

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>20</u>		OFFICE USE ONLY							
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Mr. NICKNAME				FIRST Leland LAST Lacy		MI F. SUFFIX		Date Received	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> Final report Other (specify)		Date Hand-delivered or Date Postmarked			
5 ORIGINAL PERIOD COVERED		Month Day Year 01 / 01 / 2026		THROUGH		Month Day Year 02 / 01 / 2026		Receipt #		Amount \$	
								Date Processed			
								Date Imaged			

6 EXPLANATION OF CORRECTION The loan was incorrectly reported as a contribution. Also, an in-kind donation was inadvertently omitted.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/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 Leland Lacy, and my date of birth is 09/02/1980.

My address is 516 W Twohig Ave, San Angelo, TX, 76903, USA.

(street)

(city)

(state)

(zip code)

(country)

Executed in Tom Green County, State of Texas, on the 3 day of February, 20 26.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM JC/OH
COVER SHEET PG 1

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME Leland Lacy		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS \$8,840	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$315
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$8,525
EXPENDITURE TOTALS \$6,235.77	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$13.40
	4. TOTAL POLITICAL EXPENDITURES	\$6,222.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$16,623.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$5,100

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/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 Leland Lacy, and my date of birth is 09/02/1980.

My address is 516 W Twohig Ave, San Angelo, TX, 76903, USA.
(street) (city) (state) (zip code) (country)

Executed in Tom Green County, State of Texas, on the 3rd day of February, 20 26.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>Leland Lacy</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$8,615.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 475.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$1,000
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$5,100.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$6,235.77
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 9
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 1/3/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Gaye Pelzel 6 Contributor address; City; State; Zip Code 2202 CR 347, Miles, TX 76861	7 Amount of contribution (\$) 1,000.00
8 Contributor's principal occupation retired		9 Contributor's job title n/a
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/4/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mark Brown Contributor address; City; State; Zip Code 121 S. Irving St, San Angelo, TX 76903	Amount of contribution (\$) 500.00
Contributor's principal occupation attorney		Contributor's job title attorney
Contributor's employer/law firm Mark Brown, Attorney at Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1/5/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Wilson Kent Lacy Contributor address; City; State; Zip Code 6337 Pueblo Pass, San Angelo, TX 76903	Amount of contribution (\$) 500.00
Contributor's principal occupation retired		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 9
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 1/5/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sandy Rothband <hr/> 6 Contributor address; City; State; Zip Code 4202 Laurel Oak Dr, San Angelo, TX 76904	7 Amount of contribution (\$) 200.00
8 Contributor's principal occupation attorney		9 Contributor's job title Assistant County Attorney
10 Contributor's employer/law firm Tom Green County Attorney's office		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/7/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Estelle Eckert <hr/> Contributor address; City; State; Zip Code 3318 Clearview Dr, San Angelo, TX 76904	Amount of contribution (\$) 50.00
Contributor's principal occupation retired		Contributor's job title -
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1/8/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Clint Reichenau <hr/> Contributor address; City; State; Zip Code P.O. Box 287, Wall, TX 76957	Amount of contribution (\$) 100.00
Contributor's principal occupation business owner		Contributor's job title Owner
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: **9****2** FILER NAME

Leland Lacy

3 Filer ID (Ethics Commission Filers)**4** Date

1/9/2026

5 Full name of contributor☐ out-of-state PAC ID#: _____

Edward Olson

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

5734 Columbine Ln, San Angelo, TX 76904

8 Contributor's principal occupation
retired**9** Contributor's job title**10** Contributor's employer/law firm**11** Law firm of contributor's spouse (if any)**12** If contributor is a child, law firm of parent(s) (if any)

Date

1/9/2026

Full name of contributor

☐ out-of-state PAC ID#: _____

Genny Davis

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

2030 Canyon Tr, McGregor, TX 76657

Contributor's principal occupation
Real estate agentContributor's job title
RealtorContributor's employer/law firm
self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

1/9/26

Full name of contributor

☐ out-of-state PAC ID#: _____

Yukio Kuniyuki

Amount of contribution (\$)

150.00

Contributor address;

City;

State;

Zip Code

2902 Alta Vista Ln, San Angelo, TX 76903

Contributor's principal occupation
non-profit administrationContributor's job title
Executive Director

Contributor's employer/law firm

San Angelo Performing Arts Center

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 9
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 1/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Janet Ridgway 6 Contributor address; City; State; Zip Code P.O. Box 61758, San Angelo, TX 76905	7 Amount of contribution (\$) 500.00
8 Contributor's principal occupation Real estate agent		9 Contributor's job title Realtor
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Rosalinda Carrizales Contributor address; City; State; Zip Code 4072 Townview Ln, San Angelo, TX 76901	Amount of contribution (\$) 500.00
Contributor's principal occupation physician		Contributor's job title OB/GYN
Contributor's employer/law firm Shannon		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1/19/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Danny Sherbon Contributor address; City; State; Zip Code 2825 W Twohig Avenue, San Angelo, TX 76901	Amount of contribution (\$) 100.00
Contributor's principal occupation retired		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 9
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Gabriel Hughes 6 Contributor address; City; State; Zip Code 1521 Shafter Street, San Angelo, TX 76901	7 Amount of contribution (\$) 500.00
8 Contributor's principal occupation attorney		9 Contributor's job title in-house Counsel
10 Contributor's employer/law firm Principle LED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Linda Carpenter Contributor address; City; State; Zip Code 5245 Westway Drive, San Angelo, TX 76904	Amount of contribution (\$) 100.00
Contributor's principal occupation retired		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1/22/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Amberly Wimberly Contributor address; City; State; Zip Code 210 S Washington St, San Angelo, TX 76901	Amount of contribution (\$) 500.00
Contributor's principal occupation artist/quilting		Contributor's job title owner
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 9
2 FILER NAME <div style="text-align: center;">Leland Lacy</div>		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Tim Turner 6 Contributor address; City; State; Zip Code P.O. Box 2182, San Angelo, TX 76902	7 Amount of contribution (\$) 200.00
8 Contributor's principal occupation ranching		9 Contributor's job title Rancher
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Brian Raymond Contributor address; City; State; Zip Code 2514 W Avenue J, San Angelo, TX 76901	Amount of contribution (\$) 500.00
Contributor's principal occupation attorney		Contributor's job title attorney
Contributor's employer/law firm Brian Raymond, Attorney at Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1/22/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Wilson Kent Lacy (Leland's father) Contributor address; City; State; Zip Code 6337 Pueblo Pass, San Angelo, TX 76901	Amount of contribution (\$) 1000.00
Contributor's principal occupation retired		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 9
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 1/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jennifer Lee Shamburger 6 Contributor address: City: State: Zip Code 9325 Mercer Drive, Dallas, TX 75228	7 Amount of contribution (\$) 250.00
8 Contributor's principal occupation attorney		9 Contributor's job title Attorney/partner
10 Contributor's employer/law firm Fee, Smith and Sharp LLP		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jonathan Dodson Contributor address: City: State: Zip Code 17 S Chadbourne St, Ste 205, San Angelo, TX 76901	Amount of contribution (\$) 100.00
Contributor's principal occupation attorney		Contributor's job title attorney
Contributor's employer/law firm Concho Valley Law. PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1/28/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Eddie Howard Contributor address: City: State: Zip Code 3818 Deerfield Rd, San Angelo, TX 76904	Amount of contribution (\$) 100.00
Contributor's principal occupation retired		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 9
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 1/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Tara Holmes 6 Contributor address; City: State: Zip Code 5334 Green Oaks Dr, Christoval, TX 76935	7 Amount of contribution (\$) 200.00
8 Contributor's principal occupation attorney		9 Contributor's job title Attorney/partner
10 Contributor's employer/law firm Perdue Brandon Fielder Collins & Mott LLP		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Robert Lacy Contributor address; City: State: Zip Code P.O. Box 201, Carlsbad, TX 76934	Amount of contribution (\$) 100.00
Contributor's principal occupation ranching		Contributor's job title rancher
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1/29/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Dudra Butler Contributor address; City: State: Zip Code 1901 Cordell Dr, San Angelo, TX 76901	Amount of contribution (\$) 100.00
Contributor's principal occupation retired		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 9
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 1/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Stanley Mayfield 6 Contributor address; City; State; Zip Code 2564 Lindenwood Dr, San Angelo, TX 76904	7 Amount of contribution (\$) 100.00
8 Contributor's principal occupation business owner		9 Contributor's job title Owner
10 Contributor's employer/law firm Mayfield Paper		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Stephanie May Contributor address; City; State; Zip Code 303 W Harris Ave. Suite 3, San Angelo, TX 76903	Amount of contribution (\$) 250.00
Contributor's principal occupation attorney		Contributor's job title attorney
Contributor's employer/law firm Stephanie May, Attorney at Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1/31/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Harvey McCall Contributor address; City; State; Zip Code 9916 Vistadale Dr, Dallas, TX 75238	Amount of contribution (\$) 100.00
Contributor's principal occupation IT		Contributor's job title Project Manager
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

•

3 Filer ID (Ethics Commission Filers)

\$ 0

☐ Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

PLEDGED CONTRIBUTIONS (JUDICIAL)**SCHEDULE B(J)**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 B(J): 1	
2 FILER NAME Leland Lacy				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES				\$ 0	
5 Date 1/1/26	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick de Hoyos			8 Amount of Pledge \$ 500.00	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code 502 S Irving St, San Angelo, TX 76902			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Pledgor's principal occupation attorney			11 Pledgor's job title attorney		
12 Pledgor's employer/law firm Law Offices of Rick de Hoyos			13 Law firm of pledgor's spouse (if any)		
14 If pledgor is a child, law firm of parent(s) (if any)					
Date 1/1/26	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier Cruz Jr.			Amount of Pledge \$ 500.00	In-kind contribution description
Pledgor address; City; State; Zip Code 502 S Irving St, San Angelo, TX 76902			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Pledgor's principal occupation attorney			Pledgor's job title attorney		
Pledgor's employer/law firm <i>Law Offices of Rick de Hoyos</i>			Law firm of pledgor's spouse (if any)		
If pledgor is a child, law firm of parent(s) (if any)					
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Pledgor's principal occupation			Pledgor's job title		
Pledgor's employer/law firm			Law firm of pledgor's spouse (if any)		
If pledgor is a child, law firm of parent(s) (if any)					
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Pledgor's principal occupation			Pledgor's job title		
Pledgor's employer/law firm			Law firm of pledgor's spouse (if any)		
If pledgor is a child, law firm of parent(s) (if any)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

LOANS (JUDICIAL)**SCHEDULE E(J)**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(J): 1
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 02/01/2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Leland Lacy	9 Loan Amount (\$) 5,100.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 516 W Twohig Ave., San Angelo, TX 76902	10 Interest rate 0%
		11 Maturity date 12/31/2026
12 Lender's Principal Occupation attorney		13 Lender's Job Title Assistant County Attorney
14 Lender's Employer/Law Firm Tom Green County		15 Law Firm of lender's spouse (if any) n/a
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
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: 3		2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)	
4 Date 1/30/2026		5 Payee name McLaughlin Advertising			
6 Amount (\$) 4,277.38		7 Payee address; City; State; Zip Code 115 S Park St, San Angelo, TX 76901 <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		(b) Description yard signs and pushcards		
	(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 Leland Lacy		Office sought County Court at Law Judge Office held n/a	
Date 1/29/26		Payee name Papel Custom Design			
Amount (\$) 38.24		Payee address; City; State; Zip Code 20 Howard Street, San Angelo, TX 76901 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense		Description invitations		
	<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 Leland Lacy		Office sought County Court at Law Judge Office held n/a	
Date 1/14/26		Payee name Papel Custom Design			
Amount (\$) 57.37		Payee address; City; State; Zip Code 20 Howard Street, Suite 2, San Angelo, TX 76901 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense		Description invitations		
	<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 Leland Lacy		Office sought County Court at Law Judge Office held n/a	

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 Leland Lacy		3 Filer ID (Ethics Commission Filers)	
4 Date 1/30/2026		5 Payee name United States Postal Service			
6 Amount (\$) 78.00		7 Payee address; City; State; Zip Code 1 N Abe Street, San Angelo, TX 76902 <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other		(b) Description postage		
	(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 Leland Lacy		Office sought County Court at Law Judge	Office held n/a
Date 1/9/26		Payee name Papal Custom Design			
Amount (\$) 16.24		Payee address; City; State; Zip Code 20 Howard Street, Suite 2, San Angelo, TX 76901 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense		Description invitations		
	<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 Leland Lacy		Office sought County Court at Law Judge	Office held n/a
Date 1/29/26		Payee name Lowe's			
Amount (\$) 24.98		Payee address; City; State; Zip Code 5301 Sherwood Way, San Angelo, TX 76904 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description solar light for sign		
	<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 Leland Lacy		Office sought County Court at Law Judge	Office held n/a

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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 Leland Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2026	5 Payee name McLaughlin Advertising	
6 Amount (\$) 1733.42	7 Payee address; City; State; Zip Code 115 S Park St San Angelo, TX 76901 <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 push cards
	(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 Leland Lacy	Office sought County Court at Law Judge n/a
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
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
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
	Leland Lacy	County Court at Law Judge n/a

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>Leland Lacy</u>	Filer ID #
----------------------------------	----------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Campaign Finance report report due on February 2, 2026.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Signature of Filer

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 Leland Lacy, and my date of birth is 09/02/1980.
My address is 516 W Twohig Ave, San Angelo, TX, 76903, USA.
(street) (city) (state) (zip code) (country)
Executed in Tom Green County, State of Texas, on the 2nd day of February, 20 26.
(month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**