

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:	
				11		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST STACY	MI J.	OFFICE USE ONLY		
	NICKNAME	LAST MS NEAL	SUFFIX	Date Received Lamar County Elections		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	P. O. BOX 133 PARIS TX 75461					
FEB - 2 2026						
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 905-2426	EXTENSION			
Date Hand-delivered or Date Postmarked Received						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST JEREMY	MI S.	Receipt #		
	NICKNAME	LAST MASSEY	SUFFIX	Amount \$		
<input type="checkbox"/> Date Processed						
<input type="checkbox"/> Date Imaged						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:			CITY:	STATE: ZIP CODE	
	4005 LAKESHORE DR.			RENO	TX. 75462	
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 715-2417	EXTENSION			
9 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)					
10 PERIOD COVERED	Month 01	Day 01	Year 2026	Month 01	Day 22	
	THROUGH			2026		
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) 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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

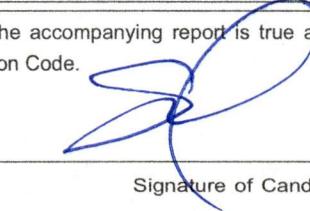
GO TO PAGE 2

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
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00
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 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.

Executed in LAMAR County, State of TEXAS, on the 31ST day of JANUARY, 20 26.
(street) (city) (state) (zip code) (country)


Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
STACY J. MCNEAL	
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: <u>3</u>
2 FILER NAME <u>STACI J. MCNEAL</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>01-15-26</u>	5 Full name of contributor <u>JOHN BASSANO</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) <u>1,000.00</u>
6 Contributor address; <u>240 CR 33630</u>	City; <u>PARIS</u>	State; Zip Code <u>TX. 75460</u>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <u>01-16-26</u>	Full name of contributor <u>PAT BASSANO</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <u>300.00</u>
Contributor address; <u>14000 FR 197</u>	City; <u>ARTHUR CITY</u>	State; Zip Code <u>TX. 75411</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>01-08-26</u>	Full name of contributor <u>GATE NOTTINGHAM</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <u>500.00</u>
Contributor address; <u>2410 WILDWOOD LN.</u>	City; <u>PARIS</u>	State; Zip Code <u>TX. 75462</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>01-08-26</u>	Full name of contributor <u>MICHAEL ELLIOTT</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <u>500.00</u>
Contributor address; <u>344 CR 43360</u>	City; <u>PARIS</u>	State; Zip Code <u>TX. 75462</u>	
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 LAZHANETTE SKIDMORE	<input type="checkbox"/> out-of-state PAC (ID#: 153.00)	7 Amount of contribution (\$)
	6 Contributor address; PATTONVILLE TX 75468	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 01-08-26	Full name of contributor GREGORY WILSON	<input type="checkbox"/> out-of-state PAC (ID#: 460.00)	Amount of contribution (\$)
	Contributor address; JOHNSON WOODS DR. PARIS TX 75460	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01-08-26	Full name of contributor JOHN LOWRY	<input type="checkbox"/> out-of-state PAC (ID#: 125.00)	Amount of contribution (\$)
	Contributor address; 3240 HUBBARD PARIS TX 75460	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01-04-26	Full name of contributor SCOTT & KRISTI HEARNE	<input type="checkbox"/> out-of-state PAC (ID#: 150.00)	Amount of contribution (\$)
	Contributor address; 6981 CR 43200 POWDERLY TX 75473	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.			

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>3</u>
2 FILER NAME <u>STACI J. MCNEAL</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>01-08-26</u>	5 Full name of contributor <u>HOLLAND HARPER</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) <u>500.00</u>
	6 Contributor address; <u>1040 31ST STREET S.E. PARIS, TX 75460</u>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <u>01-08-26</u>	Full name of contributor <u>JEREMY + TIFFANY MASSEY</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <u>155.00</u>
	Contributor address; <u>4005 LAKESHORE DR. RENO, NV 89502</u>	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#: <u> </u>)	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#: <u> </u>)	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.			

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.

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule E: <u>1</u></p>
<p>2 FILER NAME <u>STACI J. MCNEAL</u></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED LOANS</p>			<p>\$ <u>0</u></p>
<p>5 Date of loan <u>01-02-26</u></p>	<p>7 Name of lender <u>STACI J. MCNEAL</u></p> <p><input type="checkbox"/> out-of-state PAC (ID#:</p>		<p>9 Loan Amount (\$) <u>2,000.00</u></p>
<p>6 Is lender a financial institution? <u>Y</u> <u>N</u></p>	<p>8 Lender address; <u>P.O. BOX 133</u> City; <u>PARIS</u> State; <u>TX</u> Zip Code <u>75461</u></p>	<p>10 Interest rate <u>0</u></p>	
<p>12 Principal occupation / Job title (See Instructions) <u>—</u></p>		<p>13 Employer (See Instructions) <u>—</u></p>	
<p>14 Description of Collateral <u>none</u></p>		<p>15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)</p>	
<p>16 GUARANTOR INFORMATION</p>	<p>17 Name of guarantor <u>—</u></p>		<p>19 Amount Guaranteed (\$) <u>—</u></p>
	<p>18 Guarantor address; <u>—</u> City; <u>—</u> State; <u>—</u> Zip Code <u>—</u></p>		
	<p><input checked="" type="checkbox"/> not applicable <u>—</u></p>		
<p>20 Principal Occupation (See Instructions)</p>		<p>21 Employer (See Instructions)</p>	
<p>Date of loan</p>	<p>Name of lender <input type="checkbox"/> out-of-state PAC (ID#:</p>		<p>Loan Amount (\$)</p>
<p>Is lender a financial institution? <u>Y</u> <u>N</u></p>	<p>Lender address; <u>—</u> City; <u>—</u> State; <u>—</u> Zip Code <u>—</u></p>		<p>Interest rate</p>
			<p>Maturity date</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Description of Collateral</p> <p><input type="checkbox"/> none</p>		<p><input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)</p>	
<p>GUARANTOR INFORMATION</p>	<p>Name of guarantor <u>—</u></p>		<p>Amount Guaranteed (\$)</p>
	<p>Guarantor address; <u>—</u> City; <u>—</u> State; <u>—</u> Zip Code <u>—</u></p>		
	<p><input type="checkbox"/> not applicable <u>—</u></p>		
<p>Principal Occupation (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
3	STACY J. MCNEAL		
4 Date	5 Payee name		
01-01-26	DEADCAT MEDIA LLC		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
2,200.00	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)	(b) Description	
	ADVERTISING EXPENSE	ADVERTISING MANAGEMENT RETAINER	
(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		
01-02-26	HERITAGE HALL		
Amount (\$)	Payee address;	City; State; Zip Code	
800.00	1009 W. KAUFMAN ST.	PARIS TX	75460
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	EVENT EXPENSE	VENUE RENTAL	
<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		
01-07-26	DEADCAT MEDIA LLC		
Amount (\$)	Payee address;	City; State; Zip Code	
224.08	27 CLARKSVILLE ST.	PARIS TX	75460
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING EXPENSE	PRINTED ADVERTISEMENTS	
<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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
3	DEAN STACY J. MCNEAL		
4 Date	5 Payee name		
01-02-26	DEADCAT MEDIA LLC		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
71.45	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)	(b) Description	
	ADVERTISING EXPENSE	PRINTED ADVERTISEMENTS	
<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		
01-08-26	TIFFANY SPRINGER - GRAZE PTX		
Amount (\$)	Payee address;	City; State; Zip Code	
650.00		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)	Description	
	FOOD EXPENSE	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	Payee name		
01-08-26	HOST THE MOST - GAYLE COLLARD		
Amount (\$)	Payee address;	City; State; Zip Code	
325.00		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)	Description	
	EVENT EXPENSE	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
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 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; P.O. BOX 6351 <input type="checkbox"/> Check if individual's residence address.	City; PARIS	State; TX	Zip Code 75461
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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>STACY J. MCNEAL</i>	3 Filer ID (Ethics Commission Filers)		
4 Date <i>01-20-26</i>	5 Payee name <i>C. A. C. PARIS</i>			
6 Amount (\$) <i>500.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <i>711 PINE BLUFF</i> <input type="checkbox"/> Check if individual's residence address.	City; <i>PARIS</i>	State; <i>TX</i>	Zip Code <i>75460</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>SWEETHEART SOIREE SPONSORSHIP</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<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		
Candidate / Officeholder name		Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<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		
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				