

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

| | | |
|---|---|---|
| 15 C/OH NAME STEPHANIE FISHER | | 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) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 23017.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

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.

Stephanie Fisher
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 STEPHANIE FISHER, and my date of birth is 27 NOVEMBER 1980

My address is 5 ENCINITAS DR, JOHNSON CITY, TX, 78636, USA

(street) (city) (state) (zip code) (country)

Executed in BLANCO County, State of TEXAS, on the 16 day of FEBRUARY, 2026

(month) (year)

Stephanie Fisher
Signature of Candidate/Officeholder (Declarant)

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 |
| Candidates/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: 2 | 2 FILER NAME STEPHANIE FISHER | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|---|---------------------------------------|

| | |
|-----------------------------|--|
| 4 Date 01/12/2026 | 5 Payee name NEEL & PARTNERS |
|-----------------------------|--|

| | |
|--|---|
| 6 Amount (\$) 1625.00 <small>Reimbursement from political contributions intended</small> | 7 Payee address; 8601 ICE HOUSE DR UNIT 7108, NORTH RICHLAND HILLS, TX, 76180 <small>City; State; Zip Code</small> <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 MAILER |
| | (c) <small>Check if travel outside of Texas. Complete Schedule T.</small> | <small>Check if Austin, TX, officeholder living expense</small> |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|---------------------------|--|
| Date 01/16/2026 | Payee name NEEL & PARTNERS |
|---------------------------|--|

| | |
|---|---|
| Amount (\$) 21392.00 <small>Reimbursement from political contributions intended</small> | Payee address; 8601 ICE HOUSE DR UNIT 7108, NORTH RICHLAND HILLS, TX, 76180 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small> |
|---|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES | Description BANNER ADS, STREAMING ADS |
| | <small>Check if travel outside of Texas. Complete Schedule T.</small> | <small>Check if Austin, TX, officeholder living expense</small> |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|--|--|
| Amount (\$) <small>Reimbursement from political contributions intended</small> | Payee address; <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small> |
|--|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <small>Check if travel outside of Texas. Complete Schedule T.</small> | <small>Check if Austin, TX, officeholder living expense</small> |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED