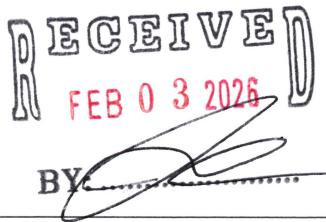


JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 4 | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR. | FIRST Michael | MI Kevin | | | |
| | NICKNAME | LAST McNary | SUFFIX Sr. | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: PO BOX 625 | APT / SUITE #, CITY; STATE; ZIP CODE Victoria Texas 77902 | OFFICE USE ONLY | | | |
| <input type="checkbox"/> Change of Address | | Date Received  | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (361) | PHONE NUMBER 333-1630 | EXTENSION | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MRS. | FIRST Shavonne | MI T | | | |
| | NICKNAME | LAST Sanders-McNary | SUFFIX | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; PO BOX 625 | | CITY; STATE; ZIP CODE Victoria Texas 77902 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (361) | PHONE NUMBER 333- 1630 | EXTENSION | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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 01 | Day 15 | Year 2026 | Month 02 | Day 03 | Year 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) | | 13 OFFICE SOUGHT (if known) Justice of the Peace Precinct #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. | | | | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | |
| | <input type="checkbox"/> SPECIFIC | 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 Michael Kevin McNary | 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 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ 800.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 800.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 800.00 |
| OUTSTANDING LOAN TOTALS | | |

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 Kevin McNary, and my date of birth is 05/28/1966.
My address is P.O Box 675, Victoria, TX 77902 USA.

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

Executed in Victoria County, State of TEXAS, on the 03 day of 02, 2026.

Kevin McNary
Signature of Candidate/Officeholder (Declarant)

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): |
| 2 FILER NAME Michael K McNary | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 800.00 |
| 5 Date of loan 01/13/2026 | 7 Name of lender Michael Kevin McNary | 9 Loan Amount (\$) 800.00 |
| 6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code PO BOX 625 VICTORIA TX 77902 | 10 Interest rate 11 Maturity date |
| 12 Lender's Principal Occupation Retired | | 13 Lender's Job Title |
| 14 Lender's Employer/Law Firm | | 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 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 | |
| | 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1 | 2 FILER NAME Michael Kevin McNary Sr. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/03/2026 | 5 Payee name THE ORIGINAL GODFATHER GRAPHIC DESIGNS | |
| 6 Amount (\$) 800.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; 3104 E Red River <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code Victoria, TX 77901 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | (b) Description Field and Yard Signs <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 Michael Kevin McNary Sr | Office sought Justice of the Peace # 1 |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | Description <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; <input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | Description <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 |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |