

**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: 78			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Stephen D.			MI			
	NICKNAME Steve			LAST Schwab	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 369			ZIP CODE	Date Hand-delivered or Date Postmarked		
	Schertz, TX 78154				Receipt #	Amount	
					Date Processed		
					Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Layne E.B.			MI			
	NICKNAME Purdy			SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2423 Oak Run			APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Schertz, TX 78154						
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (808) 349-2288						
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 07/01/2025	Day	Year	12/31/2025
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		<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			

**GO TO PAGE 2**

**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
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 26,312.91
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 28,755.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 5,380.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

**17 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.

Stephen D. Schwab

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
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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<b>18</b> FILER NAME	<b>19</b> Filer ID	(Ethics Commission Filers)
Schwab, Stephen D.	00089566	
<b>20</b> SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	26,312.91
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
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	\$	27,955.87
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	750.00
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	\$	50.00
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/55 Rpt: 4/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 12/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A ARMENDARIZ, DANIEL .....  <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78741	<b>7</b> Amount of Contribution (\$) \$20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) self
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aing, Ken .....  Contributor address; City; State; Zip Code  San Rafael, CA 94913	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Sheila F .....  Contributor address; City; State; Zip Code  Plano, TX 75025-2907	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Carla .....  Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) College of the Mainland
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Carla .....  Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) College of the Mainland

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/55 Rpt: 5/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anzalone, Toni	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Round Top, TX 78954	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not employed
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askey, Sara	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Seguin, TX 78155	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Attanasio, David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Richmond, UT 84333	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Intermountain Health
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Attanasio, David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Richmond, UT 84333	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Intermountain Health
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Bruce	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Schertz, TX 78154	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Army

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/55 Rpt: 6/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batuein, Laurie	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Hagerstown, MD 21740	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Alex Baturin
<b>Date</b> 12/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayt, Sonja	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Lakeland, FL 33813	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Tropic Oil Company/Sunoco
<b>Date</b> 12/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazzle, Cheryl	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75206	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Larry	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Denton, TX 76209	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Larry	<b>Amount of Contribution (\$)</b> \$17.00
	<b>Contributor address; City; State; Zip Code</b>  Denton, TX 76209	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/55 Rpt: 7/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benson, Deanna	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Centerville, TX 75833	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) retired
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergamini, Michael	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76132	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) BerDolPharmaDev, LLC
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergamini, Michael	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76132	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) BerDolPharmaDev, LLC
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergamini, Michael	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76132	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) BerDolPharmaDev, LLC
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Nikki	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Lago Vista, TX 78645	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/55 Rpt: 8/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessire, William	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77096	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not employed
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biever, Kimberlie	Amount of Contribution (\$) \$120.26
	Contributor address; City; State; Zip Code  Spring Branch, TX 78070	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Tekton Research
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biever, Kimberlie	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Spring Branch, TX 78070	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Veterans Health Affairs
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodenheimer, Talmadge	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogucki, Edra	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77707	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/55 Rpt: 9/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boriack, John	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Christina	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  san antonio, TX 78258	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) UT
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brannon, james	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Houston, TX 77009	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brimhall, Patricia	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Richardson, TX 75081	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Robin	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Laguna Vista, TX 78578	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/55 Rpt: 10/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruch, Katherine ..... <b>6</b> Contributor address; City; State; Zip Code  Bedford, VA 24523	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burdick, Beva ..... Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Cecelia ..... Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bustos, Jesus ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78417	Amount of Contribution (\$) \$44.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Andrea ..... Contributor address; City; State; Zip Code  Austin, TX 78756	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) UT-Austin

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/55 Rpt: 11/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 07/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, James	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Tacoma, WA 98406	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) US Government
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camarillo, Rhoda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76140	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll II, Oran B	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Alexandria, VA 22315	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) US Army
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, James	Amount of Contribution (\$) \$20.26
	Contributor address; City; State; Zip Code  Corinth, TX 76210-1721	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Sharon	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Garland, TX 75040	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/55 Rpt: 12/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cemo, Jason	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Self
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Carol	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Hitchcock, TX 77563	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) American national
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Carol	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Hitchcock, TX 77563	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) American national
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlton, Scott	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Limington, ME 04049	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Unum
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlton, Scott	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Limington, ME 04049	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Unum

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/55 Rpt: 13/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 12/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlton, Scott ..... <b>6</b> Contributor address; City; State; Zip Code  Limington, ME 04049	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) 		<b>9</b> Employer (See Instructions) Unum
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, Leon ..... Contributor address; City; State; Zip Code  Edmond, OK 73012	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Adp
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chowdhury, Nafees ..... Contributor address; City; State; Zip Code  Potomacac, MD 20854	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) MASAM
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Sandra ..... Contributor address; City; State; Zip Code  Fort worth, TX 76244	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conatser, Jo&Charles ..... Contributor address; City; State; Zip Code  Lubbock, TX 79411	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/55 Rpt: 14/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 12/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conatser, Jo&Charles .....  <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79411	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) retired
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordero, Chani .....  Contributor address; City; State; Zip Code  San Antonio, TX 78245	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox-Davis, Sarah .....  Contributor address; City; State; Zip Code  Plano, TX 75075-3528	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crider, John .....  Contributor address; City; State; Zip Code  Houston, TX 77025-4451	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowder, Phil .....  Contributor address; City; State; Zip Code  Lubbock, TX 79413	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/55 Rpt: 15/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Shari ..... <b>6</b> Contributor address; City; State; Zip Code  Pampa, TX 79065	<b>7</b> Amount of Contribution (\$)  \$8.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Deborah Renee ..... Contributor address; City; State; Zip Code  GAITHERSBURG, MD 20882	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Us army
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deacon, James ..... Contributor address; City; State; Zip Code  Tampa, FL 33609	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Government
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decker, Kim ..... Contributor address; City; State; Zip Code  Helotes, TX 78023	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Higher ed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dew, Gloria ..... Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/55 Rpt: 16/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dew, Gloria ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78232	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>8</b> Principal occupation / Job title (See Instructions)  Not Employed	<b>9</b> Employer (See Instructions)  Not Employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dew, Gloria ..... Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$)  \$5.00
	Principal occupation / Job title (See Instructions)  Not Employed	Employer (See Instructions)  Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Joyce ..... Contributor address; City; State; Zip Code  Dallas, TX 75372	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions)  SELF	Employer (See Instructions)  SELF
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorsey, Dawn ..... Contributor address; City; State; Zip Code  Robstown, TX 78380	Amount of Contribution (\$)  \$100.00
	Principal occupation / Job title (See Instructions)  Not Employed	Employer (See Instructions)  Not Employed
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Downs, Brian ..... Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$500.00
	Principal occupation / Job title (See Instructions)  US Army	Employer (See Instructions)  US Army

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/55 Rpt: 17/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drewry, Don	<b>7</b> Amount of Contribution (\$) \$14.00
	<b>6</b> Contributor address; City; State; Zip Code  Little Elm, TX 75068	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) none
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dufresne, JC	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Cibolo, TX 78108	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Complete Data Systems
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Steven	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Denton, TX 76209	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Arc
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) East, Cara	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75205	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) East, Cara	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75205	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/55 Rpt: 18/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Hashem, Peter ..... <b>6</b> Contributor address; City; State; Zip Code  Arlington, VA 22204-2163	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Society
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elrod, Catherine ..... Contributor address; City; State; Zip Code  Houston, TX 77080	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emerson, Barbara ..... Contributor address; City; State; Zip Code  Liberty Hill, TX 78642	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fabrizio, Ralph ..... Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) The House of Extra Measures Men LLC
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falteisek, Leslie ..... Contributor address; City; State; Zip Code  Johnson City, TX 78636	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/55 Rpt: 19/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 07/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa, Audrey	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Bronx, NY 10032	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Columbia University
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figueroa, Audrey	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Bronx, NY 10032	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Robert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75205	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Baylor Scott and White Health
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Curtis	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Raytheon (formerly UTC)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franco, Alycia	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78247	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Army

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/55 Rpt: 20/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gagliardi, Sandi	<b>7</b> Amount of Contribution (\$) \$18.00
	<b>6</b> Contributor address; City; State; Zip Code  Odenton, MD 21113	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Herlinda	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Universal City, TX 78148	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Miguel	Amount of Contribution (\$) \$69.69
	Contributor address; City; State; Zip Code  San Antonio, TX 78244	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) DHA
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Dorothy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Seguin, TX 78155	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Dorothy	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Seguin, TX 78155	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/55 Rpt: 21/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 12/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glaspy, Miles	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Self
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Barbara	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78233	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Gregorio	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78247	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) HaloMD
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodall, Peggy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Sugar Land, TX 77478	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not employed
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodrich, Gregory	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Cibolo, TX 78108	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/55 Rpt: 22/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Gail	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Hurst, TX 76053	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gower, John	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78751	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gower, John	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78751	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Charu	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Boston, MA 02215	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Harvard University
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Robert	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78257	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/55 Rpt: 23/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamner, Henry ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78257	<b>7</b> Amount of Contribution (\$) \$20.26
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamner, Henry ..... Contributor address; City; State; Zip Code  San Antonio, TX 78257	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hans, Carol ..... Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Carol ..... Contributor address; City; State; Zip Code  Lockhart, TX 78644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Carole ..... Contributor address; City; State; Zip Code  Lockhart, TX 78644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Dell Technologies

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/55 Rpt: 24/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 09/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Carole ..... <b>6</b> Contributor address; City; State; Zip Code  Lockhart, TX 78644	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions)  Dell Technologies	<b>9</b> Employer (See Instructions)  Dell Technologies
<b>Date</b> 10/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Carole ..... <b>Contributor address; City; State; Zip Code</b>  Lockhart, TX 78644	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Principal occupation / Job title (See Instructions)</b>  Dell Technologies	<b>Employer (See Instructions)</b>  Dell Technologies
<b>Date</b> 11/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Carole ..... <b>Contributor address; City; State; Zip Code</b>  Lockhart, TX 78644	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Principal occupation / Job title (See Instructions)</b>  Dell Technologies	<b>Employer (See Instructions)</b>  Dell Technologies
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Carole ..... <b>Contributor address; City; State; Zip Code</b>  Lockhart, TX 78644	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Principal occupation / Job title (See Instructions)</b>  Dell Technologies	<b>Employer (See Instructions)</b>  Dell Technologies
<b>Date</b> 12/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hedrick Jr, Robert K ..... <b>Contributor address; City; State; Zip Code</b>  Palm Springs, CA 92264	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Principal occupation / Job title (See Instructions)</b>  Not Employed	<b>Employer (See Instructions)</b>  Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/55 Rpt: 25/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidt, Sonya	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Enterprise, AL 36330	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) US Army
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heimann-Taylir, Renee	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78258	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) USAA
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, John	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Riverhead, NY 11901	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Vibrant Emotional Health
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, John	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Riverhead, NY 11901	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Vibrant Emotional Health
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, John	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Riverhead, NY 11901	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Vibrant Emotional Health

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/55 Rpt: 26/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinnerichs, Teresa	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Aiea, HI 96701	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodge, Betty	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Converse, TX 78109	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollingsworth, Jaime	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Columbus, MS 39705	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hough, Joy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78245	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huckman, Robert	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Newton, MA 02459	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Harvard University

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/55 Rpt: 27/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulen, Marion ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77062	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Avril ..... Contributor address; City; State; Zip Code  Bee Cave, TX 78738	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Ascension Seton
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaacson, Julie ..... Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Svajdlenka, Jeffrey ..... Contributor address; City; State; Zip Code  Herndon, VA 20171	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) US Navy
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johansen, Christianna ..... Contributor address; City; State; Zip Code  Nashua, NH 03062	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Snowflake

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/55 Rpt: 28/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jon ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212	<b>7</b> Amount of Contribution (\$) \$3.00
	<b>8</b> Principal occupation / Job title (See Instructions)  Not Employed	<b>9</b> Employer (See Instructions)  Not Employed
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurado, Raul ..... Contributor address; City; State; Zip Code  Fairfax, VA 22030	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions)  self	Employer (See Instructions)  self
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Michael ..... Contributor address; City; State; Zip Code  Dallas, TX 75228	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions)  Beacon pointe	Employer (See Instructions)  Beacon pointe
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kehr Perman, Elizabeth ..... Contributor address; City; State; Zip Code  Beverly Hills, CA 90212	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions)  Not Employed	Employer (See Instructions)  Not Employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Raymond ..... Contributor address; City; State; Zip Code  Fort Worth, TX 76111	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions)  Not Employed	Employer (See Instructions)  Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/55 Rpt: 29/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Gordon ..... <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76116-8236	<b>7</b> Amount of Contribution (\$) \$26.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) eiPi10, LLC
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Rashidah ..... Contributor address; City; State; Zip Code  Hagerstown, MD 21740	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keyt, Holly ..... Contributor address; City; State; Zip Code  Olmos Park, TX 78212	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Karen ..... Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L Stone, Susan ..... Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) CRC

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/55 Rpt: 30/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 09/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lankford, Sharron	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77044-1279	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledoux, Frederick	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Las Vegas, NV 89148	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) ASG
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, John	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Haymarket, TX 20169	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legler, Aron	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Warwick, NY 10990	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Hospital
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leone, Ryan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Farmingville, NY 11738	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Columbia University

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/55 Rpt: 31/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 07/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leone, Ryan	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Farmingville, NY 11738	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Joanne	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Wynnewood, PA 19096	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) UPenn
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llano, Mario	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78213	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) VIA Metro Transit
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loe, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lohr, Reid	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Greeneville, SC 29606	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/55 Rpt: 32/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lohr, Reid	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Greenville, SC 29606	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Rio Medina, TX 78066	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Julie	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Rio Medina, TX 78066	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not employed
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luan, Diana	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Bethesda, MD 20814-1707	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Ajanta consulting
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machat, Sydney	Amount of Contribution (\$) \$36.00
	Contributor address; City; State; Zip Code  Hagerstown, MD 21742	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/55 Rpt: 33/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manley, Jason ..... <b>6</b> Contributor address; City; State; Zip Code  North Las Vegas, NV 89084	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Richard A ..... Contributor address; City; State; Zip Code  Santa Clara, CA 95050-6616	Amount of Contribution (\$)  \$17.76
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Apple
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Richard A ..... Contributor address; City; State; Zip Code  Santa Clara, CA 95050-6616	Amount of Contribution (\$)  \$117.76
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Apple
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Richard A ..... Contributor address; City; State; Zip Code  Santa Clara, CA 95050-6616	Amount of Contribution (\$)  \$17.76
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Apple
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Floyd ..... Contributor address; City; State; Zip Code  Arlington, TX 76013	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/55 Rpt: 34/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Floyd	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76013	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Christopher	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78240	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Central Electric
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matta, Sasmira	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Livingston, NJ 07039	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Florida State University
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, Vaughn	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Seguin, TX 78155	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeehan, Jack	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Houston, TX 77036	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Benchmark Engineering

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/55 Rpt: 35/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mebane-Sims, Irma ..... <b>6</b> Contributor address; City; State; Zip Code  Pflugerville, TX 78660	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickish, Margaret ..... Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Micklethwait, Dwight ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Pam ..... Contributor address; City; State; Zip Code  Fort Worth, TX 76133	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Ian ..... Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) UH

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/55 Rpt: 36/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Ian	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	
<b>8</b> Principal occupation / Job title (See Instructions) UH		<b>9</b> Employer (See Instructions) UH
<b>Date</b> 12/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Ian	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78209	
<b>Principal occupation / Job title (See Instructions)</b> UH		<b>Employer (See Instructions)</b> UH
<b>Date</b> 11/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Isaac	<b>Amount of Contribution (\$)</b> \$55.00
	<b>Contributor address; City; State; Zip Code</b>  Nashville, TN 37212	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 10/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Molony, Donald	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77005	
<b>Principal occupation / Job title (See Instructions)</b> University of Texas		<b>Employer (See Instructions)</b> University of Texas
<b>Date</b> 10/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Monger, Meade	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75205	
<b>Principal occupation / Job title (See Instructions)</b> Omniscient Platforms Inc.		<b>Employer (See Instructions)</b> Omniscient Platforms Inc.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/55 Rpt: 37/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montag, Rafael	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Hagerstown, MD 21740	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mundwiler, Christopher	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Longwood, FL 32779	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Brooks	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78723	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) State of Texas
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niyogi, Sharad	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Sugar Land, TX 77478	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Mary	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Duncanville, TX 75116	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Havertys Furniture

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/55 Rpt: 38/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norwood MD, Patricia	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) self
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyunt, Alex	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78247	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odom, Georgia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Wake Village, TX 75501	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odom, Georgia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Wake Village, TX 75501	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostocki, Austin	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code  Oviedo, FL 32765	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Government

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/55 Rpt: 39/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Chanyuan ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$) \$20.26
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) UTSA
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsons, Carolyn ..... Contributor address; City; State; Zip Code  Bryan, TX 77802	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pecko, Joseph ..... Contributor address; City; State; Zip Code  Fayetteville, NC 28314	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peoples, Demarcus ..... Contributor address; City; State; Zip Code  Midlothian, TX 76065	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Alicia ..... Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/55 Rpt: 40/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Ash	<b>7</b> Amount of Contribution (\$) \$150.00
	<b>6</b> Contributor address; City; State; Zip Code  Windham, NH 03087	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) self
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Ash	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Windham, NH 03087	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) self
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Sheri	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Irving, TX 75060	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierkowski, Ross	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Houston, TX 77077	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) HP
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierson, Paula	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Arlington, TX 76006	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/55 Rpt: 41/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinkston, Randall	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Teaneck, NJ 07666	
<b>8</b> Principal occupation / Job title (See Instructions) Logistician		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 11/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Placencia, Rudy	<b>Amount of Contribution (\$)</b> \$1,500.00
	<b>Contributor address; City; State; Zip Code</b>  Fresno, CA 93720	
<b>Principal occupation / Job title (See Instructions)</b> Logistician		<b>Employer (See Instructions)</b> Fowler Packing
<b>Date</b> 11/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Platt, Melvin	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75229	
<b>Principal occupation / Job title (See Instructions)</b> Logistician		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 12/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Platt, Melvin	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75229	
<b>Principal occupation / Job title (See Instructions)</b> Logistician		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Plawner, Gloria	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Silver Spring, MD 20902	
<b>Principal occupation / Job title (See Instructions)</b> Logistician		<b>Employer (See Instructions)</b> MCPS

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/55 Rpt: 42/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 12/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Suzanna .....  <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76140	<b>7</b> Amount of Contribution (\$) \$20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulikkathara, Romeo .....  Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) American systems
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeder, Robert .....  Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Baylor College of Medicine
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ridge, Taylor .....  Contributor address; City; State; Zip Code  Helotes, TX 78023	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) University Health
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rinn, Paul .....  Contributor address; City; State; Zip Code  Austin, TX 78705	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) City of Austin

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/55 Rpt: 43/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Jana ..... <b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78006	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Jaime ..... Contributor address; City; State; Zip Code  Abingdon, MD 21009	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) U.S. Army
Date 08/11/2025	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)
Date 07/11/2025	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)
Date 09/11/2025	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) Texas A&M University

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/55 Rpt: 44/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 10/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Gail	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77057	
<b>8</b> Principal occupation / Job title (See Instructions) Texas A&M University		<b>9</b> Employer (See Instructions) Texas A&M University
<b>Date</b> 11/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Gail	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77057	
<b>Principal occupation / Job title (See Instructions)</b> Texas A&M University		<b>Employer (See Instructions)</b> Texas A&M University
<b>Date</b> 12/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Gail	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77057	
<b>Principal occupation / Job title (See Instructions)</b> Texas A&M University		<b>Employer (See Instructions)</b> Texas A&M University
<b>Date</b> 11/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Travis	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Stafford, VA 22554	
<b>Principal occupation / Job title (See Instructions)</b> USAF		<b>Employer (See Instructions)</b> USAF
<b>Date</b> 08/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Sara	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Pittsburgh, PA 15228	
<b>Principal occupation / Job title (See Instructions)</b> Healthcare		<b>Employer (See Instructions)</b> Healthcare

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/55 Rpt: 45/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Sara	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Pittsburgh, PA 15228	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Evolent
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUNDT TEXAS PAC	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78768	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savino, Sandra	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Fayetteville, PA 17222	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schauer, Kristine	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78212	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) HCA Methodist
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Barbara	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Hagerstown, MD 21740	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/55 Rpt: 46/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 09/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Barbara ..... <b>6</b> Contributor address; City; State; Zip Code  Hagerstown, MD 21740	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/03/2025	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 07/03/2025	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 10/03/2025	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 10/03/2025	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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/55 Rpt: 47/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Barbara ..... <b>6</b> Contributor address; City; State; Zip Code  Hagerstown, MD 21740	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>8</b> Principal occupation / Job title (See Instructions)  Not Employed	<b>9</b> Employer (See Instructions) Not Employed
Date 11/03/2025	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)  Not Employed	Employer (See Instructions) Not Employed
Date 12/03/2025	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)  Not Employed	Employer (See Instructions) Not Employed
Date 12/03/2025	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)  Not Employed	Employer (See Instructions) Not Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Jeffrey ..... Contributor address; City; State; Zip Code  New York, NY 10035	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)  Orchard Platform	Employer (See Instructions) Orchard Platform

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/55 Rpt: 48/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Stephen	<b>7</b> Amount of Contribution (\$) \$800.00
	<b>6</b> Contributor address; City; State; Zip Code  Schertz, TX 78154	
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions) UTSA
<b>Date</b> 08/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Stephen	<b>Amount of Contribution (\$)</b> \$150.00
	<b>Contributor address; City; State; Zip Code</b>  Schertz, TX 78154	
<b>Principal occupation / Job title (See Instructions)</b> Professor		<b>Employer (See Instructions)</b> UTSA
<b>Date</b> 07/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Stephen	<b>Amount of Contribution (\$)</b> \$2,800.00
	<b>Contributor address; City; State; Zip Code</b>  Schertz, TX 78154	
<b>Principal occupation / Job title (See Instructions)</b> Professor		<b>Employer (See Instructions)</b> UTSA
<b>Date</b> 08/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Serrano, Sylvia	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78130	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 07/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Serrano, Sylvia	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78130	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/55 Rpt: 49/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 08/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaarda, Karyn	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Clayton, NC 27527	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shamir, Yossef	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Fort Lauderdale, FL 33312	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Calibre CPA LLC
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, Cheryl	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78230	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheldon, Jesse	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Magnolia, DE 19962	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) USAF
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shin, Edward	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  Oakton, VA 22124	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) S2i2

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/55 Rpt: 50/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 12/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sibley, Rose  <b>6</b> Contributor address; City; State; Zip Code  Meadows Place, TX 77477	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Retired
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siverling, David  Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slamen, Jeanean  Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small-Brown, Tracy  Contributor address; City; State; Zip Code  West Chester, OH 45069	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SIU
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snider, James  Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$) \$20.26
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/55 Rpt: 51/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 12/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, bryand	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Horizon Ciy, TX 79928	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) self
<b>Date</b> 11/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes Hilton, Lee	<b>Amount of Contribution (\$)</b> \$200.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78735	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 10/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stovring, Katherine	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Katy, TX 77450	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong, James	<b>Amount of Contribution (\$)</b> \$3.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78480	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong, James	<b>Amount of Contribution (\$)</b> \$3.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78480	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/55 Rpt: 52/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swenson, Teresa	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  TEMPLE, TX 76502	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tansill, Roy	Amount of Contribution (\$) \$1.06
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tansill, Roy	Amount of Contribution (\$) \$1.06
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trice, Tabatha	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  APO, AE 09142	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Government
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Byron	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Marble Falls, TX 78654	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/55 Rpt: 53/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullos, Oscar ..... <b>6</b> Contributor address; City; State; Zip Code  Brownsville, TX 78526-9456	<b>7</b> Amount of Contribution (\$) \$20.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ukert, Benjamin ..... Contributor address; City; State; Zip Code  Houston, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Texas A&M University
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ukert, Benjamin ..... Contributor address; City; State; Zip Code  Houston, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Texas A&M University
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ukert, Benjamin ..... Contributor address; City; State; Zip Code  Houston, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Texas A&M University
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ukert, Benjamin ..... Contributor address; City; State; Zip Code  Houston, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Texas A&M University

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/55 Rpt: 54/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unsworth, Jason	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78249	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) US Army
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Derbur, Janice L	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Houston, TX 77066	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Angel	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Pasadena, CA 91188	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, Kayla	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78217	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Army
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vovk, Jane	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Round Rock, TX 78681	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/55 Rpt: 55/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagshal, Sharon ..... <b>6</b> Contributor address; City; State; Zip Code  Potomac, MD 20854	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetherill, Vanessa ..... Contributor address; City; State; Zip Code  Schertz, TX 78154	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Department of Veterans' Affairs
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Jeannette ..... Contributor address; City; State; Zip Code  Huntsville, AL 35805	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) US Army
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiedenhoefer, James ..... Contributor address; City; State; Zip Code  San Antonio, TX 78213	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) James Wiedenhoefer
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winfield, Jeff ..... Contributor address; City; State; Zip Code  Cibolo, TX 78108	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Usaf

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/55 Rpt: 56/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 09/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Dan	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  BOERNE, TX 78015	
<b>8</b> Principal occupation / Job title (See Instructions) 		<b>9</b> Employer (See Instructions) Baylor
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Laura	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Houston, TX 77027	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wooten, Jadrian	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Roanoke, VA 24018	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zhang, Tim	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78257-5009	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) UTSA
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zucker, Karin	Amount of Contribution (\$) \$206.00
	Contributor address; City; State; Zip Code  Windcrest, TX 78239	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/55 Rpt: 57/78
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) abdu, dula ..... <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) imon, Peggy ..... Contributor address; City; State; Zip Code  Houston, TX 77004-7166	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) kelly, james ..... Contributor address; City; State; Zip Code  Houston, TX 77064	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Roper
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) kelly, james ..... Contributor address; City; State; Zip Code  Houston, TX 77064	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Roper
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) kelly, james ..... Contributor address; City; State; Zip Code  Houston, TX 77064	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Roper

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A1: Sch: 55/55 Rpt: 58/78</p>
<p><b>2</b> FILER NAME Schwab, Stephen D.</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00089566</p>
<p><b>4</b> Date 12/29/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) kenney, gregory</p> <p><b>6</b> Contributor address; City; State; Zip Code wimberley, TX 78676</p>	<p><b>7</b> Amount of Contribution (\$) \$50.00</p>
<p><b>8</b> Principal occupation / Job title (See Instructions)</p>		<p><b>9</b> Employer (See Instructions) Not Employed</p>
<p>Date 12/10/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) naylor, betsy</p> <p>Contributor address; City; State; Zip Code Irving, TX 75063</p>	<p>Amount of Contribution (\$) \$25.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions) Patrick Naylor, P.C.</p>
<p>Date 09/29/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) whiddon, Michael</p> <p>Contributor address; City; State; Zip Code San Antonio, TX 78260</p>	<p>Amount of Contribution (\$) \$50.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions) Not Employed</p>

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/18 Rpt: 59/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 07/06/2025	5 Payee name ActBlue, LLC	
6 Amount (\$) \$15.82	7 Payee address; City; PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 07ActBlue Donation Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 07/13/2025	Payee name ActBlue, LLC	
Amount (\$) \$63.83	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 07ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 07/20/2025	Payee name ActBlue, LLC	
Amount (\$) \$1.98	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 07ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/18 Rpt: 60/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 07/27/2025	5 Payee name ActBlue, LLC	
6 Amount (\$) \$3.96	7 Payee address; City; PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 07ActBlue Donation Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 08/03/2025	Payee name ActBlue, LLC	
Amount (\$) \$13.84	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 07ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 08/10/2025	Payee name ActBlue, LLC	
Amount (\$) \$0.40	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 07ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/18 Rpt: 61/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 08/17/2025	5 Payee name ActBlue, LLC	
6 Amount (\$) \$10.08	7 Payee address; City; PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 07ActBlue Donation Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 08/24/2025	Payee name ActBlue, LLC	
Amount (\$) \$1.98	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 07ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 09/07/2025	Payee name ActBlue, LLC	
Amount (\$) \$23.71	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/18 Rpt: 62/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 09/14/2025	5 Payee name ActBlue, LLC	
6 Amount (\$) \$1.59	7 Payee address; City; PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 09/21/2025	Payee name ActBlue, LLC	
Amount (\$) \$19.75	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 09/28/2025	Payee name ActBlue, LLC	
Amount (\$) \$164.95	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/18 Rpt: 63/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 09/30/2025	5 Payee name ActBlue, LLC	
6 Amount (\$) \$60.55	7 Payee address; City; PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 10/05/2025	Payee name ActBlue, LLC	
Amount (\$) \$38.54	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 10/12/2025	Payee name ActBlue, LLC	
Amount (\$) \$8.91	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/18 Rpt: 64/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 10/19/2025	5 Payee name ActBlue, LLC	
6 Amount (\$) \$41.88	7 Payee address; City; PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 10/26/2025	Payee name ActBlue, LLC	
Amount (\$) \$3.21	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 11/02/2025	Payee name ActBlue, LLC	
Amount (\$) \$19.07	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/18 Rpt: 65/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 11/09/2025	5 Payee name ActBlue, LLC	
6 Amount (\$) \$36.18	7 Payee address; City; PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 11/16/2025	Payee name ActBlue, LLC	
Amount (\$) \$87.23	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 11/23/2025	Payee name ActBlue, LLC	
Amount (\$) \$37.34	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/18 Rpt: 66/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 11/30/2025	5 Payee name ActBlue, LLC	
6 Amount (\$) \$91.05	7 Payee address; City; PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 12/07/2025	Payee name ActBlue, LLC	
Amount (\$) \$38.39	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 12/14/2025	Payee name ActBlue, LLC	
Amount (\$) \$22.26	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/18 Rpt: 67/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 12/21/2025	5 Payee name ActBlue, LLC	
6 Amount (\$) \$25.47	7 Payee address; City; PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 12/28/2025	Payee name ActBlue, LLC	
Amount (\$) \$13.85	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 12/31/2025	Payee name ActBlue, LLC	
Amount (\$) \$16.29	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/18 Rpt: 68/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 09/04/2025	5 Payee name Calendly	
6 Amount (\$) \$12.77	7 Payee address; City; 115 E. Main St. NE  Buford, GA 30518	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Calendar Management	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scheduling and Calendar Management
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Calendly	
Amount (\$) \$12.77	Payee address; City; 115 E. Main St. NE  Buford, GA 30518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Calendar Management	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Calendar Management
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/04/2025	Payee name Calendly	
Amount (\$) \$25.51	Payee address; City; 115 E. Main St. NE  Buford, GA 30518	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Calendar Management	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Calendar Management
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/18 Rpt: 69/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 12/04/2025	5 Payee name Calendly	
6 Amount (\$) \$25.54	7 Payee address; City; 115 E. Main St. NE  Buford, GA 30518	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Calendar management	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Calendar management
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Charlton, Katie	Office sought Office held
Date 11/26/2025	Payee name Charlton, Katie	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Pawtucket, RI 02860	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Manager
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Charlton, Katie	Office sought Office held
Date 12/22/2025	Payee name Charlton, Katie	
Amount (\$) \$5,319.00	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Pawtucket, TX 02860	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Manager
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Charlton, Katie	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/18 Rpt: 70/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 10/22/2025	5 Payee name Go DADDY.COM,INC	
6 Amount (\$) \$51.04	7 Payee address; City; 2155 E GoDaddy Way  Tempe, AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Email	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Outlook Accounts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/30/2025	Payee name Hammerhead Strategies	
Amount (\$) \$2,164.16	Payee address; City; 45 Province Street APT 9N Boston, MA 02108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Digital Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Hammerhead Strategies	
Amount (\$) \$1,074.67	Payee address; City; 45 Province Street APT 9N Boston, MA 02108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Digital Consulting
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/18 Rpt: 71/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 12/31/2025	5 Payee name Hammerhead Strategies	
6 Amount (\$) \$1,199.88	7 Payee address; City; 45 Province Street APT 9N Boston, MA 02108	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Digital Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name MailChimp	
Amount (\$) \$47.97	Payee address; City; 405 N Angier Ave NE  Atlanta, GA 30308	State; Zip Code
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 Email Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/18/2025	Payee name MailChimp	
Amount (\$) \$47.97	Payee address; City; 405 N Angier Ave, NE  Atlanta, GA 30308	State; Zip Code
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 Email Software
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/18 Rpt: 72/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 10/20/2025	5 Payee name MailChimp	
6 Amount (\$) \$47.97	7 Payee address; City; 405 N Angier Ave, NE  Atlanta, GA 30308	
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 Email Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MailChimp	Office sought Office held
Date 12/09/2025	Payee name MailChimp	
Amount (\$) \$15.99	Payee address; City; 405 N Angier Ave NE  Atlanta, GA 30308	
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 Email Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MailChimp	Office sought Office held
Date 12/18/2025	Payee name MailChimp	
Amount (\$) \$63.96	Payee address; City; 405 N Angier Ave, NE  Atlanta, GA 30308	
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 Email Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MailChimp	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/18 Rpt: 73/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 07/11/2025	5 Payee name Salem Media	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 9601 McAllister Freeway Suite 1200 San Antonio, TX 78216	
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 Videography
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/07/2025	Payee name Salem Media	
Amount (\$) \$1,987.00	Payee address; City; State; Zip Code 9601 McAllister Freeway Suite 1200 San Antonio, TX 78216	
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 Email and OTT Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/08/2025	Payee name Salem Media	
Amount (\$) \$1,863.00	Payee address; City; State; Zip Code 9601 McAllister Freeway Suite 1200 San Antonio, TX 78216	
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 Email/OTT
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/18 Rpt: 74/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 09/12/2025	5 Payee name Salem Media	
6 Amount (\$) \$1,800.00	7 Payee address; City; 9601 McAllister Freeway Suite 1200 San Antonio, TX 78216	
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 Email/OTT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Salem Media	Office sought Office held
Date 09/17/2025	Payee name Salem Media	
Amount (\$) \$1,800.00	Payee address; City; 9601 McAllister Freeway Suite 1200 San Antonio, TX 78216	
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 Email/OTT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Schertz Bank and Trust	Office sought Office held
Date 07/15/2025	Payee name Schertz Bank and Trust	
Amount (\$) \$25.00	Payee address; City; 16852 I-35 N  Schertz, TX 78154	
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 Wire Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Schertz Bank and Trust	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/18 Rpt: 75/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 10/09/2025	5 Payee name Switchboard	
6 Amount (\$) \$85.11	7 Payee address; City; PO Box 33485  Washington, DC 20033	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Text Management	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Management Software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name Switchboard	
Amount (\$) \$270.21	Payee address; City; PO Box 33485  Washington, DC 20033	
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 Texting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/09/2025	Payee name Switchboard	
Amount (\$) \$672.24	Payee address; City; PO Box 33485  Washington, DC 20033	
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 Texting Service
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/18 Rpt: 76/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 07/15/2025	5 Payee name Tavarez, Jenny	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 9135 Dietz Elkhorn Rd Apt 4102 Boerne, TX 78015	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Consultant Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name USPS	
Amount (\$) \$232.00	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) Fees	(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 Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

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 F2:	2 FILER NAME Sch: 1/1 Rpt: 77/78	3 Filer ID (Ethics Commission Filers) 00089566	
4	TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date 11/21/2025	6 Payee name Texas Democratic Party		
7 Amount (\$) \$750.00	8 Payee address; City; P.O. Box 15707  Austin, TX 78761	State; Zip Code	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fees - check written but not yet cashed	
11 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: 1/1 Rpt: 78/78	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566	
4 Date 07/05/2025	5 Payee name Run!		
6 Amount (\$) \$50.00  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 47 Bergen Street  Brooklyn, NY 11201		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Web Site	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Maintenance Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held