

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>20</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		Date Received		
	Mr. Leland		FEB 23 2026		
4 ORIGINAL REPORT TYPE	NICKNAME LAST SUFFIX		Date Hand-delivered or Date Postmarked		
	Lacy		Receipt # Amount \$		
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) Other (specify) _____ <input checked="" type="checkbox"/> 8th day before election		Date Processed		
	Month Day Year Month Day Year 02 / 02 / 2026 THROUGH 02 / 22 / 2026		Date Imaged		

6 EXPLANATION OF CORRECTION The Electronic Filing Exemption Affidavit was left off the original report.

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

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

L Lacy
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Leland Lacy, and my date of birth is 9/2/1980.

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

(street) (city) (state) (zip code) (country)

Executed in Tom Green County, State of Texas, on the 24th day of February, 2026.

(month) (year)

L Lacy
Signature of Candidate/Officeholder (Declarant)

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

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: 18 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Leland MI: F. NICKNAME: LAST: Lacy SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 516 W Twohig Ave., San Angelo, TX 76903		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 224-4663		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Ms. FIRST: Martha MI: NICKNAME: LAST: SUFFIX:	Date Received	Date Hand-delivered or Date Postmarked
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	<input 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 checked="" 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 Day Year Month Day Year 02 / 02 / 2026 THROUGH 02 / 22 / 2026		
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) n/a	13 OFFICE SOUGHT (if known) Judge, County Court at Law #1	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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.		
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		
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 \$13,250.00	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 300.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$12,950.00
EXPENDITURE TOTALS \$20,630.94	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$20,630.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$10,264.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$5,000.00

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/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

(2) Unsworn Declaration

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

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

Executed in Tom Green County, State of Texas, on the 23rd day of February, 2026.

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	\$ 13,250.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$5,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 20,630.94
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <u>11</u>
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sherry Pattillo	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4310 Green Oak Dr, Waco, TX 76710		
8 Contributor's principal occupation homemaker		9 Contributor's job title homemaker
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 2/2/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Trevor McBee	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code Ruth Lane, San Angelo, TX 76904		
Contributor's principal occupation sales		Contributor's job title Vice President of Sales
Contributor's employer/law firm SCG		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/2/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Brady Wetz	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code P.O. Box 62686 San Angelo, TX 76906		
Contributor's principal occupation insurance sales		Contributor's job title Owner
Contributor's employer/law firm Wetz Insurance Group		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: 11
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Lance Pendley	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 6245 Choctaw Place, Frisco, TX 75034		
8 Contributor's principal occupation sales		9 Contributor's job title Senior Vice President
10 Contributor's employer/law firm McGriff Group		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/2/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rosendo Velez	Amount of contribution (\$) 450.00
Contributor address; City; State; Zip Code 3810 Hillcrest 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)		
Date 2/2/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ James Sadler	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 435 W Concho Ave., San Angelo, TX 76903		
Contributor's principal occupation attorney		Contributor's job title Attorney
Contributor's employer/law firm JP Sadler Law		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: 11
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Javier Cruz Jr.	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 9044 Chital Court, San Angelo, TX 76901		
8 Contributor's principal occupation attorney		9 Contributor's job title attorney
10 Contributor's employer/law firm Law offices of Rick DeHoyos		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/3/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Johanna DeHoyos	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1417 Sea Island Crt., San Angelo, TX 76904		
Contributor's principal occupation administrative		Contributor's job title Office Manager
Contributor's employer/law firm Law Offices of Rick DeHoyos		Law firm of contributor's spouse (if any) Law Offices of Rick DeHoyos
If contributor is a child, law firm of parent(s) (if any)		
Date 2/3/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Lacy Allison	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2534 W. Avenue K, San Angelo, TX 76903		
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: 11
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Roger Ellison	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1446 Sun Valley Lane, San Angelo, TX 76904		
8 Contributor's principal occupation retired		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/5/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Binnie Dierschke	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 3022 Southland Blvd, 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)		
Date 2/5/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Kenneth Dierschke	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 3022 Southland Blvd, 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
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**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: 11
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ William Buche	7 Amount of contribution (\$) 150.00
6 Contributor address; City; State; Zip Code 5510 Columbine Ln, San Angelo, TX 76904		
8 Contributor's principal occupation retired		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/5/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Mary Williams	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6257 Stagecoach Trl., San Angelo, TX 76901		
Contributor's principal occupation teacher		Contributor's job title teacher
Contributor's employer/law firm TLCA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/6/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Joe Hernandez	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 508 W Concho Ave, San Angelo, TX 76903		
Contributor's principal occupation attorney		Contributor's job title attorney
Contributor's employer/law firm Joe Hernandez, Attorney at Law		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: <u>11</u>
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 2/6/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Linda Well	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3307 Chatterton St, San Angelo, TX 76904		
8 Contributor's principal occupation retired		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/7/26	Full name of contributor <input type="checkbox"/> 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
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 2/6/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Whitney Luce	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 501 Stone Lake Cir, Woodway, TX 76712		
Contributor's principal occupation Education		Contributor's job title Professor
Contributor's employer/law firm Baylor University		Law firm of contributor's spouse (if any) Brandon Luce, Attorney at Law
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: 11
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Shawntell McKillop	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 439 W Harris Ave., Suite B, San Angelo, TX 76903		
8 Contributor's principal occupation attorney		9 Contributor's job title attorney
10 Contributor's employer/law firm McKillop Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/11/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Evelyn Ashley	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 2141 Hillside Drive, 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)		
Date 2/1/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jason Sosa	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 314 W Harris Ave., San Angelo, TX 76903		
Contributor's principal occupation attorney		Contributor's job title attorney
Contributor's employer/law firm Webb, Stokes, and Sparks		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: 11
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ San Angelo Police Officer's Coalition	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code San Angelo, TX 76903		
8 Contributor's principal occupation n/a		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 2/11/26	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 Drive, 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) Jackson Walker LLP
If contributor is a child, law firm of parent(s) (if any)		
Date 2/13/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Warren Brasher	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 1802 Club House Ln, San Angelo, TX 76904		
Contributor's principal occupation Optometry		Contributor's job title Optometrist/owner
Contributor's employer/law firm Advanced Eye Care		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: <u>11</u>
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Kristi Brasher	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 1802 Club House Ln, San Angelo, TX 76904		
8 Contributor's principal occupation homemaker		9 Contributor's job title homemaker
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 2/12/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Martha Visney	Amount of contribution (\$) 400.00
Contributor address; City; State; Zip Code 126 Crestwood Drive, 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)		

Date 2/13/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ TREPAC	Amount of contribution (\$) 2000.00
Contributor address; City; State; Zip Code P.O. Box 2246, Austin, TX 78768		
Contributor's principal occupation n/a		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: 11
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Lee Pfluger	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code P.O. Box 1991, San Angelo, TX 76901		
8 Contributor's principal occupation real estate		9 Contributor's job title investor
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 2/15/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Patricia Mertz	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 427 W Concho Ave, San Angelo, TX 76903		
Contributor's principal occupation education/law		Contributor's job title Professor/attorney
Contributor's employer/law firm Baylor University		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/16/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Tommy Letbetter	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1111 Ridgeburg Ct., Houston, TX 77077		
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
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**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: 11
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 Date 2/18/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Emma Brown	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 21773 Toenail Trl, Christoval, TX 76935		
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 2/19/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Kristie Reed	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2802 Alta Vista Ln, San Angelo, TX 76904		
Contributor's principal occupation Furniture store owner		Contributor's job title Owner/President
Contributor's employer/law firm self - Trend Furniture		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 2/20/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Tim Smith	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4117 College Hills Blvd, San Angelo, TX 76904		
Contributor's principal occupation insurance		Contributor's job title Insurance agent/owner
Contributor's employer/law firm Tim Smith, State Farm Insurance		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.

LOANS (JUDICIAL)**SCHEDULE E(J)**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 1
2 FILER NAME Leland Lacy		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 02/01/2026	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Leland Lacy	9 Loan Amount (\$) \$5,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 516 W Twohig Ave., San Angelo, TX 76903	10 Interest rate 0%
		11 Maturity date 12/31/2026
12 Lender's Principal Occupation attorney		13 Lender's Job Title Assistant County Attorney
14 Lender's Employer/Law Firm Tom Green County		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Leland Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 2/3/26	5 Payee name McLaughlin Advertising	
6 Amount (\$) 18,000.00	7 Payee address; City; State; Zip Code 115 S Park St, Sna Angelo, TX 76901 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description billboards, online, radio, TV, newspaper
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/10/26	Payee name McLaughlin Advertising	
Amount (\$) 2,067.56	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 billboards, online, radio, TV
	<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 2/10/26	Payee name USPS	
Amount (\$) 15.60	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	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 3	2 FILER NAME Leland Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 2/12/26	5 Payee name Lowe's	
6 Amount (\$) 8.14	7 Payee address; City; State; Zip Code 5301 Sherwood Way, 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) other	(b) Description bags for sand
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/12/26	Payee name Cortese Flag & Silkscreen	
Amount (\$) 312.84	Payee address; City; State; Zip Code 1602 W Beauregard Ave, 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 flags and flag poles
	<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 2/18/26	Payee name USPS	
Amount (\$) 78.00	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	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 3	2 FILER NAME Leland Lacy	3 Filer ID (Ethics Commission Filers)
4 Date 2/18/26	5 Payee name McLaughlin Advertising	
6 Amount (\$) 148.80	7 Payee address; City; State; Zip Code 115 S Park St, San Angelo, TX 76901 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description push cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
	Office sought	
	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

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

Filer name Leland Lacy	Filer ID #
---------------------------	------------

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

- 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.
- 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.
- 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.
- 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.
- I am filing this affidavit with the Campaign finance report report due on February 23, 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 9/2/1980.

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

(street) (city) (state) (zip code) (country)

Executed in Tom Green County, State of Texas, on the 24th day of February, 20 26.

(month) (year)

Signature of Filer (Declarant)

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