

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)	2 Total pages filed: <i>7</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST RICHARD	MI A	OFFICE USE ONLY		
	NICKNAME	LAST SCHMIDT	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE PO BOX 1395 CANTON TX 75103			BY <i>SUSAN M. ROCKLAND CLERK, VAN ZANDT COUNTY</i> 2026 JAN 30 AM 11:38 FILE FOR RECORD		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ([])	PHONE NUMBER []	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged		
6 CAMPAIN TREASURER NAME	MS / MRS / MR MR.	FIRST RICHARD	MI A	Amount \$		
	NICKNAME	LAST SCHMIDT	SUFFIX			
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; PO BOX 1395 CANTON			STATE; ZIP CODE TX 75103		
8 CAMPAIN TREASURER PHONE	AREA CODE ([])	PHONE NUMBER []	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 10	Day 10	Year 25	Month 12	Day 31	Year 25
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				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

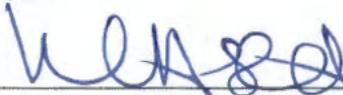
FORM C/OH
COVER SHEET PG 2

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)	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,185.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,100.00
OUTSTANDING LOAN TOTALS	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

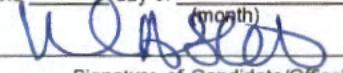
(2) Unsworn Declaration

My name is RICHARD SCHMIDT, and my date of birth is 06/14/1973.

My address is PO BOX 1395, CANTON, TX, 75103, USA.

(street) (city) (state) (zip code) (country)

Executed in VAN ZANDT County, State of TEXAS, on the 30TH day of JANUARY, 20 26.


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 Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,000.00
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	\$ 2,185.30
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,185.30
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 GLEND A. SCHMIDT	out-of-state PAC (ID#: [REDACTED])	7 Amount of contribution (\$) 2,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)	
Date	Full name of contributor [REDACTED]	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$)
	Contributor address; [REDACTED]	City; [REDACTED]	State; [REDACTED] Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor [REDACTED]	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$)
	Contributor address; [REDACTED]	City; [REDACTED]	State; [REDACTED] Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor [REDACTED]	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$)
	Contributor address; [REDACTED]	City; [REDACTED]	State; [REDACTED] Zip Code
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	8 Lender address; PO BOX 1395 CANTON	9 Loan Amount (\$) 1,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	City; 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	□ out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address;	City; 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;		City; 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.			

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: 1	2 FILER NAME RICHARD SCHMIDT	3 FILER ID (Ethics Commission Filers)
---------------------------------	---------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 2,182.29
---	-------------

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	City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.
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	City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.
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 \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
<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; State; Zip Code WALTHAM MA 02451
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description POLITICAL SIGNAGE
	(c) Check if travel outside of Texas. Complete Schedule T. <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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; State; Zip Code WALTHAM MA 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. <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; <small>Check if individual's residence address.</small>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <small>Check if Austin, TX, officeholder living expense</small>	
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		