

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FILED FOR RECORD  
FORM C/OH  
COVER SHEET PG 1

2026 FEB 23 AM 10:58

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 5

SUSAN STRICKLAND  
COUNTY CLERK, VAN ZANDT  
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|  |  |  |                                      |  |  |                                     |
|--|--|--|--------------------------------------|--|--|-------------------------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME            |  | MS / MRS / MR<br>MR.   | FIRST<br>RICHARD                     | MI<br>A  | Date Received<br>DEPUTY                |                                     |
|  |  | NICKNAME   | LAST<br>SCHMIDT                      | SUFFIX   |  |                                     |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS |  | ADDRESS / PO BOX;<br>PO BOX 1395   | APT / SUITE #;                       | CITY;<br>CANTON TX   | STATE;<br>TX                           | ZIP CODE<br>75103                   |
| 5 CANDIDATE / OFFICEHOLDER PHONE           |  | AREA CODE<br>( [REDACTED] )  | PHONE NUMBER<br>[REDACTED]           | EXTENSION  | Date Hand-delivered or Date Postmarked |                                     |
| 6 CAMPAIGN TREASURER NAME                  |  | MS / MRS / MR<br>MR  | FIRST<br>RICHARD                     | MI<br>A  | Receipt # Amount \$                    |                                     |
|  |  | NICKNAME   | LAST<br>SCHMIDT                      | SUFFIX   | Date Processed                         |                                     |
| 7 CAMPAIGN TREASURER ADDRESS               |  | STREET ADDRESS (NO PO BOX PLEASE);<br>PO BOX 1395  |                                      | CITY;<br>CANTON  | STATE;<br>TX                           | ZIP CODE<br>75103                   |
| 8 CAMPAIGN TREASURER PHONE                 |  | AREA CODE<br>( [REDACTED] )  | PHONE NUMBER<br>[REDACTED]           | EXTENSION  | Date Imaged                            |                                     |
| 9 REPORT TYPE                              |  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input checked="" 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<br>1   | Day<br>23                            | Year<br>26   | THROUGH                                | Month<br>2 / Day<br>21 / Year<br>26 |
| 11 ELECTION                                |  | ELECTION DATE<br>Month<br>3 / Day<br>3 / Year<br>26  |                                      | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |                                     |
| 12 OFFICE                                  |  | OFFICE HELD (if any)   |                                      | 13 OFFICE SOUGHT (if known)<br>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<br><input type="checkbox"/> GENERAL<br><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

|   |   |   |
|---|---|---|
| <b>15 C/OH NAME</b><br>RICHARD A. SCHMIDT |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>             | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00                                       |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 2,000.00                                   |
| <b>EXPENDITURE TOTALS</b>                 | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                       |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0.00                                       |
| <b>CONTRIBUTION BALANCE</b>               | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 5,100.00                                   |
| <b>OUTSTANDING LOAN TOTALS</b>            | 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 23RD day of FEBRUARY, 2026.  
(month) (year)

  
\_\_\_\_\_  
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<br>NAME OF SCHEDULE  | SUBTOTAL<br>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. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$ 0.00            |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$ 0.00            |
| 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: <b>1</b>                  |
| 2 FILER NAME<br><b>RICHARD A. SCHMIDT</b>                                    |   | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br><b>02/02/2026</b>  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Mark Driver</b><br>6 Contributor address; City; State; Zip Code<br>[REDACTED] [REDACTED] | 7 Amount of contribution (\$)<br><br><b>2,000.00</b> |
| 8 Principal occupation / Job title (See Instructions)<br><b>CONSTRUCTION</b> |   | 9 Employer (See Instructions)<br><b>SELF</b>         |
| Date   | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                          |
| Principal occupation / Job title (See Instructions)                          |   | Employer (See Instructions)                          |
| Date   | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                          |
| Principal occupation / Job title (See Instructions)                          |   | Employer (See Instructions)                          |
| Date   | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                          |
| 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: <b>1</b>  |
| 2 FILER NAME<br><b>RICHARD A. SCHMIDT</b>  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$ 1,000.00   |
| 5 Date of loan<br><b>10/30/2025</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>RICHARD A. SCHMIDT</b> | 9 Loan Amount (\$)<br><b>1,000.00</b>   |
| 6 Is lender a financial institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code<br><b>PO BOX 1395 CANTON TX 75103</b>                         | 10 Interest rate<br><b>0.00</b>   |
|  |   | 11 Maturity date<br><b>01/30/2026</b>   |
| 12 Principal occupation / Job title (See Instructions)<br><b>ATTORNEY</b>                                |   | 13 Employer (See Instructions)<br><b>SELF</b>   |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                                 |   | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable                       | 17 Name of guarantor  | 19 Amount Guaranteed (\$)   |
|  | 18 Guarantor address; City; State; Zip Code   |   |
| 20 Principal Occupation (See Instructions)   |   | 21 Employer (See Instructions)  |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                                | Loan Amount (\$)  |
| Is lender a financial institution?<br><input type="checkbox"/> Y <input 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<br><input checked="" type="checkbox"/> none                                    |   | Check if personal funds were deposited into political account (See Instructions)  |
| GUARANTOR INFORMATION<br><br><input checked="" 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.