

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|---|---|-----------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Mrs. Camilla | MI L. |
| | NICKNAME | LAST Green | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX. | APT / SUITE # | CITY, STATE, ZIP CODE |
| | 1411 Yucca Drive Dalhart, TX 79022 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (806) 268-0026 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Mrs. Camilla | MI L. |
| | NICKNAME | LAST Green | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE). | APT / SUITE # | CITY, STATE, ZIP CODE |
| | 1411 Yucca Drive Dalhart TX 79022 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (806) 268-0026 | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | |
| | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month | Day | Year |
| 9 / 8 / 25 THROUGH 12 / 31 / 25 | | | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| 3 / 3 / 26 | | <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) | 13 OFFICE SOUGHT (if known) | |
| N/A | | County Judge | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

OFFICE USE ONLY

Date Received **FILED**

JAN 12 2026

MELISSA MEAD
DISTRICT & COUNTY CLERK

Date Hand-delivered or Date Postmarked BY *Stacy Welch*

| | |
|-----------|-----------|
| Receipt # | Amount \$ |
| | |

Date Processed

Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

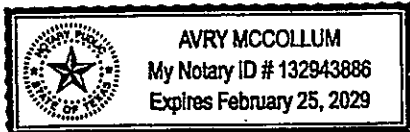
| | | |
|--------------------------------------|---|--|
| 15 C/OH NAME <i>Camilla Green</i> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 1800 ⁰⁰ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1800 ⁰⁰ |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 1284 ⁹⁷ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1284 ⁹⁷ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 515 ⁰³ |
| OUTSTANDING LOAN TOTALS | 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.

Camilla Green
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Camilla Green this the 12 day of January

2020, to certify which, witness my hand and seal of office.

Avry McCollum Avry McCollum Notary Public
Signature of officer administering oath Printed name of officer administering oath 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 - C/OH

**FORM C/OH
COVER SHEET PG 3**

| | | |
|---|---|--|
| 19 FILER NAME <i>Camilla Green</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>1800.00</i> |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <i>0</i> |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ <i>0</i> |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ <i>0</i> |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ <i>0</i> |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>0</i> |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ <i>0</i> |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>0</i> |

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: <u>1</u> |
| 2 FILER NAME <u>Camilla Green</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>12/26/25</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brent Wheeler</u> | 7 Amount of contribution (\$) <u>\$ 100</u> |
| 6 Contributor address; City; State; Zip Code <u>1616 Bluestone Dr. Amarillo TX 79119</u> | | |
| 8 Principal occupation / Job title (See Instructions) <u>Retired</u> | | 9 Employer (See Instructions) <u>Rita Blanca Electric</u> |
| Date <u>12/26/25</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Karen Towns</u> | Amount of contribution (\$) <u>\$ 200</u> |
| Contributor address; City; State; Zip Code <u>30251 RD U Stratton CO 80836</u> | | |
| Principal occupation / Job title (See Instructions) <u>Farming</u> | | Employer (See Instructions) <u>Triplet Farms</u> |
| Date <u>12/26/25</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Linda Fildmore</u> | Amount of contribution (\$) <u>\$ 1000</u> |
| Contributor address; City; State; Zip Code <u>345 Roxbury Circle Co Springs, CO 80906</u> | | |
| Principal occupation / Job title (See Instructions) <u>Farming</u> | | Employer (See Instructions) <u>Retired</u> |
| Date <u>12/31/25</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Aces High</u> | Amount of contribution (\$) <u>\$ 500⁰⁰</u> |
| Contributor address; City; State; Zip Code <u>P.O. Box 363 Hartley TX 79044</u> | | |
| Principal occupation / Job title (See Instructions) <u>Farming</u> | | Employer (See Instructions) <u>Self-Employed</u> |

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 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Feos | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|--------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 1 | 2 FILER NAME Camilla Green | 3 Filer ID (Ethics Commission Filers) |
|--|--------------------------------------|---------------------------------------|

| | |
|---------------------------|--|
| 4 Date 12/30/25 | 5 Payee name Signsonthecheap |
|---------------------------|--|

| | | | | |
|---|---|------------------------|---------------------|--------------------------|
| 6 Amount (\$) \$1275.88 | 7 Payee address: 11525A Stonehollow Dr. | City: Austin | State: TX | Zip Code 78758 |
| <input type="checkbox"/> Check if individual's residence address. | | | | |

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Signs, Door Hangers, Banners |
| | (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 |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|--------------------------|
| Date 12/31/25 | Payee name SPC |
|-------------------------|--------------------------|

| | | | | |
|---|--|-------------------------|---------------------|--------------------------|
| Amount (\$) \$909 | Payee address: 408 Denver Ave. | City: Dalhart | State: TX | Zip Code 79022 |
| <input type="checkbox"/> Check if individual's residence address. | | | | |

| | | |
|------------------------|---|------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Flyers |
| | <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 |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------|
| 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED