JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS MRS MR	FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME	Green	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		city; state; zip code rive, Cedur-Will	2023 J
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (682) 5	PHONE NUMBER 553-1994	EXTENSION	Date Hand-deffvered or Date Postmarked Receipt # CG Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	Alicia	MI	Date Processed XX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (DOWN-Y NO PO BOX PLEASE); APT / S Malsey D		nville, TX
8 CAMPAIGN TREASURER PHONE	AREA CODE (2/4)	PHONE NUMBER 542-9148	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before ele	Fuseded Medified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month /	Day Year / 1 / 2023	THROUGH 6	Day Year /30 / 20 23
11 ELECTION	Month Day	Year Primary General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	Presiding Jud	13 OFFICE SOUGHT (if known	5)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	GENERAL	COMMITTEE NAME COMMITTEE ADDRESS		
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO ТО	PAGE 2	

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	Lisa Green	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 72.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ -11.80
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 60,00
	Please complete either option below	ndidate/Officeholder
(1) Affidavit	DENISE ALVAREZ Notary ID # 133777929 My Commission Expires June 26, 2026	· oth
121/	which, witness my hand and seal of office.	10th day of July.
Signature of officer administer	DENISE ALVAREZ	NOTARY Title of officer administering oath
	*	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
ener 🗸 er ette ette ette ette ette ette ette		tate) (zip code) (country)
Executed in	County, State of, on theday of(month)	, 20
	Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	9 FILER NAME LISA Green	20 Filer ID (Ethics Co	mmission Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	ONS	\$
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. SCHEDULE E: LOANS		\$ 60.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$ 72.00
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	×	\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLIT	TICAL CONTRIBUTIONS	\$
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	AL FUNDS	\$
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC	AL CONTRIBUTIONS	\$
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONT TO FILER	RIBUTIONS RETURNED	\$

SCHEDULE E(J)

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

if the requested information is not applicable, bo no	T include this page in	the report.
The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule E(J):
2 FILER NAME LISA Green		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 60.00
5 Date of loan 7 Name of lender out-of-state PAC (1/31/23 Mark Green	ID#:)	9 Loan Amount (\$) \$12, 00
6 Is lender 8 Lender address; City;	State; Zip Code Cedur Hill,	10 Interest rate 11 Maturity date
12 Lender's Principal Occupation	13 Lender's Job Title	viessur
16 If lender is a child, law firm of parent(s) (ij any)	15 Law Firm of lenger's spou	se (if any)
17 Description of Collateral	Check if person account (See In	al funds were deposited into political nstructions)
19 GUARANTOR INFORMATION 20 Name of guarantor		22 Amount Guaranteed (\$)
not applicable 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 s	spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES (DF THIS SCHEDULE AS NE	EDED

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 f	orm.	1 Total pages Schedule E(J):
2 FILER NAME LISA Green		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 60.00
5 Date of loan 7 Name of lender out-of-state PAC (2/27/23 Mark Green		9 Loan Amount (\$) \$12.00
6 Is lender a financial Institution? 8 Lender address; City; Arwey 1442 Oxlow Arwey	Cedar Hill,	10 Interest rate
1 X 75/04		nja
12 Lender's Principal Occupation Educator	13 Lender's Job Title	Professor
14 Lender's Employer/Law Firm	15 Law Firm of lender's spous	se (if a≜y)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral	Check if persona account (See In	al funds were deposited into political structions)
19 GUARANTOR INFORMATION 20 Name of guarantor		22 Amount Guaranteed (\$)
not applicable 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 s	pouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NE	EDED

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	Lisa Green		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNI	TEMIZED LOANS		\$ 60,00
5 Date of loan 3 24 23	7 Name of lender ut-of-state PAC (I	D#:)	9 Loan Amount (\$) \$12.00
6 Is lender a financial Institution?	1442 Oxbow Drive	State; Zip Code Cedar Hill	10 Interest rate
L Y W N	TX 75/04		nla
12 Lender's Principal	Occupation Watty	13 Lender's Job Title	Palesser
14 Lender's Employer	s College	15 Law Firm of lender's spous	e if any)
16 If lender is a child,	law firm of parent(s) (if any)		
17 Description of Colla	ateral	Check if persons account (See In	al funds were deposited into political structions)
19 GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)
not applicable	21 Guarantor address; City;	State; Zip Code	
23 Guarantor's Princip	al Occupation	24 Guarantor's Job Title	
25 Guarantor's Employ	ver/Law Firm	26 Law Firm of guarantor's s	pouse (if any)
27 If guarantor is a ch	ild, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 f	orm. 1 Total pages Schedule E(J):
2 FILER NAME LISA Green	3 Filer ID (Ethics Commi	ssion Filers)
4 TOTAL OF UNITEMIZED LOANS	\$ 60.00	
5 Date of loan 7 Name of lender out-of-state PAC (4/27/23 Mark Green	417 (4)	
6 Is lender a financial Institution? 8 Lender address; City; 1442 Oxbox Dr.	State; Zip Code 10 Interest rate	
TX 751	11 Maturity date	
12 Lender's Principal Occupation	13 Lender's Job Title Professor	
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 none	Check if personal funds were deposited into account (See Instructions)	political
19 GUARANTOR INFORMATION 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)		
	DE TIMO COMEDIN E AC NEEDED	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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	n.	1 Total pages Schedule E(J):
2 FILER NAME LISA Green		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 60.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:_5/26/23 Wark Green		9 Loan Amount (\$) \$ 12.00
6 Is lender a financial Institution? 8 Lender address; City; L442 Oxbox Dr. VL,	State: Zip Code Cedur Hill	10 Interest rate
TX 75/04		11 Maturity date
Educator	Lender's Job Title	y Rofessor
14 Lender's Employer/Lew Firm 15	5 Law Firm of lender's spous	a (if any)
16 If lender is a child, law firm of parent(s) (if any	/	
17 Description of Collateral 18		I funds were deposited into political structions)
19 GUARANTOR INFORMATION 20 Name of guarantor		22 Amount Guaranteed (\$)
not applicable 21 Guarantor address; City;	State; Zip Code	
23 Guarantor's Principal Occupation 24	4 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm 26	6 Law Firm of guarantor's sp	ouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDIII E AS NEE	DED

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME LISA Gree	3 Filer ID (Ethics Commission Filers) ✓
4 Date 1/26/23 6 Amount (\$)	5 Payee name 7 Payee address; Thuse	Buth City: State: Zip Code
\$12.00	P. () Bux 654754 San	n Antonio, TX 78265
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Fees	monthly bank fee
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2/24/23	J. P. Maryan Chuse	Bank City; State; Zip Code n Awkno, TX 78265
Amount (\$)	Payee address;	City; State; Zip Code
\$12.00	POBW 659754 Sa	n Antino, 7x 78265
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	fees	monthly bank fee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
3/23/23	5. P. Meryan Chu	se Bunk
Amount (\$)	Payee address;	City; State; Zip Code
\$12.00	PO BUX 659754 3	Dan Antonio, TX 78265
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	fees	monthly bank tee
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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 F1:	2 FILER NAME 1
1 Total pages Schedule F1:	ISA GYLLA
4 Date 4/25	7 Payee address; City: State: Zip Code
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$12.00	PO Box 659754 San Antono, TX 78765
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	fees monthly bank fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held
Date , 1	Payee name
5/23/23	JA Morgan Chuse Bank Payee address; City; State; Zip Code PO Box 659754 San Antonio, Tx 78265
Amount (\$)	Payee address; City; State; Zip Code
\$12,00	PO Box 659754 San Antimo, Tx 78265
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Fees monthly bank fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Office holder name Office sought Office held
Date	Payee name
6/26/23	JP Morgan Chuse Bank
Amount (\$)	Payee address; City; State; Zip Code
\$12.00	PO. Bux 659754 San Antino, TX 78265
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	fees munthly bank fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED
I	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED