>retired</i>	
Date <i>11/01/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Riter Hulsey</i>	Amount of contribution (\$) <i>\$ 250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>510 Ninth Street TERRELL, TEXAS 75160</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions) <i>American Nat'l Bank</i>	
Date <i>11/01/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jim Range</i>	Amount of contribution (\$) <i>\$ 100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>703 Estate Cr Rockwell, Texas 75107</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>loan officer</i>		Employer (See Instructions) <i>First State Bank</i>	
Date <i>11/01/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Range <i>David hindsey</i>	Amount of contribution (\$) <i>\$ 100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 703 Estate Cr <i>2490 West Moore Ave Terrell, Texas 75160</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>loan officer</i>		Employer (See Instructions) <i>First State Bank - Mesquite</i>	
Date <i>11/01/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jim hindsey</i>	Amount of contribution (\$) <i>\$ 100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>917 Military Parkway Mesquite, Texas 75149</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Bank President</i>		Employer (See Instructions) <i>First State Bank - Mesquite</i>	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>6 of 8</i>	
2 FILER NAME <i>Kenneth Schoen</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/01/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MIKE + Margie Killgo</i>	7 Amount of contribution (\$) <i>\$200</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>117 Gant St. Terrell, Texas 75160</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Salesman</i>		10 Employer (See Instructions)	
Date <i>11/01/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kevin Anderson</i>	Amount of contribution (\$) <i>\$60</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11355 CR 377 Terrell, Texas 75161</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Equipment operator</i>		Employer (See Instructions) <i>Kaufman Co.</i>	
Date <i>11/15/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mr. + Mrs. Les McFarlin</i>	Amount of contribution (\$) <i>\$200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1136 County Rd 319 Terrell, Texas 75161</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/03/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mr. + Mrs. Peter Esposito</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>16190 Ranchette Rd Terrell, Texas 75161</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/05/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Keith Bell</i>	Amount of contribution (\$) <i>\$250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. 1886 Forney, Texas 75126</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Contractor</i>		Employer (See Instructions) <i>Self-employed</i>	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

7 of 8

2 FILER NAME

Kenneth SCHOEN

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/01/07

5 Full name of contributor out-of-state PAC (ID# _____)

Linda Tygett

6 Contributor address; City; State; Zip Code

505 Pacific Ave.
Terrell, Texas 75160

7 Amount of contribution (\$)

\$150

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

School Nurse

10 Employer (See Instructions)

TI SD

Date

11/01/07

Full name of contributor out-of-state PAC (ID# _____)

Tricia Smith

Contributor address; City; State; Zip Code

P.O. Box 842
Terrell, Texas 75160

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

retired

Date

11/01/07

Full name of contributor out-of-state PAC (ID# _____)

Bill + Candy Slocum

Contributor address; City; State; Zip Code

8688 CR 313
Terrell, Texas 75161

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

retired

Date

11/01/07

Full name of contributor out-of-state PAC (ID# _____)

DRs. James + Jenny Smith

Contributor address; City; State; Zip Code

12155 FM 2728
Terrell, Texas 75161

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

retired

Date

11/01/07

Full name of contributor out-of-state PAC (ID# _____)

Travis + Donna Stodghill

Contributor address; City; State; Zip Code

21418 County Rd 331
Devinon, Texas 75474

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

assist Principal

Employer (See Instructions)

KISD

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8 of 8	
2 FILER NAME <i>Kenneth Schoen</i>		3 ACCOUNT# (Ethics Commission filers)	
4 Date <i>12/03/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mr. + Mrs. Blain Miller</i>	7 Amount of contribution (\$) <i>\$100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>117 Keighton Terrell, Texas 75160</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12/03/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mr + Mrs. Wylie Musser</i>	Amount of contribution (\$) <i>\$200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 630 Terrell, Texas 75160</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Self-employed</i>		Employer (See Instructions) <i>Musser Motor</i>	
Date <i>10/15/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John & Lori Cook</i>	Amount of contribution (\$) <i>\$70.00</i>	In-kind contribution description (if applicable) <i>CARDS & envelopes for event</i>
Contributor address; City; State; Zip Code <i>8322 Karen Lane Terrell, Texas 75160</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Volunteers</i>		Employer (See Instructions) <i>retired</i>	
Date <i>12/03/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Wesley + Glenda Killion</i>	Amount of contribution (\$) <i>\$200</i>	In-kind contribution description (if applicable) <i>use of facility for event</i>
Contributor address; City; State; Zip Code <i>14846 FM Rd 986 Terrell, Texas 75160</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>retired</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>17 #5</i>
2 FILER NAME <i>Kenneth Schoen</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/17/07</i>	5 Payee name <i>Terrell Post office</i>	7 Amount (\$) <i>41.00</i>
6 Payee address; City; State; Zip Code <i>200 N. Francis Terrell, TEXAS 75160</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>for mail outs + imitations</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>Kenneth Schoen</i> Office sought: <i>Commissioner</i> Office held: <i>Pct 3</i>
Date <i>10/31/07</i>	Payee name <i>Wal-Mart</i>	Amount (\$) <i>\$6.97</i>
Payee address; City; State; Zip Code <i>1900 West Moore Terrell, Texas 75160</i>		
Purpose of payment (See instructions regarding type of information required.) <i>copier paper</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>Kenneth Schoen</i> Office sought: <i>Comm</i> Office held: <i>Pct 3</i>
Date <i>10/27/07</i>	Payee name <i>Sam's Club</i>	Amount (\$) <i>79.86</i>
Payee address; City; State; Zip Code <i>555 North Buckner Ave Dallas, Texas 75228</i>		
Purpose of payment (See instructions regarding type of information required.) <i>supplies, paper plates, food for fund raiser</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>Kenneth Schoen</i> Office sought: <i>Comm</i> Office held: <i>Pct 3</i>
Date <i>11/01/07</i>	Payee name <i>Brookshire's Grocery</i>	Amount (\$) <i>35.99</i>
Payee address; City; State; Zip Code <i>1400 West Moore Terrell, TEXAS 75160</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Vegetable tray for fund raiser</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>Kenneth Schoen</i> Office sought: <i>Comm</i> Office held: <i>Pct 3</i>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

28 ~~5~~

2 FILER NAME

Kenneth Schoen

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10/31/07

Paper Factory

6 Payee address; City; State; Zip Code

*301 Tanger Drive
Terrell, Texas 75160*

32.26

8 Purpose of payment (See instructions regarding type of information required.)

Paper Goods for event

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Kenneth Schoen

*Comm
Pet 3*

Date

Payee name

Amount (\$)

10/01/07

KOFFEE CAKE

Payee address; City; State; Zip Code

*201 N. Rockwall
Terrell, Texas 75160*

227.05

Purpose of payment (See instructions regarding type of information required.)

*Foods for event - fundraiser
Sandwiches*
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Kenneth Schoen

*Comm
Pet 3*

Date

Payee name

Amount (\$)

11/13/07

Anchor Printing

Payee address; City; State; Zip Code

*509. South St.
Terrell, Texas 75160*

114.07

Purpose of payment (See instructions regarding type of information required.)

*Cards for invitation
to fund raiser*
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Kenneth Schoen

*Comm
Pet 3*

Date

Payee name

Amount (\$)

11/14/07

Terrell Post office

Payee address; City; State; Zip Code

*200 N. Francis
Terrell, Texas 75160*

93.00

Purpose of payment (See instructions regarding type of information required.)

Stamps
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Kenneth Schoen

*Comm
Pet 3*

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3 of 5

2 FILER NAME

Kenneth Schoen

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

12/01/07

Sam's Club

6 Payee address; City; State; Zip Code

*5555 Buckner Ave.
Dallas, TEXAS 75160*

172.36

8 Purpose of payment (See instructions regarding type of information required.)
For Supplies - food, condiments, drinks, napkins for Fund raiser
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Kenneth Schoen

*Comm
Pct 3*

Date

Payee name

Amount (\$)

12/02/07

Wal-Mart

Payee address; City; State; Zip Code

*1900 West Moore
Terrell, Texas 75160*

22.23

Purpose of payment (See instructions regarding type of information required.)
Supplies for fund raiser
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Kenneth Schoen

*Comm
Pct 3*

Date

Payee name

Amount (\$)

12/07/07

ANCHOR Printing

Payee address; City; State; Zip Code

*509 S. Virginia St.
Terrell, Texas 75160*

290.42

Purpose of payment (See instructions regarding type of information required.)
Campaign cards
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Kenneth Schoen

*Comm
Pct 3*

Date

Payee name

Amount (\$)

12/14/07

ANCHOR Printing

Payee address; City; State; Zip Code

*509 S. Virginia St.
Terrell, Texas 75160*

59.45

Purpose of payment (See instructions regarding type of information required.)
Pocket Cards
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Kenneth Schoen

*Comm
Pct 3*

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>4 of 5</i>
2 FILER NAME <i>Kenneth Schoen</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>12/03/07</i>	5 Payee name <i>Pop's Checkers</i> 6 Payee address; City; State; Zip Code <i>701 E. Moore Terrell, Texas 75160</i>	7 Amount (\$) <i>19.07</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>Potato Salad for fund raiser</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>Kenneth Schoen</i> Office sought: _____ Office held: <i>Comm Pct 3</i>
Date <i>12/10/07</i>	Payee name <i>Creative Signworks</i> Payee address; City; State; Zip Code <i>1168 Bryan Rd Kaufman, Texas 75142</i>	Amount (\$) <i>1,472.50</i>
Purpose of payment (See instructions regarding type of information required.) <i>Signs</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>Kenneth Schoen</i> Office sought: _____ Office held: <i>Comm Pct 3</i>
Date <i>12/29/07</i>	Payee name <i>Creative Signworks</i> Payee address; City; State; Zip Code <i>1168 Bryan Rd Kaufman, Texas 75142</i>	Amount (\$) <i>245.50</i>
Purpose of payment (See instructions regarding type of information required.) <i>Signs</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>Kenneth Schoen</i> Office sought: _____ Office held: <i>Comm Pct 3</i>
Date <i>11/11/08</i>	Payee name <i>Anchor Printing</i> Payee address; City; State; Zip Code <i>509 S. Virginia St Terrell, Texas 75160</i>	Amount (\$) <i>104.48</i>
Purpose of payment (See instructions regarding type of information required.) <i>Door Hangers</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <i>Kenneth Schoen</i> Office sought: _____ Office held: <i>Comm Pct 3</i>
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5 of 5

2 FILER NAME

Kenneth Schoen

3 ACCOUNT # (Ethics Commission filers)

4 Date

01-12-08

5 Payee name

Koffee Kave

7 Amount (\$)

49.50

6 Payee address; City, State; Zip Code

201 North Rockwell
Terrell, TX 75160

8 Purpose of payment (See instructions regarding type of information required.)

lunch for volunteers putting
out signs + walking

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Kenneth Schoen

Coun
Pct 3

Date

Payee name

Amount (\$)

Payee address; City, State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City, State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City, State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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