

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

FORM C/OH
FILED 05/05/2020
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Case #) 2026 JAN 29 PM 2:19

3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR MR	FIRST RICHARD	MI A	SUSAN STRICKLAND COUNTY CLERK OFFICE USE ONLY		
		NICKNAME	LAST SCHMIDT	SUFFIX BY	Date Received DEPUTY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO BOX 1395 CANTON TX 75103					
		Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE ([REDACTED])	PHONE NUMBER [REDACTED]	EXTENSION			
6 CAMPAIGN TREASURER NAME		MS / MRS / MR MR.	FIRST RICHARD	MI A	SUFFIX		
		NICKNAME	LAST SCHMIDT				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: PO BOX 1395 CANTON		STATE: TX	ZIP CODE 75103		
8 CAMPAIGN TREASURER PHONE		AREA CODE ([REDACTED])	PHONE NUMBER [REDACTED]	EXTENSION			
9 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)		
10 PERIOD COVERED		Month 10	Day 10	Year 25	Month 2	Day 2	Year 26
11 ELECTION		ELECTION DATE Month 3 Day 3 Year 26	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description				
12 OFFICE		OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) CRIMINAL DISTRICT ATTORNEY			
14 NOTICE FROM POLITICAL COMMITTEE(S)		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
Additional Pages		COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME
RICHARD A. SCHMIDT

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2,100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4,119.32
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,119.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,100.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,000.00

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is RICHARD SCHMIDT, and my date of birth is 06/14/1973.
 My address is PO BOX 1395, CANTON, TX, 75103, USA.
 Executed in VAN ZANDT County, State of TEXAS, on the 29TH day of JANUARY, 2026.

Richard Schmidt

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME RICHARD SCHMIDT	20 Filer ID (Ethics Commission Filer)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,119.32
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,119.32
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 1
2 FILER NAME RICHARD A. SCHMIDT			3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2025	5 Full name of contributor NITSIE ELLIOTT	out-of-state PAC (ID#: [REDACTED])	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)	
Date 10/30/2025	Full name of contributor GLENDA SUE SCHMIDT	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 2,000.00
Contributor address: [REDACTED]		City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$)
	Contributor address:	City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$)
	Contributor address:	City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME RICHARD A. SCHMIDT		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,000.00
5 Date of loan 10/30/2026	7 Name of lender RICHARD A. SCHMIDT	9 Loan Amount (\$) 1,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; PO BOX 1395 CANTON	State; Zip Code TX 75103
		10 Interest rate 0.00
		11 Maturity date 01/30/2026
12 Principal occupation / Job title (See Instructions) ATTORNEY		13 Employer (See Instructions) SELF
14 Description of Collateral <input type="checkbox"/> none		15 ✓ Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor RICHARD A. SCHMIDT	19 Amount Guaranteed (\$) 1,000.00
	18 Guarantor address; PO BOX 1395 CANTON TX 75103	
20 Principal Occupation (See Instructions) ATTORNEY		21 Employer (See Instructions) SELF
Date of loan	Name of lender	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address;	State; Zip Code
		Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;	State; Zip Code
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Expenses

Travel In District

Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME RICHARD A. SCHMIDT	3 Filer ID (Ethics Commission Filers)
4 Date 10/21/2025	5 Payee name VISTA PRINT	
6 Amount (\$) 1,942.16	7 Payee address; 275 WYMAN ST Check if individual's residence address.	City; WALTHAM State; MA Zip Code 02451
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name RICHARD SCHMIDT	Office sought CRIMINAL DIST. ATTORNEY Office held
Date 10/30/2025	Payee name VISTA PRINT	
Amount (\$) 240.13	Payee address; 275 WYMAN ST Check if individual's residence address.	City; WALTHAM State; MA Zip Code 02451
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL SIGNAGE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name RICHARD SCHMIDT	Office sought CRIMINAL DIST. ATT. Office held
Date 01/09/2026	Payee name DESIGNER GRAPHICS	
Amount (\$) 1,934.03	Payee address; 12404 HWY 155 SOUTH Check if individual's residence address.	City; TYLER State; TX Zip Code 75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL SIGNAGE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME RICHARD SCHMIDT			3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 4,119.32	
5 CREDIT CARD ISSUER	Name of financial institution CAPITAL ONE			
6 PAYMENT	(a) Amount Charged \$ 1,942.16	(b) Date Expenditure Charged 10/21/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025	
7 PAYEE	(a) Payee name VISTA PRINT	(b) Payee address; 275 WYMAN ST. WALTHAM MA 02451 <input type="checkbox"/> Check if individual's residence address.	City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL SIGNAGE		
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 240.13	(b) Date Expenditure Charged 10/30/2025	(c) Date(s) Credit Card Issuer Paid 11/16/2025	
PAYEE	(a) Payee name VISTA PRINT	(b) Payee address; 275 WYMAN ST. WALTHAM MA 02451 <input type="checkbox"/> Check if individual's residence address.	City, State, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL SIGNAGE		
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 1,937.03	(b) Date Expenditure Charged 01/09/2026	(c) Date(s) Credit Card Issuer Paid 01/09/2026	
PAYEE	(a) Payee name DESIGNER GRAPHICS	(b) Payee address; 12404 HWY 155 S. TYLER TX 75703 <input type="checkbox"/> Check if individual's residence address.	City, State, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL SIGNAGE		
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME RICHARD SCHMIDT	3 Filer ID (Ethics Commission Filers)
4 Date 10/21/2025	5 Payee name VISTA PRINT	
6 Amount (\$) 1,942.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 275 WYMAN ST. <small>Check if individual's residence address.</small>	City: WALTHAM State: MA Zip Code 02451
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL SIGNAGE
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>
9 <small>Complete ONLY if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name Office sought	Office held
Date 10/30/2025	Payee name VISTA PRINT	
Amount (\$) 240.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 275 WYMAN ST. <small>Check if individual's residence address.</small>	City: WALTHAM State: MA Zip Code 02451
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL SIGNAGE
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
Date 01/09/2026	Payee name DESIGNER GRAPHICS	
Amount (\$) 1,937.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 12404 HYW 155 S. <small>Check if individual's residence address.</small>	City: TYLER State: TX Zip Code 75703
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL SIGNAGE
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		