

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

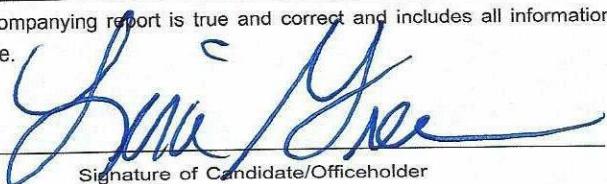
The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>13</i>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Lisa</i>			FIRST MI				
	NICKNAME <i>Green</i>	LAST SUFFIX						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <i>1442 Oxbow Drive, Cedar Hill.</i>			APT / SUITE #: CITY: STATE: ZIP CODE <i>TX 75104</i>				
<input type="checkbox"/> Change of Address								
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	<i>(682) 553-1994</i>							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Alicia</i>			MI				
	NICKNAME <i>Brown- Young</i>	LAST	SUFFIX					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # <i>1503. Halsey Drive, Duncanville, TX 75137</i>			STATE; ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	<i>(214) 542-9148</i>							
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Final Report (Attach C/OH - FR)							
10 PERIOD COVERED	Month <i>7</i>	Day <i>1</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>		
11 ELECTION	ELECTION DATE <i>3/3/2026</i>		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) <i>Presiding Judge County Criminal Court #5</i>			13 OFFICE SOUGHT (if known)				
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						
		<input type="checkbox"/> SPECIFIC						
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	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)	\$	5,930.81
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	2,128.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	3,803.37
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

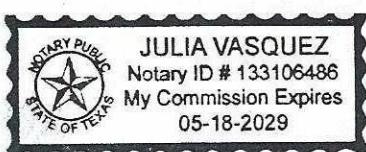
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Lisa Green this the 12th day of January,

2021, to certify which, witness my hand and seal of office.

Julia Vasquez
Signature of officer administering oath

Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
<i>Lisa Green</i>		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,930.81	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,128.27	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A(J)1: 6</p>	
<p>2 FILER NAME Lisa Green</p>		<p>3 Filer ID (Ethics Commission Filers)</p>	
4 Date 7/2/25	<p>5 Full name of contributor Senay Garrett</p> <p>6 Contributor address; City; State; Zip Code 2000 E. Lamar Blvd, Arlington, TX 76006</p>	<p>7 Amount of contribution (\$) \$500.00</p>	
<p>8 Contributor's principal occupation Lawyer</p>		<p>9 Contributor's job title Attorney</p>	
<p>10 Contributor's employer/law firm The Garrett Law Office PLLC</p>		<p>11 Law firm of contributor's spouse (if any)</p>	
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>			
<p>Date 7/2/25</p>		<p>Full name of contributor L. Charles Humphreys</p> <p>Contributor address; City; State; Zip Code 11300 N. Central Expressway Ste 430 Dallas, TX 75243</p>	<p>Amount of contribution (\$) \$200.00</p>
<p>Contributor's principal occupation Lawyer</p>		<p>Contributor's job title Attorney</p>	
<p>Contributor's employer/law firm Humphreys and Peterson</p>		<p>Law firm of contributor's spouse (if any)</p>	
<p>If contributor is a child, law firm of parent(s) (if any)</p>			
<p>Date 11/5/25</p>		<p>Full name of contributor Stripe, Inc</p> <p>Contributor address; City; State; Zip Code 354 Oyster Point Blvd, S. San Francisco, CA 94080</p>	<p>Amount of contribution (\$) \$1.60</p>
<p>Contributor's principal occupation Payment Processing</p>		<p>Contributor's job title</p>	
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>	
<p>If contributor is a child, law firm of parent(s) (if any)</p>			

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
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1: <i>6</i>
2 FILER NAME <i>Lisa Green</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/6/25</i>	5 Full name of contributor <i>Randell Cross</i>	6 Contributor address; City, State, Zip Code <i>3500 Oaklawn Ave, Dallas, TX 75249</i>
7 Amount of contribution (\$) <i>\$94.80</i>		
8 Contributor's principal occupation <i>Lawyer</i>	9 Contributor's job title <i>Attorney</i>	
10 Contributor's employer/law firm <i>Law Office of Randell Cross</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/7</i>	Full name of contributor <i>Charles Maduka</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City, State, Zip Code <i>3917 W. Sublett Rd, Arlington, TX</i>		
Contributor's principal occupation <i>Legal</i>	Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Law Office of Charles Maduka</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/12/25</i>	Full name of contributor <i>James Brian Hawkins II</i>	Amount of contribution (\$) <i>\$150.00</i>
Contributor address; City, State, Zip Code <i>228 Crescent Ridge Drive, Fort Worth, TX 76140</i>		
Contributor's principal occupation <i>Legal</i>	Contributor's job title <i>Attorney + Counselor at Law</i>	
Contributor's employer/law firm <i>Law Office of James Brian Hawkins II</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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
(JUDICIAL)**

SCHEDULE A(J)1

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

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A(J)1: <i>6</i></p>																									
<p>2 FILER NAME Lisa Green</p>				<p>3 Filer ID (Ethics Commission Filers)</p>																									
<p>4 Date 11/12/25</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Daniel Duane Johnson</p>			<p>7 Amount of contribution (\$) \$50.00</p>																									
<p>6 Contributor address; City; State; Zip Code 805 Sleepy Hollow Dr. Cedar Hill, TX 75104</p>																													
<p>8 Contributor's principal occupation</p>				<p>9 Contributor's job title</p>																									
<p>10 Contributor's employer/law firm</p>				<p>11 Law firm of contributor's spouse (if any)</p>																									
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>																													
<table border="1"> <tr> <td> <p>Date 11/12/25</p> </td> <td colspan="3"> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Semaj Garrett</p> </td> <td> <p>Amount of contribution (\$) \$200.00</p> </td> </tr> <tr> <td colspan="4"> <p>Contributor address; City; State; Zip Code 2000 E. Lamar Blvd, Arlington, TX 76006</p> </td> <td></td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation Legal</p> </td> <td colspan="3"> <p>Contributor's job title Attorney at Law</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm The Garrett Law Office PLLC</p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="5"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>					<p>Date 11/12/25</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Semaj Garrett</p>			<p>Amount of contribution (\$) \$200.00</p>	<p>Contributor address; City; State; Zip Code 2000 E. Lamar Blvd, Arlington, TX 76006</p>					<p>Contributor's principal occupation Legal</p>		<p>Contributor's job title Attorney at Law</p>			<p>Contributor's employer/law firm The Garrett Law Office PLLC</p>		<p>Law firm of contributor's spouse (if any)</p>			<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date 11/12/25</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Semaj Garrett</p>			<p>Amount of contribution (\$) \$200.00</p>																									
<p>Contributor address; City; State; Zip Code 2000 E. Lamar Blvd, Arlington, TX 76006</p>																													
<p>Contributor's principal occupation Legal</p>		<p>Contributor's job title Attorney at Law</p>																											
<p>Contributor's employer/law firm The Garrett Law Office PLLC</p>		<p>Law firm of contributor's spouse (if any)</p>																											
<p>If contributor is a child, law firm of parent(s) (if any)</p>																													
<table border="1"> <tr> <td> <p>Date 11/12/25</p> </td> <td colspan="3"> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Taylor R. Johnson</p> </td> <td> <p>Amount of contribution (\$) \$500.00</p> </td> </tr> <tr> <td colspan="4"> <p>Contributor address; City; State; Zip Code 900 Jackson St., Ste 650, Dallas, TX 75203</p> </td> <td></td> </tr> <tr> <td colspan="2"> <p>Contributor's principal occupation Legal</p> </td> <td colspan="3"> <p>Contributor's job title Attorney at Law</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm Taylor Johnson Attorney at Law</p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="5"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>					<p>Date 11/12/25</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Taylor R. Johnson</p>			<p>Amount of contribution (\$) \$500.00</p>	<p>Contributor address; City; State; Zip Code 900 Jackson St., Ste 650, Dallas, TX 75203</p>					<p>Contributor's principal occupation Legal</p>		<p>Contributor's job title Attorney at Law</p>			<p>Contributor's employer/law firm Taylor Johnson Attorney at Law</p>		<p>Law firm of contributor's spouse (if any)</p>			<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date 11/12/25</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Taylor R. Johnson</p>			<p>Amount of contribution (\$) \$500.00</p>																									
<p>Contributor address; City; State; Zip Code 900 Jackson St., Ste 650, Dallas, TX 75203</p>																													
<p>Contributor's principal occupation Legal</p>		<p>Contributor's job title Attorney at Law</p>																											
<p>Contributor's employer/law firm Taylor Johnson Attorney at Law</p>		<p>Law firm of contributor's spouse (if any)</p>																											
<p>If contributor is a child, law firm of parent(s) (if any)</p>																													

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
(JUDICIAL)**

SCHEDULE A(J)1

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

<p>The Instruction Guide explains how to complete this form.</p>																			
<p>2 FILER NAME</p> <p><i>Lisa Green</i></p>		<p>1 Total pages Schedule A(J)1: <i>6</i></p> <p>3 Filer ID (Ethics Commission Filers)</p>																	
<p>4 Date</p> <p><i>11/12/25</i></p>	<p>5 Full name of contributor</p> <p><i>Thomas Hunter</i></p>	<p><input type="checkbox"/> out-of-state PAC ID#:</p>																	
	<p>6 Contributor address:</p> <p><i>600 W. John Carpenter Fwy, Ste 276 Irving, TX 75062</i></p>	<p>City:</p>	<p>State: Zip Code</p>																
		<p>7 Amount of contribution (\$)</p> <p><i>\$300.00</i></p>																	
<p>8 Contributor's principal occupation</p> <p><i>Legal</i></p>	<p>9 Contributor's job title</p> <p><i>Attorney</i></p>																		
<p>10 Contributor's employer/law firm</p> <p><i>Thomas Hunter Law Group, PLLC</i></p>																			
<p>11 Law firm of contributor's spouse (if any)</p>																			
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>																			
<table border="1"> <tr> <td> <p>Date</p> <p><i>11/12/25</i></p> </td> <td> <p>Full name of contributor</p> <p><i>Stripe, Inc - electronic donations</i></p> </td> <td> <p><input type="checkbox"/> out-of-state PAC ID#:</p> <p><i>ACH</i></p> </td> <td> <p>Amount of contribution (\$)</p> <p><i>\$1,049.97</i></p> </td> </tr> <tr> <td></td> <td> <p>Contributor address:</p> <p><i>354 Oyster Point Blvd, San Francisco, CA 94080</i></p> </td> <td></td> <td></td> </tr> <tr> <td> <p>Contributor's principal occupation</p> <p><i>Payment Processing</i></p> </td> <td> <p>Contributor's job title</p> <p><i>(campaign contribution)</i></p> </td> <td colspan="2"></td> </tr> <tr> <td> <p>Contributor's employer/law firm</p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> </table>				<p>Date</p> <p><i>11/12/25</i></p>	<p>Full name of contributor</p> <p><i>Stripe, Inc - electronic donations</i></p>	<p><input type="checkbox"/> out-of-state PAC ID#:</p> <p><i>ACH</i></p>	<p>Amount of contribution (\$)</p> <p><i>\$1,049.97</i></p>		<p>Contributor address:</p> <p><i>354 Oyster Point Blvd, San Francisco, CA 94080</i></p>			<p>Contributor's principal occupation</p> <p><i>Payment Processing</i></p>	<p>Contributor's job title</p> <p><i>(campaign contribution)</i></p>			<p>Contributor's employer/law firm</p>	<p>Law firm of contributor's spouse (if any)</p>		
<p>Date</p> <p><i>11/12/25</i></p>	<p>Full name of contributor</p> <p><i>Stripe, Inc - electronic donations</i></p>	<p><input type="checkbox"/> out-of-state PAC ID#:</p> <p><i>ACH</i></p>	<p>Amount of contribution (\$)</p> <p><i>\$1,049.97</i></p>																
	<p>Contributor address:</p> <p><i>354 Oyster Point Blvd, San Francisco, CA 94080</i></p>																		
<p>Contributor's principal occupation</p> <p><i>Payment Processing</i></p>	<p>Contributor's job title</p> <p><i>(campaign contribution)</i></p>																		
<p>Contributor's employer/law firm</p>	<p>Law firm of contributor's spouse (if any)</p>																		
<p>If contributor is a child, law firm of parent(s) (if any)</p>																			
<table border="1"> <tr> <td> <p>Date</p> <p><i>11/14/25</i></p> </td> <td> <p>Full name of contributor</p> <p><i>Stripe, Inc - electronic donations</i></p> </td> <td> <p><input type="checkbox"/> out-of-state PAC ID#:</p> <p><i>ACH</i></p> </td> <td> <p>Amount of contribution (\$)</p> <p><i>\$631.84</i></p> </td> </tr> <tr> <td></td> <td> <p>Contributor address:</p> <p><i>354 Oyster Point Blvd, San Francisco, CA 94080</i></p> </td> <td></td> <td></td> </tr> <tr> <td> <p>Contributor's principal occupation</p> <p><i>Payment Processing</i></p> </td> <td> <p>Contributor's job title</p> <p><i>(campaign contribution)</i></p> </td> <td colspan="2"></td> </tr> <tr> <td> <p>Contributor's employer/law firm</p> </td> <td colspan="3"> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> </table>				<p>Date</p> <p><i>11/14/25</i></p>	<p>Full name of contributor</p> <p><i>Stripe, Inc - electronic donations</i></p>	<p><input type="checkbox"/> out-of-state PAC ID#:</p> <p><i>ACH</i></p>	<p>Amount of contribution (\$)</p> <p><i>\$631.84</i></p>		<p>Contributor address:</p> <p><i>354 Oyster Point Blvd, San Francisco, CA 94080</i></p>			<p>Contributor's principal occupation</p> <p><i>Payment Processing</i></p>	<p>Contributor's job title</p> <p><i>(campaign contribution)</i></p>			<p>Contributor's employer/law firm</p>	<p>Law firm of contributor's spouse (if any)</p>		
<p>Date</p> <p><i>11/14/25</i></p>	<p>Full name of contributor</p> <p><i>Stripe, Inc - electronic donations</i></p>	<p><input type="checkbox"/> out-of-state PAC ID#:</p> <p><i>ACH</i></p>	<p>Amount of contribution (\$)</p> <p><i>\$631.84</i></p>																
	<p>Contributor address:</p> <p><i>354 Oyster Point Blvd, San Francisco, CA 94080</i></p>																		
<p>Contributor's principal occupation</p> <p><i>Payment Processing</i></p>	<p>Contributor's job title</p> <p><i>(campaign contribution)</i></p>																		
<p>Contributor's employer/law firm</p>	<p>Law firm of contributor's spouse (if any)</p>																		
<p>If contributor is a child, law firm of parent(s) (if any)</p>																			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>																			

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1: <i>6</i>
2 FILER NAME Lisa Green			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/17/25</i>	5 Full name of contributor <i>Stripe, Inc.</i>	<input type="checkbox"/> out-of-state PAC ID#: <i>ACH</i>	7 Amount of contribution (\$) <i>\$248.17</i>
6 Contributor address: <i>354 Oyster Point Blvd, San Francisco, CA 94080</i>	City: <i>San Francisco</i>	State; Zip Code <i>CA 94080</i>	
8 Contributor's principal occupation <i>Payment Processing (Campaign contributions)</i>	9 Contributor's job title		
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)			
Date <i>11/18/25</i>	Full name of contributor <i>Stripe Inc</i>	<input type="checkbox"/> out-of-state PAC ID#: <i>ACH donations</i>	Amount of contribution (\$) <i>\$485.62</i>
Contributor address: <i>354 Oyster Point Blvd, San Francisco, CA 94080</i>	City: <i>San Francisco</i>	State; Zip Code <i>CA 94080</i>	
Contributor's principal occupation <i>Payment Processing (Campaign contributions)</i>	Contributor's job title		
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			
Date <i>11/28/25</i>	Full name of contributor <i>Stripe Inc</i>	<input type="checkbox"/> out-of-state PAC ID#: <i>ACH donations</i>	Amount of contribution (\$) <i>\$475.20</i>
Contributor address: <i>354 Oyster Point Blvd, San Francisco, CA 94080</i>	City: <i>San Francisco</i>	State; Zip Code <i>CA 94080</i>	
Contributor's principal occupation <i>Payment Processing (Campaign contributions)</i>	Contributor's job title		
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			

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
(JUDICIAL)**

SCHEDULE A(J)1

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

<p>The Instruction Guide explains how to complete this form.</p>																				
2 FILER NAME <i>Lisa Green</i>		1 Total pages Schedule A(J)1: <i>6</i>																		
4 Date <i>12/8/25</i>	5 Full name of contributor <i>Stripe, Inc electronic ACH</i>	6 Contributor address; <i>354 Oyster Point Blvd, San Francisco, CA 94080</i>																		
	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>\$496.36</i>																		
8 Contributor's principal occupation <i>Payment Processing (Campaign Contribution)</i>		9 Contributor's job title																		
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)																		
12 If contributor is a child, law firm of parent(s) (if any)																				
<table border="1"> <tr> <td> Date <i>12/8/25</i> </td> <td> Full name of contributor <i>Stripe, Inc. electronic ACH donations</i> </td> <td> Amount of contribution (\$) <i>\$47.25</i> </td> </tr> <tr> <td> Contributor address; <i>354 Oyster Point Blvd, San Francisco, CA 94080</i> </td> <td> <input type="checkbox"/> out-of-state PAC ID#: </td> <td></td> </tr> <tr> <td colspan="2"> Contributor's principal occupation <i>Payment Processing (Campaign Contribution)</i> </td> <td> Contributor's job title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date <i>12/8/25</i>	Full name of contributor <i>Stripe, Inc. electronic ACH donations</i>	Amount of contribution (\$) <i>\$47.25</i>	Contributor address; <i>354 Oyster Point Blvd, San Francisco, CA 94080</i>	<input type="checkbox"/> out-of-state PAC ID#:		Contributor's principal occupation <i>Payment Processing (Campaign Contribution)</i>		Contributor's job title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)					
Date <i>12/8/25</i>	Full name of contributor <i>Stripe, Inc. electronic ACH donations</i>	Amount of contribution (\$) <i>\$47.25</i>																		
Contributor address; <i>354 Oyster Point Blvd, San Francisco, CA 94080</i>	<input type="checkbox"/> out-of-state PAC ID#:																			
Contributor's principal occupation <i>Payment Processing (Campaign Contribution)</i>		Contributor's job title																		
Contributor's employer/law firm		Law firm of contributor's spouse (if any)																		
If contributor is a child, law firm of parent(s) (if any)																				
<table border="1"> <tr> <td> Date <i> </i> </td> <td> Full name of contributor <i> </i> </td> <td> Amount of contribution (\$) <i> </i> </td> </tr> <tr> <td></td> <td> <input type="checkbox"/> out-of-state PAC ID#: </td> <td></td> </tr> <tr> <td> Contributor address; <i> </i> </td> <td> <i>City; State: Zip Code</i> </td> <td></td> </tr> <tr> <td colspan="2"> Contributor's principal occupation </td> <td> Contributor's job title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date <i> </i>	Full name of contributor <i> </i>	Amount of contribution (\$) <i> </i>		<input type="checkbox"/> out-of-state PAC ID#:		Contributor address; <i> </i>	<i>City; State: Zip Code</i>		Contributor's principal occupation		Contributor's job title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <i> </i>	Full name of contributor <i> </i>	Amount of contribution (\$) <i> </i>																		
	<input type="checkbox"/> out-of-state PAC ID#:																			
Contributor address; <i> </i>	<i>City; State: Zip Code</i>																			
Contributor's principal occupation		Contributor's job title																		
Contributor's employer/law firm		Law firm of contributor's spouse (if any)																		
If contributor is a child, law firm of parent(s) (if any)																				
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>																				

customer_j.created	name	descriptior	email	net_volum	gross_volum	payment_c	refund_volum
Guest 9/17/2021 0:30	BILL KNOX	BILLKNOX6		1000	1000	1	0
Guest 11/7/2025 19:40	Randel Cross	texasattorr		1000	1000	1	0
Guest 12/4/2025 2:47	Jesus Marquez	wantedmai		522.24	522.24	1	0
Guest 11/25/2025 23:01	William Knox	billknox@o		500	500	1	0
Guest 11/13/2025 13:16	Tulani Washington	trwashingt		261.28	261.28	1	0
Guest 11/14/2025 0:58	Monique Ward	ward_moni		261.28	261.28	1	0
Guest 11/12/2025 4:00	Myra McIntosh	lawyermyr		261.28	261.28	1	0
Guest 11/14/2025 14:09	Rosalyn Lark	rdlark1@gr		250	250	1	0
Guest 11/12/2025 21:23	Kenneth Weatherspoon	KWSSpoon		200	200	1	0
Guest 11/12/2025 19:20	Christopher Webb	Christophe		104.7	104.7	1	0
Guest 11/7/2025 19:41	Sandra Steen	TheJoyInsti		104.7	104.7	1	0
Guest 11/16/2021 0:09	Erika Estes	askerikaes		104.15	104.15	1	0
Guest 11/4/2025 4:50	Bridgett Davis	jireh1997@		100	100	1	0
Guest 5/9/2024 13:58	Maria Rosales	marosa657		52.37	52.37	1	0
Guest 12/11/2025 18:47	Richard Alexander	richard_a3i		50	50	1	0
Guest 11/12/2025 1:07	Daneshe Bethune	dannyb05C		50	50	1	0
Guest 11/12/2025 1:35	Alicia Young	brownyoun		50	50	1	0
Guest 6/28/2021 11:48	Ed Ramirez	edramram21		12.7	12.7	2	0

*List of donors who's contributions were received via Stripe ACH processing

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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	6 Amount (\$)	
7 Payee address:	City; State; Zip Code	<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description monthly bank fees	
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/25	J. P. Morgan Chase Bank		
Amount (\$)	Payee address:	City; State; Zip Code	
\$15.00	P.O. Box 659754, San Antonio, TX 78265	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description monthly bank fees	
	<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		
9/4/25	Logo Factory		
Amount (\$)	Payee address:	City; State; Zip Code	
\$298.77	116 NW 15th St, Grand Prairie, TX 75050	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing of Campaign Tee Shirts	
	<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 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
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 F1: <i>4</i>	2 FILER NAME <i>Lisa Green</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/24/25</i>	5 Payee name <i>J. P. Morgan Chase Bank</i>	City; State; Zip Code	
6 Amount (\$) <i>\$15.00</i>	7 Payee address; <i>P.O. Box 659754, San Antonio, TX 78265</i>	<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>fees</i>	(b) Description <i>monthly bank fee</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<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	Office sought	Office held
Date <i>10/24/25</i>	Payee name <i>J. P. Morgan Chase Bank</i>		
Amount (\$) <i>\$15.00</i>	Payee address; <i>P.O. Box 659754, San Antonio, TX 78265</i>	City; State; Zip Code	<input type="checkbox"/> Check if individual's residence address.
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees</i>	Description <i>monthly bank fees</i>	
	<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 <i>10/26/25</i>	Payee name <i>Times Ten Cellars</i>		
Amount (\$) <i>\$137.50</i>	Payee address; <i>6324 Prospect St. Dallas, TX 75214</i>	City; State; Zip Code	<input type="checkbox"/> Check if individual's residence address.
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Campaign Event venue down payment/deposit</i>	
	<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 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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	6 Amount (\$)	7 Payee address; City; State; Zip Code
11/11/25	Times Ten Cellars	\$800.00	6324 Prospect St., Dallas, TX 75214
<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) Description	
	Event Expense	Campaign Kickoff Event expense	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<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	Office sought
Date	Payee name	Office held	
12/10/25	Mark Green		
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00	1442 Oxbow Drive Cedar Hill, TX 75104		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Loan Repayment/Reimbursement	Repayment for loans	
<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 held
Date	Payee name	Office sought	Office held
12/15/25	Mark Green		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	1442 Oxbow Drive Cedar Hill, TX 75104		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Loan Repayment/Reimbursement	Repayment for loans	
<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 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
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 F1: 4	2 FILER NAME Lisa Green	3 Filer ID (Ethics Commission Filers)	
4 Date 12/19/25	5 Payee name Lisa Green		
6 Amount (\$) \$135.00	7 Payee address; 1442 Oxbow Drive Cedar Hill, TX 75104	City: State: Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description Purchase of ink cartridges for home office printer	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	Office sought	Office held
Date 12/31/25	Payee name Lisa Green		
Amount (\$) \$200.00	Payee address; 1442 Oxbow Drive Cedar Hill, TX 75104	City: State: Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Annual rental expense payment for campaign PO box	
	<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"/> 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 <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