

# 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: **5**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

**MR.**

FIRST

**STACY**

MI

**J.**

NICKNAME

LAST

**MCNEAL**

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

**P.O. BOX 133**

APT / SUITE #;

CITY;

**PARIS**

STATE;

**TX**

ZIP CODE

**75461**

Change of Address

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); APT / SUITE #;

**4005 LAKESHORE DR.**

CITY;

**RENO**

STATE;

**TX**

ZIP CODE

**75462**

8 CAMPAIGN TREASURER PHONE

AREA CODE

**(903)**

PHONE NUMBER

**715-2417**

EXTENSION

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

**01 / 23 / 26**

THROUGH

Month

Day

Year

**02 / 23 / 26**

11 ELECTION

ELECTION DATE

Month Day Year

**03 / 03 / 26**

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

**N/A**

13 OFFICE SOUGHT (if known)

**LAMAR COUNTY JUSTICE OF THE PEACE  
PRECINCT 5 PLACE 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME STACY 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) | \$ <u>0</u>        |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>250.00</u>   |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>310.54</u>   |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>5,188.42</u> |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>101.53</u>   |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>2,000.00</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

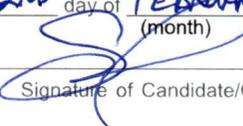
Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

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

OR

**(2) Unsworn Declaration**

My name is 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 22nd day of FEBRUARY, 20 26.  
(month) (year)



Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

|  |   |   |
|--|---|---|
| <b>19 FILER NAME</b><br><i>STACY J. MCNEAL</i>   |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                            |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ <i>250.00</i>                              |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ <i>0</i>                                   |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ <i>0</i>                                   |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ <i>0</i>                                   |
| 5.   | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ <i>0</i>                                   |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ <i>0</i>                                   |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ <i>0</i>                                   |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ <i>0</i>                                   |
| 9.   | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ <i>4,877.88</i>                            |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ <i>0</i>                                   |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ <i>0</i>                                   |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>0</i>                                   |

# 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: <u>1</u>         |
| 2 FILER NAME <u>STACY J. MCNEAL</u>  |  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br><u>02-04-26</u>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>BEN A. HOLLAND</u> | 7 Amount of contribution (\$) <u>250.00</u> |
| 6 Contributor address; City; State; Zip Code<br><u>915 COPE DR. PARIS TX 75462</u> |  |   |
| 8 Principal occupation / Job title (See Instructions)                              |  | 9 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) |

|   |   |                             |
|---|---|-----------------------------|
| 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) |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule G:<br>1   | <b>2</b> FILER NAME<br>STACH J. McNEAL  | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| <b>4</b> Date<br>02-02-26   | <b>5</b> Payee name<br>DISCOVER OUTDOOR SIGNS   |   |
| <b>6</b> Amount (\$)<br>1,000.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 6351 PARIS TX 75461<br><input type="checkbox"/> Check if individual's residence address.    |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE  | <b>(b)</b> Description<br>BILLBOARD RENTAL                                |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought / Office held   |
| <b>Date</b><br>02-09-26   | <b>Payee name</b><br>DEADCAT MEDIA LLC  |   |
| <b>Amount (\$)</b><br>1,677.88<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   | <b>Payee address; City; State; Zip Code</b><br>27 CLARKSVILLE ST. PARIS TX 75460<br><input type="checkbox"/> Check if individual's residence address. |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>Category</b> (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE  | <b>Description</b><br>PRINTED + MAILED ADVERTISEMENTS                     |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought / Office held   |
| <b>Date</b><br>02-20-26   | <b>Payee name</b><br>DEADCAT MEDIA LLC  |   |
| <b>Amount (\$)</b><br>2,200.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended   | <b>Payee address; City; State; Zip Code</b><br>27 CLARKSVILLE ST. PARIS TX 75460<br><input type="checkbox"/> Check if individual's residence address. |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>Category</b> (See Categories listed at the top of this schedule)<br>ADVERTISING EXPENSE  | <b>Description</b><br>ADVERTISING MANAGEMENT RETAINER                     |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.   | <input type="checkbox"/> 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