

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **32**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Leland Lacy F
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

JAN 22 2026

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
516 W Twohig Ave., San Angelo, TX 76903

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(325) 224-4663

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs. Martha Visney
NICKNAME LAST SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
126 Crestwood Dr., San Angelo, TX 76903

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(325) 374-7422

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
07/28 / 2025 THROUGH 12/31 / 2025

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☒ Primary ☐ Runoff ☐ Other Description
03/03 / 2026 ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)
n/a

13 OFFICE SOUGHT (if known)

County Court at Law #1

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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 \$19,751.00	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 400.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,351
EXPENDITURE TOTALS \$14,207.13	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$14,207.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,662.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 F. Lacy, and my date of birth is 9/02/1980.
My address is 516 W. TWDHIG Ave, San Angelo, TX, 76903, USA.
(street) (city) (state) (zip code) (country)
Executed in Tom Green County, State of Texas, on the 21st day of January, 2026.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Leland Lacy		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$19,251
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14,207.13
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	\$

SCHEDULE A2

1 Total pages Schedule A2: 1

3 Filer ID (Ethics Commission Filers)

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

Revise 1/1/2026

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: 8	2 FILER NAME Leland F. Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 8/19/2025	5 Payee name David Nowlin	
6 Amount (\$) 3,000.00	7 Payee address; City; State; Zip Code 7531 Spillway Rd., San Angelo, TX 76904 <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 steel frames for signs
	(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 F. Lacy Office sought: County Court at Law #1 Office held:		
Date 8/20/2025	Payee name Vistaprint	
Amount (\$) 744.14	Payee address; City; State; Zip Code 275 Wyman Street, Waltham, MA 02451 <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 stationery
	<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 8/22/2025	Payee name USPS	
Amount (\$) 124.80	Payee address; City; State; Zip Code 1 N Abe St., San Angelo, TX 76902 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description postage
	<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 F. Lacy Office sought: County Court at Law #1 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: 8	2 FILER NAME Leland F. Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 8/27/2025	5 Payee name Cactus Hotel	
6 Amount (\$) 250.00	7 Payee address; 36 E. Twohig Ave, San Angelo, TX 76902 City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description room rental fee
	(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 F. Lacy Office sought: County Court at Law #1 Office held:		
Date 8/31/2025	Payee name Walmart	
Amount (\$) 3.00	Payee address; S. Bryant St., San Angelo, TX 76901 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) food/beverage expense	Description food/bev 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 8/31/2025	Payee name Kim Kolls	
Amount (\$) 510.00	Payee address; 3106 Grandview, San Angelo, TX 76904 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) advertising expense	Description t-shirts
	<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 F. Lacy Office sought: County Court at Law #1 Office held:		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 8	2 FILER NAME Leland F. Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2025	5 Payee name Papel	
6 Amount (\$) 717.16	7 Payee address; City; State; Zip Code 2413 Sherwood Way, 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) Printing expense	
	(b) Description invitations for fundraiser	
	(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 F. Lacy Office sought County Court at Law #1 Office held	
Date 10/16/2025	Payee name McLaughlin Advertising	
Amount (\$) 2530.75	Payee address; City; State; Zip Code 115 S Park St., 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) advertising expense	
	Description magnets, buttons, name tags, push cards	
	<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 10/29/2025	Payee name Cactus Hotel	
Amount (\$) 125.00	Payee address; City; State; Zip Code 36 E. Twohig Ave., San Angelo, TX 76902 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food/beverage expense	
	Description alcohol consultant fee 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 Leland F. Lacy Office sought County Court at Law #1 Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 8		2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)	
4 Date 10/29/2025		5 Payee name Walmart			
6 Amount (\$) 82.25		7 Payee address; City; State; Zip Code S. Bryant Street, 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) food/beverage expense		(b) Description food for fundraiser		
	(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 F. Lacy		Office sought County Court at Law #1	
Office held					
Date 10/30/2025		Payee name Market Street			
Amount (\$) 111.03		Payee address; City; State; Zip Code College Hills Blvd, 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) food/beverage expense		Description food for fundraiser		
	<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 10/30/2025		Payee name Amazon			
Amount (\$) 27.56		Payee address; City; State; Zip Code 410 Terry Ave. N. Seattle, WA 98109 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense		Description cups and napkins for fundraiser		
	<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 F. Lacy		Office sought County Court at Law #1	
				Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 8	2 FILER NAME Leland F. Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 11/5/2025	5 Payee name USPS	
6 Amount (\$) 31.20	7 Payee address; S. Abe St, San Angelo, TX 76902 City; State; Zip Code <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 F. Lacy Office sought County Court a Office held	
Date 11/3/2025	Payee name Market Street	
Amount (\$) 27.01	Payee address; College Hills Blvd, San Angelo, TX 76904 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) event expense	
	Description plates for fundraiser	
<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 11/5/2025	Payee name SAM's Club	
Amount (\$) 138.88	Payee address; Sherwood Way, San Angelo, TX 76904 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) food/beverage expense	
	Description cups and napkins for fundraiser	
<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 F. Lacy Office sought County Court at Law #1 Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 8	2 FILER NAME Leland F. Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 11/6/2025	5 Payee name Olga Sosa	
6 Amount (\$) 60.00	7 Payee address; San Angelo, TX City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/wages/contract labor	(b) Description wages for working fundraiser
	(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 F. Lacy Office sought: County Court at Law #1 Office held:		
Date 11/6/2025	Payee name Market Street	
Amount (\$) 118.88	Payee address; College Hills Blvd, San Angelo, TX 76904 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) food/beverage expense	Description food for fundraiser
	<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 F. Lacy Office sought: County Court at Law #1 Office held:		
Date 11/10/2025	Payee name Republican Party of Tom Green County	
Amount (\$) 1,500.00	Payee address; S. Johnson St., San Angelo, TX 76904 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) fees	Description Filing fee to run for office
	<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 F. Lacy Office sought: County Court at Law #1 Office held:		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 8		2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)	
4 Date 11/21/2025		5 Payee name Tom Green County Elections Office			
6 Amount (\$) 4.88		7 Payee address; City; State; Zip Code Beauregard Ave., San Angelo, TX <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description voter data in Excel format		
	(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 F. Lacy		Office sought County Court at Law #1	Office held
Date 12/1/2025		Payee name Q's Printing and Design			
Amount (\$) 132.61		Payee address; City; State; Zip Code 20 Howard Street, Suite 8 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 map of Tom Green County		
	<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 12/10/2025		Payee name Fast Signs			
Amount (\$) 35.48		Payee address; City; State; Zip Code 720 Knickerbocker Rd., San Angelo, TX 76903 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising fees		Description car magnets		
	<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 F. Lacy		Office sought County Court at Law #1	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: 8	2 FILER NAME Leland F. Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 12/17/20;	5 Payee name USPS	
6 Amount (\$) 31.20	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 F. Lacy Office sought: County Court at Law #1 Office held:		
Date 10/1/2025	Payee name USPS	
Amount (\$) 136.50	Payee address; City; State; Zip Code 1 N. Abe Street, San Angelo, TX 76902 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description postage
	<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 11/21/2025	Payee name McLaughlin Advertising	
Amount (\$) 3,764.80	Payee address; City; State; Zip Code 115 S Park 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) Advertising expense	Description yard signs
	<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

**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: 22 19
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 9/2/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jon Bailey	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 1609 Stonetrail Dr, San Angelo, TX 76904		
8 Contributor's principal occupation attorney		9 Contributor's job title attorney/owner
10 Contributor's employer/law firm Bailey 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 12/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Scott Allison	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 1151 Knickerbocker Rd San Angelo, TX 76904		
Contributor's principal occupation Real estate		Contributor's job title Broker/owner
Contributor's employer/law firm Scott Allison Real Estate		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Patricia Self	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 206 Clover Dr, San Angelo, TX 76903		
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: 22 19
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 9/2/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Joe William Ross	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code P.O. Box 5376 San Angelo, TX 76902		
8 Contributor's principal occupation attorney		9 Contributor's job title attorney/owner
10 Contributor's employer/law firm Joe Will Ross, Attorney at law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 9/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Richard McCall	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3801 Woodhill Circle, Waco, TX 76710		
Contributor's principal occupation retired		Contributor's job title n/a
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 9/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Teri Jackson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1515 Grierson St., San Angelo, TX 76901		
Contributor's principal occupation real estate Broker		Contributor's job title Broker/owner
Contributor's employer/law firm Teri Jackson, Realtors		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:

22 19

2 FILER NAME

Leland F. Lacy

3 Filer ID (Ethics Commission Filers)

4 Date

9/2/2025

5 Full name of contributor

☐ out-of-state PAC ID#: _____

Beth Uherik

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

3330 Canyon Creek Dr., San Angelo, TX 76904

8 Contributor's principal occupation

retired

9 Contributor's job title

n/a

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

9/2/2025

Full name of contributor

☐ out-of-state PAC ID#: _____

Paul Miller

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

121 CR 2433, Pittsburg, TX 75686

Contributor's principal occupation

retired

Contributor's job title

n/a

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

9/2/2025

Full name of contributor

☐ out-of-state PAC ID#: _____

Glenda Bacon

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Contributor's principal occupation

retired

Contributor's job title

n/a

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: 2219
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 9/4/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Blake Lacy	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 3932 Arroyo del Sol, Schertz, TX 78154		
8 Contributor's principal occupation Banker		9 Contributor's job title Vice President
10 Contributor's employer/law firm Masson Joseph, LLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 9/4/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jeff Chandler	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code P.O. Box 5091, San Angelo, TX 76902		
Contributor's principal occupation attorney		Contributor's job title Attorney/owner
Contributor's employer/law firm J Chandler Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 9/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Martha Visney	Amount of contribution (\$) 350.00
Contributor address; City; State; Zip Code 126 Crestwood Dr, San Angelo, TX 76901		
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: 22 19
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 9/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jim Kramer	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 122 Binham Heights, San Antonio, TX 78249		
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 9/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Max Puello	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3017 Knickerbocker Rd, San Angelo, TX 76904		
Contributor's principal occupation Realtor		Contributor's job title Realtor
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 9/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Tammy Koonce	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3317 Valleyview Dr, San Angelo, TX 76904		
Contributor's principal occupation Realtor		Contributor's job title Realtor
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: 22 19
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Kay Keen	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 2047 Putter Dr., San Angelo, TX 76904		
8 Contributor's principal occupation Realtor		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 10/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: John Conn	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code San Angelo, TX 76904		
Contributor's principal occupation Entrepreneur		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)		
Date 10/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Lauren Mavromaras	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2198 Copper Rock Rd, San Angelo, TX 76904		
Contributor's principal occupation Real estate appraiser		Contributor's job title Appraiser
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: 22 19
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 10/12/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Nevie Lacy 6 Contributor address; City; State; Zip Code 6337 Pueblo Pass, San Angelo, TX 76901	7 Amount of contribution (\$) 500.00
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 10/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Paul Parker Contributor address; City; State; Zip Code 2319 W Avenue K, San Angelo, TX 76901	Amount of contribution (\$) 500.00
Contributor's principal occupation Attorney		Contributor's job title Attorney/owner
Contributor's employer/law firm Paul Parker, Attorney at law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Valerie Priess Contributor address; City; State; Zip Code 808 Humble Rd, San Angelo, TX 76903	Amount of contribution (\$) 250.00
Contributor's principal occupation Mortgage Broker		Contributor's job title Broker
Contributor's employer/law firm Mortgage Financial Services		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: 22 19
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Alvin Hale 6 Contributor address; City; State; Zip Code 114 Loch Lomond Rd, San Angelo, TX 76901	7 Amount of contribution (\$) 100.00
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 10/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Bill Helwig Contributor address; City; State; Zip Code 1200 Mustang Drive, Denver City, TX 79323	Amount of contribution (\$) 100.00
Contributor's principal occupation Attorney		Contributor's job title Attorney/Prosecutor
Contributor's employer/law firm Tom Green County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: David Lupton Contributor address; City; State; Zip Code 2106 Club Lake Ct, San Angelo, TX 76904	Amount of contribution (\$) 250.00
Contributor's principal occupation Owner		Contributor's job title President
Contributor's employer/law firm Angelo Glass		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: 22 19
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 10/24/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mike Eckert	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 3318 Clearview Dr, San Angelo, TX 76904		
8 Contributor's principal occupation Builder		9 Contributor's job title Owner
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 10/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Drew Wallace	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1582 S Concho Dr., San Angelo, TX 76904		
Contributor's principal occupation Chiropractor		Contributor's job title Owner/Chiropractor
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 10/28/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Joy Allen	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3108 Tanglewood Dr., San Angelo, TX 76904		
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: 22 19
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 11/6/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Richard McCall	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 3801 Woodhill Cir., Waco, TX 76710		
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 11/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Walter McCullough	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code P.O. Box 709, Mertzon, TX 76941		
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 11/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Ginger Moore	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 7198 Ruby Lee Ln, San Angelo, TX 76901		
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: 22 19
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 11/6/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jill Giddens 6 Contributor address; City; State; Zip Code 1926 Shady Point Circle Dr., San Angelo, TX 76904	7 Amount of contribution (\$) 50.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Assistant County Attorney
10 Contributor's employer/law firm Tom Green County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Dick Robertson Contributor address; City; State; Zip Code 2302 Live Oak St, San Angelo, TX 76901	Amount of contribution (\$) 200.00
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 11/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Hector Leos Contributor address; City; State; Zip Code 1731 Overhill Dr, San Angelo, TX 76904	Amount of contribution (\$) 100.00
Contributor's principal occupation business owner/importer		Contributor's job title Owner
Contributor's employer/law firm Leos Imports		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: 22 19
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 11/6/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Linda Binns 6 Contributor address; City; State; Zip Code 3617 Old Post Ct, San Angelo, TX 76904	7 Amount of contribution (\$) 100.00
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 11/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ John Trevino Contributor address; City; State; Zip Code 809 Knickerbocker Rd Ste C, San Angelo, TX 76901	Amount of contribution (\$) 100.00
Contributor's principal occupation Insurance sales		Contributor's job title owner
Contributor's employer/law firm Premier Insurance		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Todd Kolls Contributor address; City; State; Zip Code 1613 Stonetrail Dr, San Angelo, TX 76904	Amount of contribution (\$) 250.00
Contributor's principal occupation real estate agent/Jeweler		Contributor's job title agent/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: 22 19
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 11/6/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Caden Tucker 6 Contributor address; City; State; Zip Code 2202 Live Oak St., San Angelo, TX 76901	7 Amount of contribution (\$) 100.00
8 Contributor's principal occupation Realtor		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 11/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Erin Odell Contributor address; City; State; Zip Code 2049 Rocky Point Tr, San Angelo, TX 76903	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)		
Date 11/5/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: David White Contributor address; City; State; Zip Code P.O. Box 62026, San Angelo, TX 76906	Amount of contribution (\$) 250.00
Contributor's principal occupation Engineering		Contributor's job title Engineer
Contributor's employer/law firm Goodyear		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: 2 19
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Tiffany Prince 6 Contributor address; City; State; Zip Code 5720 King Forest, McKinney, TX 75071	7 Amount of contribution (\$) 1000.00
8 Contributor's principal occupation Real Estate consulting		9 Contributor's job title Executive Vice President
10 Contributor's employer/law firm Jones Lang LaSalle		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Lance Lacy Contributor address; City; State; Zip Code 5118 Knickerbocker Rd, San Angelo, TX 76904	Amount of contribution (\$) 500.00
Contributor's principal occupation Real Estate		Contributor's job title owner/Broker
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 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Mike Halfmann Contributor address; City; State; Zip Code 1002 CR 234, Rowena, TX 76875	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)		
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: 28 19
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 11/28/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Tommy Jackson 6 Contributor address; City; State; Zip Code 133 W Concho Ave., Ste 103, San Angelo, TX 76903	7 Amount of contribution (\$) 500.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Tommy Jackson		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Brett Schniers Contributor address; City; State; Zip Code P.O. Box 360, Wall, TX 76957	Amount of contribution (\$) 250.00
Contributor's principal occupation Farming		Contributor's job title farmer
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 12/1/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Daniel Chapman Contributor address; City; State; Zip Code 3515 Hill Cir. Colorado Springs, CO 80904	Amount of contribution (\$) 200.00
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: 22 / 9
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 12/3/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jerry Sefcik <hr/> 6 Contributor address; City; State; Zip Code 402 W Highland Blvd, San Angelo, TX 76903	7 Amount of contribution (\$) 100.00
8 Contributor's principal occupation Real Estate		9 Contributor's job title Broker/owner
10 Contributor's employer/law firm Sefcik-Jennings Investments		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Laura Lacy <hr/> Contributor address; City; State; Zip Code 516 W Twohig Ave, San Angelo, TX 76903	Amount of contribution (\$) 1.00
Contributor's principal occupation Real Estate		Contributor's job title Broker/appraiser
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 12/5/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Larry Patterson <hr/> Contributor address; City; State; Zip Code 5170 Ironwood Ct., San Angelo, TX 76904	Amount of contribution (\$) 250.00
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: 22 / 19
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 12/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Devin Koehler 6 Contributor address; City; State; Zip Code 2058 Rocky Point Trl, San Angelo, TX 76905	7 Amount of contribution (\$) 100.00
8 Contributor's principal occupation Executive		9 Contributor's job title Scouting Executive
10 Contributor's employer/law firm Scouting US		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Austin Mathis Contributor address; City; State; Zip Code P.O. Box 3836, San Angelo, TX 76902	Amount of contribution (\$) 1,000.00
Contributor's principal occupation Attorney		Contributor's job title Attorney/owner
Contributor's employer/law firm Mathis Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Wilson Woods Contributor address; City; State; Zip Code 3912 Thistle Lane, Fort Worth, TX 76109	Amount of contribution (\$) 500.00
Contributor's principal occupation Attorney		Contributor's job title In house Counsel
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: 2219
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ George McCrea 6 Contributor address; City; State; Zip Code 2639 Vista del Arroyo, San Angelo, TX 76904	7 Amount of contribution (\$) 500.00
8 Contributor's principal occupation retired attorney		9 Contributor's job title
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 12/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mike Baird Contributor address; City; State; Zip Code 13 E Harris Ave., San Angelo, TX 76903	Amount of contribution (\$) 500.00
Contributor's principal occupation Attorney		Contributor's job title Attorney/owner
Contributor's employer/law firm Michael Baird Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sylvia Barrera Contributor address; City; State; Zip Code 255 Loch Ness Rd., San Angelo, TX 76903	Amount of contribution (\$) 150.00
Contributor's principal occupation office manager		Contributor's job title office Manager
Contributor's employer/law firm Dr. Day's office		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: 22 19
2 FILER NAME Leland F. Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 12/22/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Christine Brininstool <hr/> 6 Contributor address; City; State; Zip Code 1523 Butler Dr, San Angelo, TX 76904	7 Amount of contribution (\$) 1000.00
8 Contributor's principal occupation business owner		9 Contributor's job title
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 12/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Colby Lacy <hr/> Contributor address; City; State; Zip Code P.O. Box 2 Water Valley, TX 76958	Amount of contribution (\$) 200.00
Contributor's principal occupation business owner		Contributor's job title President/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)		
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Luke Uherik <hr/> Contributor address; City; State; Zip Code 1322 Mackenzie St., San Angelo, TX 76903	Amount of contribution (\$) 200.00
Contributor's principal occupation Banking		Contributor's job title Vice President
Contributor's employer/law firm First Financial Bank		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.		



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 Leland Lacy	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 due on January 15, 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 Avenue, San Angelo, TX, 76903, USA.
(street) (city) (state) (zip code) (country)
Executed in Tom Green County, State of Texas, on the 21st day of January, 2026.
(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**