

# 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:

## OFFICE USE ONLY

Date Received

JAN 15 '26 PM 5:00

BY

JOHN F. HARRIS  
COUNTY CLERK  
DALLAS COUNTY

2026 JAN 15 AM 8:31

FILED

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Ambler

NICKNAME

LAST

SUFFIX

Green S

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3024 Cedar Springs Rd  
#253 Dallas, TX 75219

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 422-4350

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr. Chris

NICKNAME

LAST

SUFFIX

Wesley

7 CAMPAIGN  
TREASURER  
ADDRESS

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

CITY;

STATE;

ZIP CODE

3152 Sauchang Dr.  
Cedar Hill, TX 75104

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 927-8414

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

12 / / 25 THROUGH 12 / 31 / 22

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 2 / 25

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other

Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Dallas County Crim. Dist. 14th

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 A1: 8/10
2 FILER NAME Ambler Green S		3 Filer ID (Ethics Commission Filers)
4 Date 12/21/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nicole Shannon 6 Contributor address; City; State; Zip Code 338 Broddman Dr. Heath, TX 75032	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) Unknown		9 Employer (See Instructions) Unknown
Date 12/26/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lakeydra Houston Contributor address; City; State; Zip Code 3901 Commonwealth Dr. Garland, TX 75043	Amount of contribution (\$) \$30
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
Date 12/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Doug Scott Contributor address; City; State; Zip Code 113 Timber Run E Riviera Beach, FL 33407	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pharmacy Education		Employer (See Instructions) Unknown
Date 12/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lakeydra Houston Contributor address; City; State; Zip Code 3901 Commonwealth Dr. Garland, TX 75043	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 A1: 9/10
2 FILER NAME Amber Given S		3 Filer ID (Ethics Commission Filers)
4 Date 12/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dorrand Hill	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code PO Box 925 DeSoto TX 75123		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 12/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Valerie Baskin	Amount of contribution (\$) \$1,500
Contributor address; City; State; Zip Code 251 W. Lancaster Ave Unit 1222 Fort Worth TX 76101		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kristen Bogan	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 1970 Windsor Creek Dr SW Congress, GA 30094		
Principal occupation / Job title (See Instructions) Adjuster		Employer (See Instructions) Unknown
Date 12/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kendra Brooks	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1529 Aberdeen Dr. Lancaster TX 75134		
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 A1: <b>10 / 10</b>
2 FILER NAME <b>Amber Given</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/31/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kambridge Jones</b>	7 Amount of contribution (\$) <b>\$250</b>
6 Contributor address; City; State; Zip Code <b>200 S. Ryan Dr #7105 Beal Oak, TX 75154</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/31/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Katrina Caldwell</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>4220 Sloane St. Apt. 3023 Carrollton, TX 75007</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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

## SCHEDULE A1

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 A1: 5/10
2 FILER NAME Amber Green		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/25	5 Full name of contributor Theodore Whitaker II <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$25
6 Contributor address; City; State; Zip Code 3728 Lismore St Flossmoor, IL 60422		
8 Principal occupation / Job title (See Instructions) Unknown		9 Employer (See Instructions) Unknown
Date 12/11/25	Full name of contributor Dupe Kadri <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 3151 Fledgling Cir. Woodbridge, VA 22143		
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
Date 12/11/25	Full name of contributor Carmen Davis <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 684 Arbor Irving, TX		
Principal occupation / Job title (See Instructions) notary		Employer (See Instructions) self employed
Date 12/11/25	Full name of contributor Jacob Zachariah <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 1134 Ballantyne Dallas TX 75200		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self employed
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 A1: <i>6/10</i>
2 FILER NAME <i>Amber Given S</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/13/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tulani Washington</i>	7 Amount of contribution (\$) <i>\$2,000</i>
6 Contributor address; City; State; Zip Code <i>2626 Cole Ave Dallas, TX 75204</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>self employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

JAN 15 26 PM 5:00

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7 / 10</b>
2 FILER NAME <b>Amber Given S</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/29/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steven Haynes</b>	7 Amount of contribution (\$) <b>\$100</b>
6 Contributor address; City; State; Zip Code <b>1459 Oxbow Dr. Cedar Hill TX 75104</b>		
8 Principal occupation / Job title (See Instructions) <b>Unknown</b>		9 Employer (See Instructions) <b>Unknown</b>
Date <b>12/29/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cardell Hunter</b>	Amount of contribution (\$) <b>\$10</b>
Contributor address; City; State; Zip Code <b>700 Mirkes Pkwy De Soto, TX 75115</b>		
Principal occupation / Job title (See Instructions) <b>Unknown</b>		Employer (See Instructions) <b>Unknown</b>
Date <b>12/29/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ty Holmes</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address; City; State; Zip Code <b>140 Richardson St SE Atlanta GA 30312</b>		
Principal occupation / Job title (See Instructions) <b>Aviation</b>		Employer (See Instructions) <b>Unknown</b>
Date <b>12/29/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TR Washington Law Office</b>	Amount of contribution (\$) <b>\$ 2,200</b>
Contributor address; City; State; Zip Code <b>2626 Cole Ave Ste 200 Dallas TX 75204</b>		
Principal occupation / Job title (See Instructions) <b>Holmes</b>		Employer (See Instructions) <b>Self employed</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**SCHEDULE A1**

2022

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 A1: <b>2/10</b>
2 FILER NAME <b>Anker Given S</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/29/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kenneth Williams</b> 6 Contributor address; City; State; Zip Code <b>7303 Brynhlee Dr. Arlington TX 76001</b>	7 Amount of contribution (\$) <b>\$100</b>
8 Principal occupation / Job title (See Instructions) <b>unknown</b>		9 Employer (See Instructions) <b>unknown</b>
Date <b>12/30/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Kellye Stephens</b> Contributor address; City; State; Zip Code <b>1109 Long Meadow Ln DSO TX 75115</b>	Amount of contribution (\$) <b>\$200</b>
Principal occupation / Job title (See Instructions) <b>owner</b>		Employer (See Instructions) <b>self employee</b>
Date <b>12/30/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Sikig White</b> Contributor address; City; State; Zip Code <b>8552 Kimball Ave Skokie IL 60076</b>	Amount of contribution (\$) <b>\$50</b>
Principal occupation / Job title (See Instructions) <b>unknown</b>		Employer (See Instructions) <b>unknown</b>
Date <b>12/30/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Stephanie Neal</b> Contributor address; City; State; Zip Code <b>2505 Vintage Place CACT Farmers Branch TX 75224</b>	Amount of contribution (\$) <b>\$50</b>
Principal occupation / Job title (See Instructions) <b>unknown</b>		Employer (See Instructions) <b>unknown</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 A1: <b>3/10</b>
2 FILER NAME <b>Amber Green S</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/31/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Harry Kennedy</b> 6 Contributor address; City; State; Zip Code <b>155 Brooklea Dr Rochester, NY 14624</b>	7 Amount of contribution (\$) <b>\$600</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/31/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christopher Patrick</b> Contributor address; City; State; Zip Code <b>1117 Dover Place DeSoto TX 75115</b>	Amount of contribution (\$) <b>\$500</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/31/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jahnisha Warren</b> Contributor address; City; State; Zip Code <b>4931 Jade Drive Dallas TX 75232</b>	Amount of contribution (\$) <b>\$50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/31/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick Giles</b> Contributor address; City; State; Zip Code <b>1520 Richardson Dr Ste 1211 Richardson, TX 75080</b>	Amount of contribution (\$) <b>\$300</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 A1: <b>1/10</b>
2 FILER NAME <b>Amber Given</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/10/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Isra Allison</b>	7 Amount of contribution (\$) <b>\$10</b>
6 Contributor address; City; State; Zip Code <b>2930 Wesley Ave Charlotte, NC 28205</b>		
8 Principal occupation / Job title (See Instructions) <b>Consulting</b>		9 Employer (See Instructions) <b>self</b>
Date <b>12/10/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charles Bailey</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>1811 Meadow Valley Lane Dallas TX 75232</b>		
Principal occupation / Job title (See Instructions) <b>unknown</b>		Employer (See Instructions) <b>unknown</b>
Date <b>12/10/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Sylvondia Bailey</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>600 Commerce St Dallas, TX 75202</b>		
Principal occupation / Job title (See Instructions) <b>Judge</b>		Employer (See Instructions) <b>State of Texas</b>
Date <b>12/11/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Tahi Banks</b>	Amount of contribution (\$) <b>\$10</b>
Contributor address; City; State; Zip Code <b>6910 Grafen Lane Clinton, MO 64735</b>		
Principal occupation / Job title (See Instructions) <b>unknown</b>		Employer (See Instructions) <b>unknown</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A2

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A2:

NAME Amber Given S

**3 Filer ID (Ethics Commission Filers)**

\$

## Hindsight Studies

\$1,500

videos

2627 Live Oak Dallas TX 75204

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

Principal occupation / job title (I OR NON-I)  
Videography

Employer (FO)  
Self

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# 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	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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
1/4	Amber Given S		
<b>4</b> Date	<b>5</b> Payee name		
12/17/25	Michael's		
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
117	751 N. US Hwy 67	Cedar Hill	TX 75104
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description
	event expense		balloons
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
12/17/25	Greenhouse		
Amount (\$)	Payee address;	City;	State; Zip Code
324.75	110 S. Cockrell Hill Rd Ste. A	DeSoto	TX 75115
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	Event Expense		Food
<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	Payee name		
12/21/25	Sprint 2 Print		
Amount (\$)	Payee address;	City;	State; Zip Code
\$5,304.25	8748 clay Rd	Houston	TX 77080
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	Advertising		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

# 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	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.

<b>1</b> Total pages Schedule G: <u>2 19</u>	<b>2</b> FILER NAME <u>Anker Green</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>12/25/25</u>	<b>5</b> Payee name <u>Pathsocial</u>	
<b>6</b> Amount (\$) <u>660</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <u>1150 S. Olive St. Los Angeles CA 90015</u> <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising</u>	<b>(b)</b> Description <u>social media</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <u>12/24/25</u>	Payee name <u>Printful</u>	
Amount (\$) <u>83.49</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>11025 Westlake Dr. Charlotte NC 28273</u> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing</u>	Description <u>Sweatshirts</u>
	<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 <u>12/31/25</u>	Payee name <u>Shopify</u>	
Amount (\$) <u>\$1.07</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>150 Elm Street Ottawa ON K2P 1L4</u> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Online store</u>
	<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



# 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	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.

<b>1</b> Total pages Schedule G: <div style="font-size: 2em;">414</div>	<b>2</b> FILER NAME <div style="font-size: 1.5em;">Amber Grans</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="font-size: 1.5em;">12/30/25</div>	<b>5</b> Payee name <div style="font-size: 1.5em;">Sprint 2 print</div>	
<b>6</b> Amount (\$) <div style="font-size: 1.5em;">\$1,908.98</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <div style="font-size: 1.5em;">8748 Clay Rd Houston TX 77080</div> <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em;">Advertising</div>	
	<b>(b)</b> Description <div style="font-size: 1.5em;">Signs</div>	
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date Payee name <div style="font-size: 1.5em;">12/17/25 Chase Martin Creative Marketing</div>		
Amount (\$) <div style="font-size: 1.5em;">\$1,482.50</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="font-size: 1.5em;">110 Alpine Dr. DeSoto TX 75115</div> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em;">Advertising</div>	
	Description <div style="font-size: 1.5em;">Design; Print, flyers/shirts signs 4x8</div>	
<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 Payee name		
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	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 Candidate / Officeholder name Office sought Office held		

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# 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>3/4</b>	2 FILER NAME <b>Anker Green</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/31/25</b>	5 Payee name <b>Home Depot</b>	
6 Amount (\$) <b>\$797.73</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>2901 W. Wheatland Rd Dallas TX 75237</b> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>other</b>	(b) Description <b>t-posts, ties, hammer</b>
	(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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date Payee name <b>12/19/25 Ariva Wholesale</b>		
Amount (\$) <b>\$115.27</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>11818 Harry Hines Blvd Ste 202 Dallas TX 75234</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Supplies</b>	Description <b>s-shirts, clear tote s</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date Payee name		
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended	<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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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