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 / FIRST OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME 4 CANDIDATE / ADDRESS / PO BOX: **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Bostmarked **OFFICEHOLDER** (682) 553-1994 PHONE Receipt # Amount \$ MS MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged 7 CAMPAIGN Drive, Duncanville, TX 75137 TREASURER **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** (214) 542-9148 PHONE 9 REPORT TYPE January 15 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 12024 31/2024 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Description General Special 12 OFFICE 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME 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	isa	Green		16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELEC		AN	\$ 0
	2.	TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS	S)	\$ 0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.		\$ 0
	4.	TOTAL POLITICAL EXPEND	DITURES		\$ 72.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	AST DAY	\$.83
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	OF ALL OUTSTANDING LOANS AS IG PERIOD	OF THE	\$ 47,00
Signature of Candidate/Officeholder Please complete either option below:					
(1) Affidavit NOTARY STAMP/SEA	i.L	JULIA VASQI Notary ID # 1331 My Commission E 05-18-202	06486 Expires		
Sworn to and subscribed	before me	by LISA GREEN	this the	- 6t	day of January,
20 25 to certify	which, with	ness my hand and seal of office.	NOGLA 2		Alabaria
Signature of officer administer	ering oath	Printed name of of	XSQV172 ficer administering oath		Title of officer administering oath
Street Hills			OR		
(2) Unsworn Declarati	on				
My name is			, and my date of birth	is	
				,	
		(street)	(city)	(state)	(zip code) (country)
Executed in		County, State of	, on theday of (mon	nth)	, 20 (year)
			Signature of Cano	didate/Offic	ceholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19 FILER NAME LISA GYELN 20 Filer ID (EI	thics Commission 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. V SCHEDULE E: LOANS	\$ 47.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 72.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	1 S \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	С/ОН \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNITY TO FILER	ED \$

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	1 Total pages Schedule E(J):			
2 FILER NAME LISA GYELLA	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED LOANS		\$ 47,00		
5 Date of loan 7 Name of lender Out-of-state PAC Greek		9 Loan Amount (\$) \$12.00		
6 Is lender a financial Institution? 8 Lender address; City; State; Zip Code 1442 Oxlow Drive,		10 Interest rate		
Cedar Hill, T)		Maturity date		
12 Lender's Principal Occupation	13 Lender's Job Title HISTRY PUFLSSW			
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) (j any)				
17 Description of Collateral None	Check if personal funds were deposited into political account (See Instructions)			
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 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.

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.	Total pages Schedule E(J):		
2 FILER NAME LISU CAYELL	3	Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS	\$	47.00		
5 Date of loan 7 Name of lender Out-of-state PAC 6		Loan Amount (\$)		
6 Is lender a financial Institution? 8 Lender address; City; State; Zip Code Drive, Cedur		Interest rate		
UY DVN Hill, TX 75/0	11	Maturity date		
12 Lender's Principal Occupation	13 Lender's Job Title Mistury	rofessor		
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	Check if personal funds were deposited into political account (See Instructions)			
19 GUARANTOR INFORMATION 20 Name of guarantor	22	2 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 spou	ise (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)

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

The Instruction Guide explains how to complete this f	1 Total pages Schedule E(J):			
2 FILER NAME LISA GEVELL	1	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS		\$ 47.00		
5 Date of loan 7 Name of lender out-of-state PAC ((ID#:)	9 Loan Amount (\$) \$ 12.00		
6 Is lender a financial Institution? 8 Lender address; City; State; Zip Code		10 Interest rate		
Cedar Hill, TX	75/04	11 Maturity date N/A		
12 Lender's Principal Occupation	13 Lender's Job Title	rlessor		
14 Lender's Employer/Law Firm	15 Law Firm of lender's spous	(if any)		
16 If lender is a child, law firm of parent(s) (if any)				
17 Description of Collateral	Check if personal funds were deposited into political account (See Instructions)			
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 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.				

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	1 Total pages Schedule E(J):			
2 FILER NAME LISU Greek	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED LOANS		\$ 47.00		
5 Date of loan 7 Name of lender out-of-state PAC	(ID#:)	9 Loan Amount (\$) \$12.00		
6 Is lender a financial Institution? 8 Lender address; City; Drive, Cedur		10 Interest rate		
DY ON Hill, TX 75.	104	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 spour	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 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 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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME LISA GYLLM 3 Filer ID (Ethics Commission Filers)	
4 Date 24 24	J. P. Maryun Chase Bank	
\$12.00	POBUX 659754 San Antmio, TX 78268	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees Worthly 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 / Office holder name Office sought Office held	
8 23 24	JP Margun Chase Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.00	PO BUX 659754 San Antonio, TX 78265	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees Description 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	
9/25/24	JP Muyan Chase Bank	
Amount (\$) \$12.00	Payee address; City; State; Zip Code POBUX 659754 San Antonio, TX 78265	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description MWHLY bunk 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	
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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME LISA Gr	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/24	JP Muy an Chas	e Bank
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$12.00	POBUX 659754	San Antonio, TX 78765
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	fees	monthly bankfee
	(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 11/26/24	3P Myym CM	ise Bank
Amount (\$)	Payee address;	City; State; Zip Code
\$12.00	POBX 659754	San Antonio, TX 78265
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	tees	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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	10
12/24/24	JP Morgan Chuse	Bank
Amount (\$)	Payee address;	City; State; Zip Code
\$12.00	PO Box 659754	San Antinio, 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/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED