JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS MRS MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME Date Imaged ZIP CODE CAMPAIGN TREASURER Duncanville, TX **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** (214) 542-9148 PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) July 15 Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Day Year COVERED 30/2024 2024 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Runoff Other Day Special 13 OFFICE SOUGHT (if known) 12 OFFICE vinuo THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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	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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 💍
	4. TOTAL POLITICAL EXPENDITURES	\$ 72.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 25.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 97.63
requ	Signature of Ca	ndidate/Officeholder
(1) Affidavit	JULIA VASQUEZ Notary ID # 133106486 My Commission Expires 05-18-2025	
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by USO CTULEN this the	om day of Tall,
20 H, to certify	which, witness my hand and seal of office.	Maleria Dublic
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		
2785 IO 1975 IO		state) (zip code) (country)
Executed in	County, State of , on the day of (month	, 20 (year)
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER NAME LISA GYLLIN	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$ 97.63
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 72.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME Lisa Gareen		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 97.63
5 Date of loan 7 Name of lender out-of-state PAC (ID#:) 1/30/24 Mark Green		9 Loan Amount (\$) \$12.00
8 Lender address; City; State; Zip Code a financial Institution? 1442 Oxbow Dr., Cedur Hill		10 Interest rate
TX 75104		11 Maturity date
12 Lender's Principal Occupation 13 Lender's Job Title		rofessor
14 Lender's Employer/Law Firm College	15 Law Firm of lenders spous	se (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral	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 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 NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE E(J)

The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule E(J):
2 FILER NAME LISA Green		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 97.63
5 Date of loan 7 Name of lender Out-of-state PAC (2/28/24 Mark Gyllen	ID#:)	9 Loan Amount (\$) \$12,00
6 Is lender a financial Institution? 8 Lender address; City; Ar,	Ceder Hill	10 Interest rate
TX 75104		11 Maturity date
12 Lender's Principal Occupation	13 Lender's Job Title	ry Professor
14 Lender Employer/Law Firm	15 Law Firm of lender's spous	se († any)
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 NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE E(J)

	transport of	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):
2 FILERNAME LISA GIREN		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 97.63
5 Date of loan 7 Name of lender out-of-state PAC 4/1/24 Mark Green	(ID#:)	9 Loan Amount (\$) \$12,600
6 Is lender a financial Institution? 8 Lender address; City; 1442 Oxboox Dr.,	Cedar Mill,	10 Interest rate NA
TX 7510		11 Maturity date //A
12 Lender's Principal Occupation	13 Lender's Job Title	rofessur
14 Lender's Employer/Law Firm Dallus Calley	15 Law Firm of lender's spous	se (if any)
16 If lender is a child, law firm of parent(s) (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		

SCHEDULE E(J)

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 UNITEMIZED LOANS		\$ 97.63
5 Date of loan 7 Name of lender out-of-state PAC (4/29/24 Mark Green	ID#:)	9 Loan Amount (\$) \$ 12.00
	Ve, Cedar Hill,	10 Interest rate
0 Y 75/04		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 spous	se (if any)
16 If lender is a child, law firm of parent(s) (if any)	,	
17 Description of Collateral	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 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		

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J):	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ 97.63	
5 Date of loan 7 Name of lender Out-of-state PAC (5/13/24 LISK GYELL	ID#:)	9 Loan Amount (\$) \$49,63	
6 Is lender a financial Institution 1442 Oxbox Drive	State; Zip Code, Cedur Hill,	10 Interest rate	
TX 75104		Maturity date	
12 Lender's Principal Occupation	13 Lender's Job Title		
14 Lender's Employer/Law Firm	15 Law Firm of lenders spous	15 Law Firm of lenders spouse (if any)	
16 If lender is a child, law firm of parent(s) (f any)			
17 Description of Collateral	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 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 If lender is out-of-state PAC, please see instruc	OF THIS SCHEDULE AS NE	EDED orting 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

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	
1 Total pages Schedule F1:	2 FILER NAME Signal Supplies (Ethics Commission Filers)
4 Date 1/25/24	JP Morgan Chase Bank
6 Amount (\$)	
\$12.00	PO Box 659754 San 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/OF	Candidate / Officeholder name Office sought Office held
Date	Payee name
2/26/24	Payee name JP Mayou Chuse Bunk Payee address; City: State; Zip Code
Amount (\$)	Payee address; City; State; Zip Code
412.00	PO Box 659734 San Antonio, 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name
3 25 24	JP Morgan Chase Bank
Amount (\$)	Payee address; City; State; Zip Code
\$12.00	Payee address; City; State; Zip Code PO BUX 1059754 San Antonio, TX 78265
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	fee monthly 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/Oh	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
	1964 St. 1964 (1964 1965 1966 1966 1966 1966 1966 1966 1966

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 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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME LISA GEVELN 3 Filer ID (Ethics Commission Filers)
4 Date 4 23 24	JP Morgan Chase Bank
6 Amount (\$)	City: State: Zin Code
\$12,00	PO Bux 659754 San Antonio, TX 78265
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	fees monthly bank fee
OF EXPENDITURE	tees morning such tee
	(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/OF	Candidate / Officeholder name Office sought Office held
Date	Payee name
5/23/24	JP Morgan Chase Bank City: State: Zip Code
Amount (\$)	Payee address; City; State; Zip Code
\$12.00	PO BOX 659754 San Antonio, TX 78265
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF	Fees monthly bank fee
EXPENDITURE	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held
Date	Payee name
6/26/24	JP Morgan Chase Bank
Amount (\$)	Payee address; City; State; Zip Code
\$12.00	PO BUX 659754 San Antonio, 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 ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/O	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED