

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 STACI	MI J.	OFFICE USE ONLY		
	NICKNAME	LAST MCNEAL	SUFFIX	Date Filed: Lamar County Elections		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; P.O. BOX 133	APT / SUITE #; 	CITY; PARIS	STATE; TX	ZIP CODE 75462	
JAN 14 2026						
Received						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 905-2426	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST JEREMY	MI S.	Receipt #	Amount \$	
	NICKNAME	LAST MASSEY	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 4005 LAKESHORE DR.			CITY; RENO	STATE; ZIP CODE TX. 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 12	Day 11	Year 2025	Month 12	Day 31	Year 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)	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 <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	STACI J. MCNEAL		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)	\$	<i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<i>865.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	<i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$	<i>6,677.68</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<i>0</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<i>0</i>
OUTSTANDING LOAN TOTALS			

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

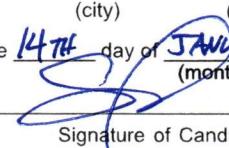
Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is STACI 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 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	\$ <i>0</i>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>865.00</i>
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4. SCHEDULE E: LOANS	\$ <i>0</i>
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>6,677.68</i>
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

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)

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 12-19-25	5 Payee name SIGNS ON THE CHEAP	
6 Amount (\$) \$2,524.87 <small>X Reimbursement from political contributions intended</small>	7 Payee address: 11525A STONEHOLLOW DR STE. 120 AUSTIN TX 78758 <small>Check if individual's residence address.</small>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CAMPAIGN SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9	Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought Office held
Date 12-22-25	Payee name DTF DALLAS	
Amount (\$) \$110.78 <small>X Reimbursement from political contributions intended</small>	Payee address: 903 N. BOWSER RD. STE 250 RICHARDSON TX. 75081 <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) ADVERTISING EXPENSE	Description SCREEN PRINTING FOR CAMPAIGN SHIRTS
	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 12-22-25	Payee name RED RIVER VALLEY DOWN SYNDROME SOCIETY	
Amount (\$) \$250.00 <small>X Reimbursement from political contributions intended</small>	Payee address: 505 LAMAR AVE. PARIS TX. 75460 <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) ADVERTISING EXPENSE	Description SNOWFLAKE + DIAMONDS SPONSORSHIP
	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
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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			

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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>12-24-25</u>	5 Payee name <u>TRACTOR SUPPLY COMPANY</u>			
6 Amount (\$) <u>\$263.56</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <u>2035 SH-139 SPUR</u> <small>Check if individual's residence address.</small>	City; <u>PARIS</u>	State; <u>TX.</u>	Zip Code <u>75462</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	(b) Description <u>TEE POSTS + TIES TO DISPLAY CAMPAIGN SIGNS</u>		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9	Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
Date <u>12-24-25</u>	Payee name <u>HOBBY LOBBY</u>			
Amount (\$) <u>\$151.91</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <u>3510 LAMAR AVE. STE. 210</u> <small>Check if individual's residence address.</small>	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>MATERIALS FOR CAMPAIGN SHIRTS</u>		
	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 <u>12-26-25</u>	Payee name <u>SIGNS ON THE CHEAP</u>			
Amount (\$) <u>\$1,255.05</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <u>11525A STONEHOLLOW DR. STE. 120</u> <small>Check if individual's residence address.</small>	City; <u>AUSTIN</u>	State; <u>TX.</u>	Zip Code <u>78758</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	Description <u>CAMPAIGN SIGNS</u>		
	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

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 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)

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1 Total pages Schedule G: <i>3</i>	2 FILER NAME <i>STACI J. MCNEAL</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-28-25</i>	5 Payee name <i>DTF DALLAS</i>	
6 Amount (\$) <i>\$57.02</i> <small>Reimbursement from political contributions intended</small>	7 Payee address; <i>903 N. BOWSER RD. STE. 250</i>	City: <i>RICHARDSON</i> State: <i>TX.</i> Zip Code <i>75081</i>
Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>SHIRTS FOR CAMPAIGN</i>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought Office held
Date <i>12-30-25</i>	Payee name <i>SIGNS ON THE CHEAP</i>	
Amount (\$) <i>\$1,795.49</i> <small>Reimbursement from political contributions intended</small>	Payee address; <i>11525A STONEHOLLOW DR. STE. 120</i>	City: <i>AUSTIN</i> State: <i>TX.</i> Zip Code <i>78758</i>
Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>CAMPAIGN SIGNS</i>
	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 <i>12-12-25</i>	Payee name <i>LAMAR COUNTY REPUBLICAN PARTY</i>	
Amount (\$) <i>\$375.00</i> <small>Reimbursement from political contributions intended</small>	Payee address;	City: <i>PARIS</i> State: <i>TX</i> Zip Code <i>75460</i>
Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FEES</i>	Description <i>FILING FEE</i>
	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

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