

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

6

## OFFICE USE ONLY

Date Received

Jan. 12, 2026 @  
3:42p.

by email

*[Signature]*

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MRS

STEPHANIE

S

NICKNAME

LAST

SUFFIX

N/A

FISHER

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE

ZIP CODE

5 ENCINITAS JOHNSON CITY TX 78636

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 830 )

330-0181

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MS

LILLIAN

E

NICKNAME

LAST

SUFFIX

LILLY

SANDERS

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;

STATE;

ZIP CODE

5 ENCINITAS JOHNSON CITY TX 786636

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 830 )

330-0514

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

9

15

25

THROUGH

Month

Day

Year

12

31

25

11 ELECTION

ELECTION DATE

Month

Day

Year

3

3

26

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other  
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

COUNTY JUDGE

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
STEPHANIE FISHER

16 Filer ID (Ethics Commission Filers)

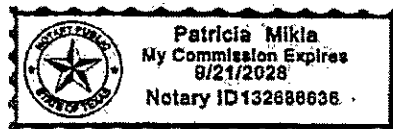
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS; OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,571.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	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.

*Stephanie Fisher*  
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 26 to certify which, witness my hand and seal of office.  
Patricia Mikla Notary  
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> <b>STEPHANIE FISHER</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> <b>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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

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

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Gift/Awards/Memorials Expense  
Legal Services

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

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

The instruction Guide explains how to complete this form.

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

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Gift/Awards/Memorials Expense  
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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)

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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> <small>Reimbursement from political contributions intended</small>		7 Payee address; City; State; Zip Code <b>8601 Ice House Drive Unit 7108 North Richland Hills, TX 76180 US</b> <small>Check if individual's residence address.</small>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>1360 SUBSCRIPTION</b>	
		(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>	
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> <small>Reimbursement from political contributions intended</small>		Payee address; City; State; Zip Code <b>8601 Ice House Drive Unit 7108 North Richland Hills, TX 76180 US</b> <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>PEER TO PEER TEXTS</b>	
		<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>	
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> <small>Reimbursement from political contributions intended</small>		Payee address; City; State; Zip Code <b>11525A Stonehollow Dr Ste 120 Austin, TX, 78758, US</b> <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <b>YARD AND HIGHWAY SIGNS</b>	
		<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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