

received 4/23/2021
mypearco

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

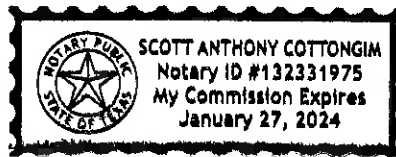
15 C/OH NAME <i>Chad Green</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,217.⁰⁰/₁₀₀</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1,857.02</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>409.98</i>

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.

Chad Green
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Scott Cottongim* this the *23* day of *April*

20 *21*, to certify which, witness my hand and seal of office.

Signature of officer administering oath: *Scott Cottongim* Printed name of officer administering oath: *Scott Cottongim* Title of officer administering oath: *4-23-21*

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 - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,217 ⁰⁰ / ₁₀₀
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,457.02
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 400.00
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

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:

2 FILER NAME

Chad Green

3 Filer ID (Ethics Commission Filers)

4 Date

3-4

5 Full name of contributor out-of-state PAC (ID#: _____)

Donna Babayak

7 Amount of contribution (\$)

\$ 100⁰⁰/₁₀₀

6 Contributor address; City; State; Zip Code

203 Westpark Dr. North McKinney TX 75071

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-7

Full name of contributor out-of-state PAC (ID#: _____)

Collin County Conservative Republicans

Amount of contribution (\$)

\$ 500.⁰⁰/₁₀₀

Contributor address; City; State; Zip Code

P.O. Box 251322 Plano TX 75025

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-7

Full name of contributor out-of-state PAC (ID#: _____)

Mike McCandless

Amount of contribution (\$)

\$ 50⁰⁰/₁₀₀

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/23

Full name of contributor out-of-state PAC (ID#: _____)

Stephen Kallas

Amount of contribution (\$)

\$ 100⁰⁰/₁₀₀

Contributor address; City; State; Zip Code

6801 Columbia Falls Dr McKinney TX 75070

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:

2 FILER NAME

Chad Green

3 Filer ID (Ethics Commission Filers)

4 Date

4-13

5 Full name of contributor

out-of-state PAC (ID#: _____)

Nancy B. Hner

7 Amount of contribution (\$)

50⁰⁰/₁₀₀

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-13

Full name of contributor

out-of-state PAC (ID#: _____)

Lasoy Katie Singleton

Amount of contribution (\$)

\$1,000⁰⁰/₁₀₀

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-11

Full name of contributor

out-of-state PAC (ID#: _____)

James and Maria Wood

Amount of contribution (\$)

\$50⁰⁰/₁₀₀

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12

Full name of contributor

out-of-state PAC (ID#: _____)

Wade Hulcy

Amount of contribution (\$)

\$50⁰⁰/₁₀₀

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:

2 FILER NAME

Chad Green

3 Filer ID (Ethics Commission Filers)

4 Date

1-7

5 Full name of contributor out-of-state PAC (ID#: _____)

Millie Stuessy

7 Amount of contribution (\$)

\$ 100.00/100

6 Contributor address; City; State; Zip Code

7005 Regal Rd. 75072

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-5

Full name of contributor out-of-state PAC (ID#: _____)

Katrina Hulcy

Amount of contribution (\$)

\$ 100.00/100

Contributor address; City; State; Zip Code

2206 Brookview Dr. McKinney, TX 75072

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-5

Full name of contributor out-of-state PAC (ID#: _____)

Mark Rutledge

Amount of contribution (\$)

\$ 25.00/100

Contributor address; City; State; Zip Code

1830 Meadow Rand Rd 75071

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-4

Full name of contributor out-of-state PAC (ID#: _____)

Unnamed Cash Donation

Amount of contribution (\$)

\$ 42.00/100

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:
2 FILER NAME <i>Chad Green</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-27</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Christy Lane</i>	7 Amount of contribution (\$) <i>\$ 50⁰⁰/₁₀₀</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 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)
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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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
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: 1	2 FILER NAME Chad Green	3 Filer ID (Ethics Commission Filers)
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4 Date 1-18	5 Payee name Imprint Yard Signs
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6 Amount (\$) \$855.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 14550 Beechnutt St. Houston TX 77083	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Yard Signs
	(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
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Date 3-5	Payee name Keepers Press
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Amount (\$) 589.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 520 Loma Vista Heath TX. 75032	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description large Signs
	<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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Date 10-15	Payee name Google
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Amount (\$) \$12.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1600 Amphitheatre Pkwy Mountain View	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description domain
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Chad Green</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/23</i>	5 Business name <i>Mckinney First Pac</i>
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6 Amount (\$) <i>\$ 200⁰⁰/₁₀₀</i>	7 Business address; City; State; Zip Code <i>3109 Westview Dr. 75070</i>
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8 PURPOSE OF EXPENDITURE <i>Advertising</i>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>billboard</i>
	(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
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Date <i>4-5</i>	Business name <i>Anthony Congine</i>
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Amount (\$) <i>\$ 200⁰⁰/₁₀₀</i>	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution by Candidate</i>	Description <i>Donation for signs</i>
	<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 <i>Tony Congine</i>	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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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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