

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: **8**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST STACY	MI J.	OFFICE USE ONLY Lamar County Elections JAN 14 2026 Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
	NICKNAME	LAST MCNEAL	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. BOX 133	APT / SUITE #:	CITY: PARIS	STATE: TX	ZIP CODE 75462	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 905-2426	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST JEREMY	MI S.			
	NICKNAME	LAST MASSEY	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 4005 LAKESHORE DR.		APT / SUITE #:	CITY: RENO	STATE: TX.	ZIP CODE 75462
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 715-2417	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 Day Year 12 / 11 / 2025		THROUGH Month Day Year 12 / 31 / 2025			
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) -		13 OFFICE SOUGHT (if known) JUSTICE OF THE PEACE PCT. 5 PL. 2			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.					
	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	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 <u>STACY J. MCNEAL</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>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>865.44</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,677.68</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</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]
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 STACY J. MCNEAL, and my date of birth is 11-26-1974.

My address is P.O. Box 133, PARIS, TX, 75461, U.S.A.
(street) (city) (state) (zip code) (country)

Executed in LAMAR County, State of TEXAS, on the 14TH day of JANUARY, 20 26.
(month) (year)

[Signature]
Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ ϕ
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 865.74
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ ϕ
4.	SCHEDULE E: LOANS	\$ ϕ
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ ϕ
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ ϕ
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ ϕ
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ ϕ
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6,677.68
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ ϕ
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ ϕ
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ ϕ

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>STACE J. MCNEAL</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>12-22-25</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MURRAY THOMAS FASKEN</u>	8 Amount of Contribution \$ <u>865.00</u>	9 In-kind contribution description <u>Bill board sign and installation</u>
7 Contributor address; City; State; Zip Code <u>4140 SLEEPY HOLLOW PARIS TX 75462</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>3</u>		2 FILER NAME <u>STACY J. McNEAL</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>12-19-25</u>		5 Payee name <u>SIGNS ON THE CHEAP</u>			
6 Amount (\$) <u>\$2,524.87</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; <u>11525A STONEHOLLOW DR STE. 120</u>		City; <u>AUSTIN</u>	State; <u>TX.</u>
				Zip Code <u>78758</u>	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		(b) Description <u>CAMPAIGN SIGNS</u>	
		(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					
Date <u>12-22-25</u>		Payee name <u>DTE DALLAS</u>			
Amount (\$) <u>\$110.78</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; <u>903 N. BOWSER RD. STE 250</u>		City; <u>RICHARDSON</u>	State; <u>TX.</u>
				Zip Code <u>75081</u>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		Description <u>SCREEN PRINTING FOR CAMPAIGN SHIRTS</u>	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>12-22-25</u>		Payee name <u>RED RIVER VALLEY DOWN SYNDROME SOCIETY</u>			
Amount (\$) <u>\$250.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; <u>505 LAMAR AVE.</u>		City; <u>PARIS</u>	State; <u>TX.</u>
				Zip Code <u>75460</u>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		Description <u>SNOWFLAKE + DIAMONDS SPONSORSHIP</u>	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME STACY J. MCNEAL	3 Filer ID (Ethics Commission Filers)
4 Date 12-24-25	5 Payee name TRACTOR SUPPLY COMPANY	
6 Amount (\$) \$263.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2035 SH-139 SPUR PARIS TX. 75462 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	
	(b) Description TEE POSTS + TIES TO DISPLAY CAMPAIGN SIGNS	
(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		

Date 12-24-25	Payee name HOBBY LOBBY		
Amount (\$) \$51.91 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3510 LAMAR AVE. STE. 210 PARIS TX. 75460 <small>Check if individual's residence address.</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description MATERIALS FOR CAMPAIGN SHIRTS
	<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			

Date 12-26-25	Payee name SIGNS ON THE CHEAP		
Amount (\$) \$1,255.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11525A STONETHOLLOW DR. STE. 120 AUSTIN TX. 78758 <small>Check if individual's residence address.</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description CAMPAIGN SIGNS
	<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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="font-size: 24pt; font-weight: bold;">3</div>	2 FILER NAME <div style="font-size: 18pt; font-weight: bold;">STACY J. MSNEAL</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 18pt; font-weight: bold;">12-28-25</div>	5 Payee name <div style="font-size: 18pt; font-weight: bold;">DTF DALLAS</div>	
6 Amount (\$) <div style="font-size: 18pt; font-weight: bold;">\$57.02</div> <div style="font-size: 12pt;">Reimbursement from political contributions intended <input checked="" type="checkbox"/></div>	7 Payee address; City; State; Zip Code <div style="font-size: 18pt; font-weight: bold;">903 N. BOWSER RD. STE. 250 RICHARDSON TX. 75081</div> <div style="font-size: 10pt;">Check if individual's residence address.</div>	
8 <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 18pt; font-weight: bold;">ADVERTISING EXPENSE</div>	
	(b) Description <div style="font-size: 18pt; font-weight: bold;">SHIRTS FOR CAMPAIGN</div>	
(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 Office sought Office held		
Date Payee name <div style="font-size: 18pt; font-weight: bold;">12-30-25 SIGNS ON THE CHEAP</div>		
Amount (\$) <div style="font-size: 18pt; font-weight: bold;">\$1,795.49</div> <div style="font-size: 12pt;">Reimbursement from political contributions intended <input checked="" type="checkbox"/></div>	Payee address; City; State; Zip Code <div style="font-size: 18pt; font-weight: bold;">11525A STONEHOLLOW DR. STE. 120 AUSTIN TX. 78758</div> <div style="font-size: 10pt;">Check if individual's residence address.</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 18pt; font-weight: bold;">ADVERTISING EXPENSE</div>	
	Description <div style="font-size: 18pt; font-weight: bold;">CAMPAIGN SIGNS</div>	
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		
Date Payee name <div style="font-size: 18pt; font-weight: bold;">12-12-25 LAMAR COUNTY REPUBLICAN PARTY</div>		
Amount (\$) <div style="font-size: 18pt; font-weight: bold;">\$375.00</div> <div style="font-size: 12pt;">Reimbursement from political contributions intended <input checked="" type="checkbox"/></div>	Payee address; City; State; Zip Code <div style="font-size: 18pt; font-weight: bold;">PARIS TX 75460</div> <div style="font-size: 10pt;">Check if individual's residence address.</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 18pt; font-weight: bold;">FEES</div>	
	Description <div style="font-size: 18pt; font-weight: bold;">FILING FEE</div>	
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