

**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: 12			
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  Schertz, TX 78154			APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE (808) 349-2288			PHONE NUMBER	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 01/01/2026	Day	Year	Month 01/22/2026	Day	Year	THROUGH
10 ELECTION	ELECTION DATE Month 03/03/2026		Day	Year	ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 44			

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

2 of 12

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)		\$ 4,087.76
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 6,889.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,579.21
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**

3 of 12

<b>18</b> FILER NAME	<b>19</b> Filer ID (Ethics Commission Filers) 00089566
Schwab, Stephen D.	
<b>20</b> SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,087.76
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	\$ 6,889.38
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
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: 1/6 Rpt: 4/12
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 01/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONNELL, SUSAN	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Taylor, TX 76574	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not Employed
Date 01/08/2026	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 01/17/2026	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 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coke, Rick	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75230	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) self
Date 01/22/2026	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)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/12
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 01/16/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriel, Bianca	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Alexandria, VA 22306	
<b>8</b> Principal occupation / Job title (See Instructions) 		<b>9</b> Employer (See Instructions) DoD
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Karen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Houston, TX 77019	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gosslee, Pagett	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Dallas, TX 75230	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gosslee, Pagett	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Dallas, TX 75230	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Carole	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Lockhart, TX 78644	
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: 3/6 Rpt: 6/12
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 01/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higley, Garrett ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Self
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sophia ..... Contributor address; City; State; Zip Code  Dallas, TX 75215	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) ABI
Date 01/06/2026	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 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Gloria ..... Contributor address; City; State; Zip Code  San Antonio, TX 78237	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Arthritis Associates, PA
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moseley, Audrey ..... Contributor address; City; State; Zip Code  APO AE, AE 09096	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Military Officer		Employer (See Instructions) US 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: 4/6 Rpt: 7/12
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Leo	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) Not employed
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rickett, Shirley	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Alamo, TX 78516	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Gail	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Houston, TX 77057	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Texas A&M University
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Barbara	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Hagerstown, MD 21740	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Barbara	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Hagerstown, MD 21740	
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: 5/6 Rpt: 8/12
<b>2</b> FILER NAME Schwab, Stephen D.		<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 01/20/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Stephen	<b>7</b> Amount of Contribution (\$) \$2,000.00
	<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
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Neil	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  El Paso, TX 79912-2503	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINDBERG, THOMAS	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Austin, TX 78745	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Not Employed
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warr, Amy	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  AUSTIN, TX 78731	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Alexander Dubose Jefferson
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Garland, TX 75043-3431	
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: 6/6 Rpt: 9/12
<b>2</b> FILER NAME Schwab, Stephen D.			<b>3</b> Filer ID (Ethics Commission Filers) 00089566
<b>4</b> Date 01/08/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Laura ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027	<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 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wynne, shannon ..... Contributor address; City; State; Zip Code  DALLAS, TX 75205	Amount of Contribution (\$)  \$100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) 8.0 Management	

# 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: 1/3 Rpt: 10/12	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 01/04/2026	5 Payee name ActBlue, LLC	
6 Amount (\$) \$4.36	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) 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 ActBlue Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 01/11/2026	Payee name ActBlue, LLC	
Amount (\$) \$12.59	Payee address; City; PO Box 441146  Somerville, MA 02144	
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 ActBlue Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue, LLC	Office sought Office held
Date 01/18/2026	Payee name ActBlue, LLC	
Amount (\$) \$13.24	Payee address; City; PO Box 441146  Somerville, MA 02144	
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 ActBlue 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: 2/3 Rpt: 11/12	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566
4 Date 01/05/2026	5 Payee name Calendly	
6 Amount (\$) \$25.54	7 Payee address; City; State; Zip Code 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 01/20/2026	Payee name Charlton, Katie	
Amount (\$) \$5,638.00	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 JustYardSigns.com	Office sought Office held
Date 01/20/2026	Payee name JustYardSigns.com	
Amount (\$) \$628.35	Payee address; City; State; Zip Code 2235 Mercator Drive  Orlando, FL 32807	
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 100 yard signs and stakes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name JustYardSigns.com	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: 3/3 Rpt: 12/12	2 FILER NAME Schwab, Stephen D.	3 Filer ID (Ethics Commission Filers) 00089566	
4 Date 01/08/2026	5 Payee name Switchboard		
6 Amount (\$) \$567.30	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) 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 Text/Email Solicitation	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held