

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: <u>11</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR.</u>	FIRST <u>STACY</u>	MI <u>J.</u>
	NICKNAME	LAST <u>NEAL</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. BOX 133</u> <u>PARIS TX 75461</u>		
	AREA CODE PHONE NUMBER EXTENSION <u>(903)</u> <u>905-2426</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <u>MR.</u>	FIRST <u>JEREMY</u>	MI <u>S.</u>
	NICKNAME	LAST <u>MASSEY</u>	SUFFIX
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>4005 LAKEHORE DR</u> <u>RENO TX. 75462</u>		
	AREA CODE PHONE NUMBER EXTENSION <u>(903)</u> <u>715-2417</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	REPORT TYPE <input type="checkbox"/> January 15 <input checked="" 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)		
	PERIOD COVERED Month Day Year THROUGH Month Day Year <u>01 / 01 / 2026</u> <u>01 / 22 / 2026</u>		
8 CAMPAIGN TREASURER PHONE	ELECTION DATE Month Day Year ELECTION TYPE <u>03 / 03 / 2026</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
	OFFICE HELD (if any) <u>N/A</u>		
9 REPORT TYPE	OFFICE SOUGHT (if known) <u>LAMAR COUNTY JUSTICE OF THE PEACE PRECINCT 5 PLACE 2</u>		
	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.		
10 PERIOD COVERED <input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		
	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 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)	\$ 535.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,380.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 447.40
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,217.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 162.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

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 **31ST** 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

STACY J. MCNEAL

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,845.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 2,000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,270.53
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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 500.00
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	\$

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: 3
2 FILER NAME STACY J. MCNEAL		3 Filer ID (Ethics Commission Filers)
4 Date 01-15-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN BASSANO 6 Contributor address; City; State; Zip Code 240 CR 33630 PARIS TX. 75460	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01-16-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAT BASSANO Contributor address; City; State; Zip Code 14000 FR 197 ARTHUR CITY TX. 75411	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01-08-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GATE NOTTINGHAM Contributor address; City; State; Zip Code 2410 WILDWOOD LN. PARIS TX. 75462	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01-08-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL ELLIOTT Contributor address; City; State; Zip Code 344 CR 43360 PARIS TX. 75462	Amount of contribution (\$) 500.00
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.		

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: 3
2 FILER NAME STACY J. McNEAL		3 Filer ID (Ethics Commission Filers)
4 Date 01-08-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAZHANETTE SKIDMORE 6 Contributor address; City; State; Zip Code PATTONVILLE TX. 75468	7 Amount of contribution (\$) 155.00%
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01-08-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY WILSON Contributor address; City; State; Zip Code JOHNSON WOODS DR. PARIS TX 75460	Amount of contribution (\$) 460.00%
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01-08-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN LOWRY Contributor address; City; State; Zip Code 3240 HUBBARD PARIS TX 75460	Amount of contribution (\$) 125.00%
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01-14-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT + KRISTI HEARNE Contributor address; City; State; Zip Code 6981 CR 43200 POWDERLY TX. 75473	Amount of contribution (\$) 150.00%
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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: 3
2 FILER NAME STACY J. MCNEAL		3 Filer ID (Ethics Commission Filers)
4 Date 01-08-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLLAND HARPER <hr/> 6 Contributor address; City; State; Zip Code 1040 31ST STREET S.E. PARIS TX 75460	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01-08-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEREMY + TIFFANY MASSEY <hr/> Contributor address; City; State; Zip Code 4005 LAKESHORE DR. RENO TX 75462	Amount of contribution (\$) 155.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME STACY J. MSNEAL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 01-02-26	7 Name of lender STACY J. MSNEAL <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) 2,000.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code P.O. BOX 133 PARIS TX 75461	10 Interest rate 0
		11 Maturity date 0
12 Principal occupation / Job title (See Instructions) —		13 Employer (See Instructions) —
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor — 18 Guarantor address; City; State; Zip Code —	19 Amount Guaranteed (\$) —
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <u>3</u>		2 FILER NAME: <u>STACY J. McNEAL</u>		3 Filer ID (Ethics Commission Filers)				
4 Date: <u>01-01-26</u>		5 Payee name: <u>DEADCAT MEDIA LLC</u>						
6 Amount (\$): <u>2,200.00</u>		7 Payee address; City; State; Zip Code <u>27 CLARKSVILLE ST.</u> <u>PARIS</u> <u>TX</u> <u>75460</u> <input type="checkbox"/> Check if individual's residence address.						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		(b) Description <u>ADVERTISING MANAGEMENT RETAINER</u>					
	(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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date: <u>01-02-26</u>		Payee name: <u>HERITAGE HALL</u>						
Amount (\$): <u>800.00</u>		Payee address; City; State; Zip Code <u>1009 W. KAUFMAN ST.</u> <u>PARIS</u> <u>TX</u> <u>75460</u> <input type="checkbox"/> Check if individual's residence address.						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE</u>		Description <u>VENUE RENTAL</u>					
	<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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date: <u>01-07-26</u>		Payee name: <u>DEADCAT MEDIA LLC</u>						
Amount (\$): <u>224.08</u>		Payee address; City; State; Zip Code <u>27 CLARKSVILLE ST.</u> <u>PARIS</u> <u>TX</u> <u>75460</u> <input type="checkbox"/> Check if individual's residence address.						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		Description <u>PRINTED ADVERTISEMENTS</u>					
	<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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						

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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 3	2 FILER NAME DEAN STACY J. MSNEAL	3 Filer ID (Ethics Commission Filers)
4 Date 01-02-26	5 Payee name DEADCAT MEDIA LLC	
6 Amount (\$) 71.45	7 Payee address; City; State; Zip Code 27 CLARKSVILLE ST. PARIS TX 75460 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	
	(b) Description PRINTED ADVERTISEMENTS	
(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 01-08-26	Payee name TIFFANY SPRINGER - GRAZE PTX	
Amount (\$) 650.00	Payee address; City; State; Zip Code PARIS TX. 75460 <input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD EXPENSE	
	Description FOOD FOR EVENT	
<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 01-08-26	Payee name HOST THE MOST - GAYLE COLLARD	
Amount (\$) 325.00	Payee address; City; State; Zip Code RENO TX. 75462 <input checked="" type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	
	Description DECORATIONS FOR EVENT	
<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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 F1: 3	2 FILER NAME STACY J. MSNEAL	3 Filer ID (Ethics Commission Filers)
4 Date 01-09-26	5 Payee name DISCOVER OUTDOOR SIGNS	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code P.O. BOX 6351 PARIS TX 75461 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	
	(b) Description BILLBOARD RENTAL	
	(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	Payee name	
Amount (\$)	Payee address; 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)	
	Description	
	<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	Payee name	
Amount (\$)	Payee address; 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)	
	Description	
	<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		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <u>STACY J. McNEAL</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>01-20-26</u>	5 Payee name <u>C.A.C. PARIS</u>			
6 Amount (\$) <u>500.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <u>711 PINE BLUFF</u> <input type="checkbox"/> Check if individual's residence address.		City; <u>PARIS</u>	State; <u>TX</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		(b) Description <u>SWEETHEART SOURCE SPONSORSHIP</u>	
	<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	Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <input type="checkbox"/> Check if individual's residence address.		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	<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	Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <input type="checkbox"/> Check if individual's residence address.		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED