

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Fliers)	2 Total pages filed:																											
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR MRS	FIRST STEPHANIE	MI S	OFFICE USE ONLY																											
		NICKNAME N/A	LAST FISHER	SUFFIX	Date Received Jan. 12, 2026 @ 3:42 p. by email <i>Melena</i>																											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 5 ENCINITAS JOHNSON CITY TX 78636				Date Hand-delivered or Date Postmarked																										
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE (830 )	PHONE NUMBER 330-0181	EXTENSION	Receipt #		Amount \$																									
6 CAMPAIGN TREASURER NAME		MS / MRS / MR MS	FIRST LILLIAN	MI E	Date Processed																											
		NICKNAME LILLY	LAST SANDERS	SUFFIX	Date Imaged																											
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 5 ENCINITAS JOHNSON CITY TX 786636																														
8 CAMPAIGN TREASURER PHONE		AREA CODE ( 830 )	PHONE NUMBER 330-0514	EXTENSION																												
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)																											
		<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																											
10 PERIOD COVERED		Month 9	Day 15	Year 25	Month 12	Day 31	Year 25																									
11 ELECTION		ELECTION DATE Month 3 Day / 3 Year / 26	<input type="checkbox"/> Primary		<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description																										
			<input type="checkbox"/> General		<input type="checkbox"/> Special																											
12 OFFICE		OFFICE HELD (if any) N/A			13 OFFICE SOUGHT (if known) COUNTY JUDGE																											
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages		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.																														
		<table border="1"> <tr> <td rowspan="4">COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC</td> <td colspan="6">COMMITTEE NAME</td> </tr> <tr> <td colspan="6">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="6">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="6">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>						COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME						COMMITTEE ADDRESS						COMMITTEE CAMPAIGN TREASURER NAME						COMMITTEE CAMPAIGN TREASURER ADDRESS					
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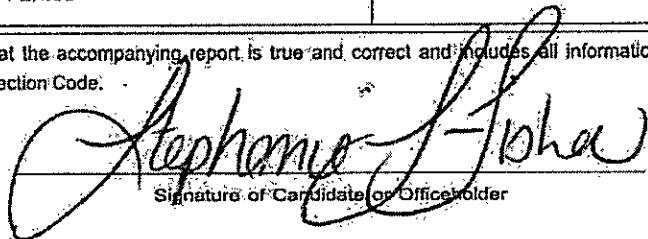
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME STEPHANIE FISHER	16 Filer ID (Ethics Commission Filers):
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 30,571.24
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00	
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00	

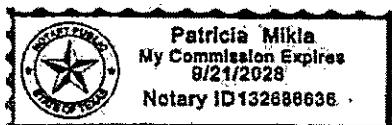
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to, and subscribed before me by Stephanie Fisher this the 12 day of January

20 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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. (month) (year)

Signature of Candidate/Officeholder (Declarant)

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

<b>19 FILER NAME</b> STEPHANIE FISHER	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 30571.24
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>3</b>	2 FILER NAME <b>STEPHANIE FISHER</b>	3 Filer ID (Ethics Commission Fliers)
4 Date <b>11/07/2025</b>	5 Payee name <b>NEEL &amp; PARTNERS</b>	
6 Amount (\$) <b>3,750.00</b> Reimbursement from political contributions intended	7 Payee address: <b>8601 Ice House Drive Unit 7108 North Richland Hills, TX 76180 US</b> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>PRINT AND VIDEO ADVERTISING</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>NEEL &amp; PARTNERS</b>	Office sought _____ Office held _____
Date <b>11/13/2025</b>	Payee name <b>NEEL &amp; PARTNERS</b>	
Amount (\$) <b>10,937.50</b> Reimbursement from political contributions intended	Payee address: <b>8601 Ice House Drive Unit 7108 North Richland Hills, TX 76180 US</b> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSES</b>	Description <b>CANVASING TEAM</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>NEEL &amp; PARTNERS</b>	Office sought _____ Office held _____
Date <b>11/17/2025</b>	Payee name <b>SIGNS ON THE CHEAP</b>	
Amount (\$) <b>2,598.52</b> Reimbursement from political contributions intended	Payee address: <b>11525A Stonehollow Dr Ste 120 Austin, TX, 78758, US</b> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSES</b>	Description <b>YARD AND HIGHWAY SIGNS</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>SIGNS ON THE CHEAP</b>	Office sought _____ Office held _____
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>3</b>	2 FILER NAME <b>STEPHANIE FISHER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/20/2025</b>	5 Payee name <b>NEEL &amp; PARTNERS</b>	
6 Amount (\$) 400.00 Reimbursement from political contributions intended	7 Payee address: <b>8601 Ice House Drive Unit 7108 North Richland Hills, TX 76180 US</b>  Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>I360 SUBSCRIPTION</b>
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH	Office sought  Office held
Date <b>12/05/2025</b>	Payee name <b>NEEL &amp; PARTNERS</b>	
Amount (\$) 2,739.14 Reimbursement from political contributions intended	Payee address: <b>8601 Ice House Drive Unit 7108 North Richland Hills, TX 76180 US</b>  Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>PEER TO PEER TEXTS</b>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH	Office sought  Office held
Date <b>12/05/2025</b>	Payee name <b>NEEL &amp; PARTNERS</b>	
Amount (\$) 8,009.90 Reimbursement from political contributions intended	Payee address: <b>8601 ICE HOUSE DRIVE UNIT 7108 NORTH RICHLAND HILLS TX 76180</b>  Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	Description <b>MONTHLY CONSULTING FEE</b>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH	Office sought  Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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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
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1 Total pages Schedule G: <b>3</b>	2 FILER NAME <b>STEPHANIE FISHER</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/15/2025</b>	5 Payee name <b>NEEL &amp; PARTNERS</b>	
6 Amount (\$) <b>400.00</b> Reimbursement from political contributions intended	7 Payee address; <b>8601 Ice House Drive Unit 7108 North Richland Hills, TX 76180 US</b> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <b>I360 SUBSCRIPTION</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date <b>12/15/2025</b>	Payee name <b>NEEL &amp; PARTNERS</b>	
Amount (\$) <b>2,739.14</b> Reimbursement from political contributions intended	Payee address; <b>8601 Ice House Drive Unit 7108 North Richland Hills, TX 76180 US</b> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>PEER TO PEER TEXTS</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date <b>12/15/2025</b>	Payee name <b>SIGNS ON THE CHEAP</b>	
Amount (\$) <b>8,009.90</b> Reimbursement from political contributions intended	Payee address; <b>11525A Stonehollow Dr Ste 120 Austin, TX, 78758, US</b> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description <b>YARD AND HIGHWAY SIGNS</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		