

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) 00089566	2 Total pages filed: 46	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Stephen D.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025	
	NICKNAME LAST SUFFIX Steve Schwab			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1017 Water Oak Schertz, TX 78154		Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Layne E.B.			
	NICKNAME LAST SUFFIX Purdy			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2423 Oak Run Schertz, TX 78154			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (808) 349-2288			
8 REPORT TYPE	<input 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 checked="" 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)			
9 PERIOD COVERED	Month Day Year 01/01/2025		Month Day Year THROUGH 06/30/2025	
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 44	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Schwab, Stephen D.	14 Filer ID (Ethics Commission Filers) 00089566
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15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,355.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,197.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,862.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT		
<p>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.</p> <div style="display: flex; justify-content: center; align-items: center;"><div style="text-align: center; margin-right: 20px;">Stephen D. Schwab _____ Signature of Candidate or Officeholder</div><div></div></div>		
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>		
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>		
_____ Signature of officer administering	_____ Printed name of officer administering	_____ Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Schwab, Stephen D.		19 Filer ID 00089566	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,878.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,477.80
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 13,015.68
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 4,181.75
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/30 Rpt: 4/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 06/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Donald <hr/> 6 Contributor address; City; State; Zip Code Seguin, TX 78155-2986	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Not Employed
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armijo, Christopher <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-3450	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Consultant
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ash, Matthew <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Operations Director
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atterbury, Jessica <hr/> Contributor address; City; State; Zip Code San Diego, CA 92117	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Healthcare Admin
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Lorena <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Education

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/30 Rpt: 5/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 05/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Anna <hr/> 6 Contributor address; City; State; Zip Code Cibolo, TX 78108	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Director
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballentine, Andrew <hr/> Contributor address; City; State; Zip Code Lake Havasu City, AZ 86403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Peer support
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Norma <hr/> Contributor address; City; State; Zip Code Orange Park, FL 32065	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) VP
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Austin <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SENIOR ECONOMIST
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bianchi, Rachel <hr/> Contributor address; City; State; Zip Code Henrietta, NY 14467	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Office manager

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/30 Rpt: 6/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 06/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biever, Kimberlie <hr/> 6 Contributor address; City; State; Zip Code Spring Branch, TX 78070	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Nurse Practitioner
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bischoff, Whitney <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Jared <hr/> Contributor address; City; State; Zip Code Hewitt, TX 76643	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Economist
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackwood, Victoria <hr/> Contributor address; City; State; Zip Code Fort Irwin, CA 92310	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Us military
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue, Jeanne <hr/> Contributor address; City; State; Zip Code Arlington, VA 22206	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Aging Life Care manager

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/30 Rpt: 7/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohler, Lisa <hr/> 6 Contributor address; City; State; Zip Code Germantown, MD 20874	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Flight Attendant
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boman, Lars <hr/> Contributor address; City; State; Zip Code Beaverton, OR 97005	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Account Executive
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bond, Amy <hr/> Contributor address; City; State; Zip Code New York, NY 10021	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Professor
Date 04/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bothwell, Jason <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Christina <hr/> Contributor address; City; State; Zip Code san antonio, TX 78258	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Doctor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/30 Rpt: 8/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 06/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broom, Kevin <hr/> 6 Contributor address; City; State; Zip Code Greensburg, PA 15601	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Professor
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Angelina <hr/> Contributor address; City; State; Zip Code Peru, IN 46970	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Teacher
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CULLENS, TONY <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108-3273	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Family Nurse Practitioner
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cano, Karolyn <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) RN
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Alex <hr/> Contributor address; City; State; Zip Code Monticello, IA 52310	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Grant Researcher

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/30 Rpt: 9/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chammas, Marc <hr/> 6 Contributor address; City; State; Zip Code SOUTHBOROUGH, MA 01772	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Pharmacy Technician
Date 05/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chartock, Ben <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Professor
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, Howard <hr/> Contributor address; City; State; Zip Code Ashland, MA 01721-1681	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) mktg
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, Leon <hr/> Contributor address; City; State; Zip Code Edmond, OK 73012	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Sales
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colton, Shannon <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) System Specialist

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/30 Rpt: 10/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 06/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Chad <hr/> 6 Contributor address; City; State; Zip Code Schertz, TX 78154	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Military Officer
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crabtree, Renee <hr/> Contributor address; City; State; Zip Code GEORGETOWN, TX 78633	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Stuart <hr/> Contributor address; City; State; Zip Code Madison, WI 53715	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Researcher
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Emma <hr/> Contributor address; City; State; Zip Code Hanover, NH 03755	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Assistant Professor
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drakes, Sally <hr/> Contributor address; City; State; Zip Code PORTLAND, OR 97205	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/30 Rpt: 11/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ducommun, Ann <hr/> 6 Contributor address; City; State; Zip Code Venice, CA 90291	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Not Employed
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufresne, Jules <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Training Manager
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dykstra, Sarah <hr/> Contributor address; City; State; Zip Code Arlington, VA 22205	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Economist
Date 05/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Etheredge, Alvie <hr/> Contributor address; City; State; Zip Code Luling, TX 78648	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fetzner, Amanda <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Psychologist

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/30 Rpt: 12/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 06/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Curtis <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Engineer
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freat, Molly <hr/> Contributor address; City; State; Zip Code Arlington, MA 02474	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Consultant
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallaway, Robert <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gecui, Ruxandra <hr/> Contributor address; City; State; Zip Code No City Provided, VA 22315	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Government
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodrich, Gregory <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/30 Rpt: 13/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 06/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodrich, Gregory <hr/> 6 Contributor address; City; State; Zip Code Cibolo, TX 78108	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Not Employed
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grassel, Holly <hr/> Contributor address; City; State; Zip Code Maryland Heights, MO 63043	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) IT
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greeney, Ryan <hr/> Contributor address; City; State; Zip Code Springfield, VA 22152	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Project manager
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Deborah <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Mary <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105-2820	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Psychologist

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/30 Rpt: 14/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Han, Yi <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10016	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Teacher
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Angela <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Angela <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Carole <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Data Engineer
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Carole <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Data Engineer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/30 Rpt: 15/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 06/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Carole <hr/> 6 Contributor address; City; State; Zip Code Lockhart, TX 78644	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Data Engineer
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hazlette, Janet <hr/> Contributor address; City; State; Zip Code Warren, OH 44483	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heun, Lisa <hr/> Contributor address; City; State; Zip Code Spring Branch, TX 78070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self employed
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Don <hr/> Contributor address; City; State; Zip Code Lacey, WA 98516-5572	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaac, Daverick <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SVP & CFO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/30 Rpt: 16/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Itzkowitz, Marc <hr/> 6 Contributor address; City; State; Zip Code Marlborough, MA 01752	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Industrial Account Manager
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff, Smith <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Clergy		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Cari <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94188	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kehr Perman, Elizabeth <hr/> Contributor address; City; State; Zip Code Beverly Hills, CA 90212	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) La Forgia, Ambar <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Professor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/30 Rpt: 17/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambros, Tracy <hr/> 6 Contributor address; City; State; Zip Code Columbia, MD 21044	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Artist
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lepper, Edward <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liese, Kay <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78238	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not employed
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lizarralde, Audra <hr/> Contributor address; City; State; Zip Code Milford, MA 01757	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Real estate agent
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lohr, Reid <hr/> Contributor address; City; State; Zip Code Greenville, SC 29606	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Foreign Affairs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/30 Rpt: 18/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 05/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lohr, Reid <hr/> 6 Contributor address; City; State; Zip Code Greenville, SC 29606	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Foreign Affairs
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lohr, Reid <hr/> Contributor address; City; State; Zip Code Greenville, SC 29606	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Foreign Affairs
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luan, Diana <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-1707	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Program manager
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malloy, Bernard <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-3023	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Warehouse supervisor
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, William <hr/> Contributor address; City; State; Zip Code McLean, VA 22102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) community relations

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/30 Rpt: 19/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Flavio <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90012	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Director, Revenue Management
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Renee <hr/> Contributor address; City; State; Zip Code Merced, CA 95340	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mast, Mary <hr/> Contributor address; City; State; Zip Code Longmont, CO 80503	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClean, Delicia <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Psychologist
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendelsohn, Howard <hr/> Contributor address; City; State; Zip Code Hagerstown, MD 21742	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/30 Rpt: 20/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michel, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Sandusky, OH 44870	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Not Employed
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michel, Cynthia <hr/> Contributor address; City; State; Zip Code Sandusky, OH 44870	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Eric <hr/> Contributor address; City; State; Zip Code West Roxbury, MA 02132	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Project Manager
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirabal, Nilza <hr/> Contributor address; City; State; Zip Code Uxbridge, MA 01538	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 04/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Ian <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Pediatric Surgeon

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/30 Rpt: 21/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorefield, Mia <hr/> 6 Contributor address; City; State; Zip Code Tulsa, OK 74136	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Capability Manager
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Kristi <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) U.S. Army Retired
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murez, James <hr/> Contributor address; City; State; Zip Code Eugene, OR 97404	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Communicator
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieto, Sam <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Hathaway <hr/> Contributor address; City; State; Zip Code Roslindale, MA 02131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Law assistant

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/30 Rpt: 22/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyunt, Alex 6 Contributor address; City; State; Zip Code San Antonio, TX 78247	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Officer
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olive, Kenneth Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Consultant
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perri, Jennifer Contributor address; City; State; Zip Code Short Hills, NJ 07078	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plawner, Gloria Contributor address; City; State; Zip Code Silver Spring, MD 20902	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Teacher
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prichard, Todd Contributor address; City; State; Zip Code Charles City, IA 50616	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) attorney

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/30 Rpt: 23/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quade, Braden <hr/> 6 Contributor address; City; State; Zip Code Palmer, AK 99645	7 Amount of Contribution (\$) \$9.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Not Employed
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayko, John <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not employed
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Choi <hr/> Contributor address; City; State; Zip Code Milford, MA 01757	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinhart, Gail <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78202	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not employed
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resetarits, steven <hr/> Contributor address; City; State; Zip Code Elma, NY 14059	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Analyst

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/30 Rpt: 24/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 06/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rinn, Paul 6 Contributor address; City; State; Zip Code Austin, TX 78705	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Chief of Staff - CTM
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Gail Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Professor
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Parker Contributor address; City; State; Zip Code La Jolla, CA 92037	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Professor
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy, Bruce Contributor address; City; State; Zip Code Littleton, CO 80123	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Professor
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rueth, Greg Contributor address; City; State; Zip Code Lakewood, WA 98499	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Officer

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/30 Rpt: 25/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Sara <hr/> 6 Contributor address; City; State; Zip Code Pittsburgh, PA 15228	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Healthcare
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salsich, James <hr/> Contributor address; City; State; Zip Code Gloucester, MA 01930	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Teacher
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salzwedel, Amy <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Pilot
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuels, Joshua <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retail
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiffman, Evy <hr/> Contributor address; City; State; Zip Code Foster City, CA 94404	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/30 Rpt: 26/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Barbara 6 Contributor address; City; State; Zip Code Hagerstown, MD 21740	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Not Employed
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Barbara Contributor address; City; State; Zip Code Hagerstown, MD 21740	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Barbara Contributor address; City; State; Zip Code Hagerstown, MD 21740	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Barbara Contributor address; City; State; Zip Code Hagerstown, MD 21740	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Barbara Contributor address; City; State; Zip Code Hagerstown, MD 21740	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/30 Rpt: 27/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 06/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Barbara <hr/> 6 Contributor address; City; State; Zip Code Hagerstown, MD 21740	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Not Employed
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Jeff <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10035	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Engineer
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serrano, Sylvia <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Serrano, Sylvia <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shenghao, Wang <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/30 Rpt: 28/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Vini <hr/> 6 Contributor address; City; State; Zip Code Bethlehem, PA 18015	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Professor
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slusky, David <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66044	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Professor
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Joni <hr/> Contributor address; City; State; Zip Code Universal City, TX 78148	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Analyst
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spevak-Saito, Brenda <hr/> Contributor address; City; State; Zip Code LOS ANGELES, CA 90012	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Startz, Donna <hr/> Contributor address; City; State; Zip Code Charlotte, TX 78011	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/30 Rpt: 29/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, Schwab <hr/> 6 Contributor address; City; State; Zip Code Schertz, TX 78154	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) UTSA
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, Schwab <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$3,650.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UTSA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Molly <hr/> Contributor address; City; State; Zip Code Austin, TX 78725	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Sales
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ukert, Benjamin <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Professor
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Umlauf, Lindsey <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) PT

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/30 Rpt: 30/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 05/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Umlauf, Lindsey <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Medical
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unsworth, Jason <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) US Army
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uprety, Jana <hr/> Contributor address; City; State; Zip Code Exton, PA 19341	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veen, Amanda <hr/> Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Social work
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARRICK, James <hr/> Contributor address; City; State; Zip Code Winchester, MA 18900	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Software Engineer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/30 Rpt: 31/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODY, ROBERT <hr/> 6 Contributor address; City; State; Zip Code Charleston, SC 29412	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Teacher
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walz, Tiara <hr/> Contributor address; City; State; Zip Code San antonio, TX 78209	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Military
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesley, Curtis <hr/> Contributor address; City; State; Zip Code Cibolo, TX 78108	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 04/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesseler, Mark <hr/> Contributor address; City; State; Zip Code APO, AE 09142	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Military
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitney-Williams, Heather <hr/> Contributor address; City; State; Zip Code Louisville, CO 80027	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/30 Rpt: 32/46
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566
4 Date 05/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura <hr/> 6 Contributor address; City; State; Zip Code GARLAND, TX 75043	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Not Employed
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Ann <hr/> Contributor address; City; State; Zip Code Denville, NJ 07834	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yun, Heather <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Physician
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeitz, Carl <hr/> Contributor address; City; State; Zip Code Schertz, TX 78108	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Purchasing
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) gayler, steve <hr/> Contributor address; City; State; Zip Code seattle, WA 98125	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 30/30 Rpt: 33/46

2 FILER NAME

Schwab, Stephen D.

3 Filer ID (Ethics Commission Filers)
00089566

4 Date

04/08/2025

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

hacker, susan

7 Amount of Contribution (\$)

\$3.00

6 Contributor address; City; State; Zip Code

Willingboro, NJ 08046

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Not Employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 1/3 Rpt: 34/46	
2 FILER NAME Schwab, Stephen D.				3 Filer ID (Ethics Commission Filers) 00089566	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 05/27/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Layne, Purdy		8 Amount of contribution (\$) \$572.21		9 In-kind contribution description In Kind - Custom Ink
7 Contributor address; City; State; Zip Code Schertz, TX 78154			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not employed			11 Employer (FOR NON-JUDICIAL) (See instructions) Not 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 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Layne, Purdy		Amount of contribution (\$) \$399.21		In-kind contribution description In-Kind Vista Print
Contributor address; City; State; Zip Code Schertz, TX 78155			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not employed			Employer (FOR NON-JUDICIAL) (See instructions) Not employed		
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)					
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Layne, Purdy		Amount of contribution (\$) \$152.38		In-kind contribution description In-Kind Zazzle
Contributor address; City; State; Zip Code Schertz, TX 78156			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not employed			Employer (FOR NON-JUDICIAL) (See instructions) Not employed		
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)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 2/3 Rpt: 35/46	
2 FILER NAME Schwab, Stephen D.				3 Filer ID (Ethics Commission Filers) 00089566	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 04/02/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Layne, Purdy	8 Amount of contribution (\$) \$90.00	9 In-kind contribution description In-Kind Band Crowd		
7 Contributor address; City; State; Zip Code Schertz, TX 78157		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not employed			11 Employer (FOR NON-JUDICIAL) (See instructions) Not 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 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Layne, Purdy	Amount of contribution (\$) \$114.00	In-kind contribution description In Kind - Canva Banner		
Contributor address; City; State; Zip Code Schertz, TX 78158		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not employed			Employer (FOR NON-JUDICIAL) (See instructions) Not employed		
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)					
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, Schwab	Amount of contribution (\$) \$1,050.00	In-kind contribution description Web Site Design		
Contributor address; City; State; Zip Code Schertz, TX 78154		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Professor			Employer (FOR NON-JUDICIAL) (See instructions) UTSA		
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)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/3 Rpt: 36/46	
2 FILER NAME Schwab, Stephen D.		3 Filer ID (Ethics Commission Filers) 00089566	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/06/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, Schwab 7 Contributor address; City; State; Zip Code Schertz, TX 78154	8 Amount of contribution (\$) \$50.00	9 In-kind contribution description Monthly Web Site Subscription
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Professor		11 Employer (FOR NON-JUDICIAL) (See instructions) UTSA	
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 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, Schwab Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of contribution (\$) \$50.00	In-kind contribution description Monthly Web Site Subscription
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Professor		Employer (FOR NON-JUDICIAL) (See instructions) UTSA	
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)			
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, Schwab Contributor address; City; State; Zip Code Schertz, TX 78154	Amount of contribution (\$) \$3,000.00	In-kind contribution description Fundraising
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Professor		Employer (FOR NON-JUDICIAL) (See instructions) UTSA	
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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/8 Rpt: 37/46	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 06/24/2025	5 Payee name ATHLETEGUILD	
6 Amount (\$) \$1,063.75	7 Payee address; City; State; Zip Code Gattuso Rd New Braunfels, TX 78132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/08/2025	Payee name Alamo Print	
Amount (\$) \$239.82	Payee address; City; State; Zip Code 4 Dominion Dr Bldg 4, Suite 100 San Antonio, TX 78257	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/14/2025	Payee name Alamo Print	
Amount (\$) \$239.23	Payee address; City; State; Zip Code 4 Dominion Dr Bldg 4, Suite 100 San Antonio, TX 78257	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/8 Rpt: 38/46	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 05/01/2025	5 Payee name CUSTOMINK LLC	
6 Amount (\$) \$415.68	7 Payee address; City; State; Zip Code 7550 I-10 Suite 800 San Antonio, TX 78229	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Swag
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name CUSTOMINK LLC		
Amount (\$) \$723.44	Payee address; City; State; Zip Code 7550 I-10 Suite 800 San Antonio, TX 78229	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Swag
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name CUSTOMINK LLC		
Amount (\$) \$757.62	Payee address; City; State; Zip Code 7550 I-10 Suite 800 San Antonio, TX 78229	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Swag
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/8 Rpt: 39/46	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/07/2025	5 Payee name Go DADDY.COM,INC	
6 Amount (\$) \$49.49	7 Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Web Hosting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Hosting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2025	Payee name HARLAND CLARKE CHK ORDER	
Amount (\$) \$22.79	Payee address; City; State; Zip Code 15955 La Cantera Parkway, San Antonio, TX 78256	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checks
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/22/2025	Payee name Habitat for Humanity	
Amount (\$) \$1,039.30	Payee address; City; State; Zip Code 256 Court St Seguin, TX 78155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/8 Rpt: 40/46	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 05/14/2025	5 Payee name NEW YORK REACH PROGRESS	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 228 Park Ave S PMB 62932 New York, NY 10003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOFTWARE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reach/Application
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/09/2025	Payee name Rural Texas Summit (the 134 PAC)	
Amount (\$) \$150.00	Payee address; City; State; Zip Code PO Box 357 Mineral Wells, TX 76068	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Attendance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2025	Payee name Schertz Creek Bier Garden	
Amount (\$) \$113.44	Payee address; City; State; Zip Code 800 Roy Richard Drive Schertz, TX 78154	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/8 Rpt: 41/46	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 05/28/2025	5 Payee name Sole Strategies	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 4315 50th St. NW Ste 100 Unit #2619 Washington, DC 20016	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Sole Strategies		
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 4315 50th St. NW Ste 100 Unit #2619 Washington, DC 20016	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Square		
Amount (\$) \$0.01	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/8 Rpt: 42/46	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/24/2025	5 Payee name TARGET	
6 Amount (\$) \$78.98	7 Payee address; City; State; Zip Code 8234 Agora Pkwy Selma, TX 78154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name TARGET		
Amount (\$) \$62.77	Payee address; City; State; Zip Code 8234 Agora Pkwy Selma, TX 78154	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Democratic Party		
Amount (\$) \$715.00	Payee address; City; State; Zip Code P.O. Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Attendance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/8 Rpt: 43/46	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 05/07/2025	5 Payee name USPS	
6 Amount (\$) \$232.00	7 Payee address; City; State; Zip Code 1081 Elbel Road Schertz, TX 78154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2025	Payee name USPS	
Amount (\$) \$438.00	Payee address; City; State; Zip Code 1081 Elbel Road Schertz, TX 78154	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PO BOX	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2025	Payee name VISTAPRINT	
Amount (\$) \$124.53	Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 44/46	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 06/27/2025	5 Payee name VISTAPRINT	
6 Amount (\$) \$121.01	7 Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2025	Payee name Walmart Supercenter	
Amount (\$) \$128.82	Payee address; City; State; Zip Code 602 Cibolo Valley Drive Cibolo, TX 78108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Speaker for event	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Speaker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 45/46	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/07/2025	5 Payee name DesignedToRun!	
6 Amount (\$) \$1,050.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 651 N Broad St Suite 201 Middletown, DE 19709	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Web Site design	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Site design
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name DesignedToRun!		
Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 651 N Broad St Suite 201 Middletown, DE 19709	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Web Site	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Site monthly fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name DesignedToRun!		
Amount (\$) \$50.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 651 N Broad St Suite 201 Middletown, DE 19709	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Web Site	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Site monthly fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 46/46	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 04/28/2025	5 Payee name Sole Strategies	
6 Amount (\$) \$3,000.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4315 50th St. NW STE 100 Unit 2619 Washington, DC 20016	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment to Sole Strategies for Fundraising Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/27/2025	Payee name Twitter Online Ads	
Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1355 Market Street San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Twitter Boost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/29/2025	Payee name Twitter Online Ads	
Amount (\$) \$21.75 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1355 Market Street San Francisco, TX 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Twitter Boost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held