

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Michael</u> MI: <u>A</u> NICKNAME: <u>Adam</u> LAST: <u>Schoof</u> SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>20511 Pink Granite Valley, Richmond Tx 77407</u> (Redact from Open Records, Candidate is an active Peace Officer)	RECVD VIA EMAIL 01/15/2026	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (<u>832</u>) <u>344-6715</u>	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Doug</u> MI: NICKNAME: LAST: <u>White</u> SUFFIX:	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>5423 Ashley Way CT</u> <u>Sugarland Tx 77479</u>	Receipt #	Amount \$
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (<u>713</u>) <u>515-7540</u>	Date Processed	
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 (Officerholder 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)	Date Imaged	
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year / / / / /		
11 ELECTION	ELECTION DATE: ELECTION TYPE: Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>03 / 03 / 2026</u> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any): <u>FBI/SD Trustee Position # 2</u>	13 OFFICE SOUGHT (if known): <u>Fort Bend County Commissioner PCT 4</u>	
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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

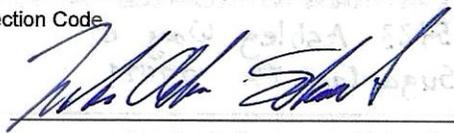
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Michael Adam Schoof</u>		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)	\$ <u>850.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>850.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>1385.62</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1385.62</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>314.94</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

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

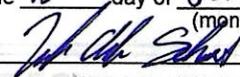
Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is M. Adam Schoof, and my date of birth is 03/1/92
 My address is 20511 Pink Granite Valley (Redact), Richmond, Tx, 77407, Fort Bend
(street) (city) (state) (zip code) (country)
 Executed in Fort Bend County, State of Texas, on the 15th day of Jan, 2025
(month) (year)



Signature of Candidate/Officeholder (Declarant)

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:
2 FILER NAME <i>M. Adam Schoof</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>01/05/2026</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heleh Jimenez</i>	7 Amount of contribution (\$) <i>\$ 200.00</i>
	6 Contributor address; City; State; Zip Code <i>Redacted, Law Enforcement Residence</i>	
8 Principal occupation / Job title (See Instructions) <i>PhD</i>		9 Employer (See Instructions)
Date <i>01/05/2026</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlo Jimenez</i>	Amount of contribution (\$) <i>\$ 200.00</i>
	Contributor address; City; State; Zip Code <i>Redacted, Law Enforcement Residence</i>	
Principal occupation / Job title (See Instructions) <i>Law Enforcement Officer</i>		Employer (See Instructions)
Date <i>01/06/2026</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Vrshek</i>	Amount of contribution (\$) <i>\$ 50.00</i>
	Contributor address; City; State; Zip Code <i>1006 Cleights Ln, Richmond Tx 77469</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>01/06/2026</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Doug White</i>	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address; City; State; Zip Code <i>5423 Ashley Way CT. Sugar Land TX 77479</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		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.

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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Margarette Susan Jenkins</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
<i>01/06/2026</i>	6 Contributor address; City; State; Zip Code <i>418 Larkspur Ln Richmond TX 77469</i>	
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Justin Schiro</i>	Amount of contribution (\$) <i>\$ 400.00</i>
<i>01/13/2026</i>	Contributor address; City; State; Zip Code <i>21118 Meadow Ash CT Richmond TX 77407</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>M. Adam School</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>950.00</i>
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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	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:	2 FILER NAME <i>M. Adam Schoof</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>01/08/2026</i>	5 Payee name <i>Saul Harris</i>
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6 Amount (\$) <i>\$200.00</i>	7 Payee address; <i>Redacted, Active Peace Officer</i>	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) <i>Security</i>	(b) Description <i>Law Enforcement Officer</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>01/02/2026</i>	Payee name <i>Vista Print</i>
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Amount (\$) <i>\$625.56</i>	Payee address; <i>275 Wyman St Waltham MA 02451</i>	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Door Hangers</i>	Description <i>Door Hangers</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date <i>01/14/2026</i>	Payee name <i>NBD Graphics</i>
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Amount (\$) <i>\$460.06</i>	Payee address; <i>917 S Mason Rd. Katy TX 77450</i>	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signs</i>	Description <i>Signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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