

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: <i>16</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>John</i>	MI <i>P.</i>	OFFICE USE ONLY		
	NICKNAME <i>Green</i>	LAST	SUFFIX	Date <i>Guadalupe Co Elections</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE		
	<i>115 Bass Ln. New Braunfels, TX 78130</i>					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(830)</i>	PHONE NUMBER <i>505-5082</i>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Shanann</i>	MI <i>D.</i>	Receipt #		
	NICKNAME <i>Friesenhahn</i>	LAST	SUFFIX	Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY; STATE; ZIP CODE		
	<i>237 Fennec Fox Cibolo, TX 78108</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(210)</i>	PHONE NUMBER <i>240-0313</i>	EXTENSION			
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 <i>11</i>	Day <i>3</i>	Year <i>/ 25</i>	Month <i>12</i>	Day <i>31</i>	Year <i>/ 25</i>
11 ELECTION	ELECTION DATE Month <i>3</i>	Day <i>/ 3</i>	Year <i>/ 26</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)			13 OFFICE SOUGHT (if known) <i>Guadalupe County Court at Law</i>		
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

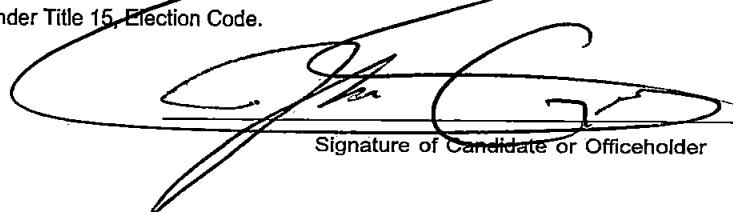
15 C/OH NAME

John 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,710.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8767.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,709.53
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

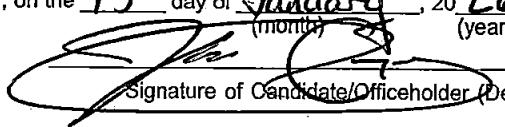
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is John Green, and my date of birth is 8/19/94.
My address is 115 Bass Lane, New Braunfels, TX 78130, USA.

Executed in Guadalupe County, State of Texas, on the 15 day of January, 2026.


Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
John Green	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22,210.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
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	\$ 8000.47
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	\$ 767.09
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

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: 9
2 FILER NAME John Green			3 Filer ID (Ethics Commission Filers)
4 Date 11/15/25	5 Full name of contributor Melissa Rowcliff	out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) \$ 1,000.00
	6 Contributor address; 893 S. Castell Ave N.B. TX 78130	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Rowcliff Law	
Date	Full name of contributor	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$)
11/14/25	Ruben Reyes	Contributor address; 4548 Prairie Jct. Seguin TX 78155	\$ 1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Reyes Law	
Date	Full name of contributor	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$)
11/17/25	Neil Caltas	Contributor address; 110 Broadway Ste 190 San Antonio, TX 78205	\$ 500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Caltas Law Group	
Date	Full name of contributor	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$)
11/18/25	Gina Motz	Contributor address; 175 Conal Ave. New Braunfels TX 78130	\$ 1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Offices of Gina Motz	

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: <i>2 of 9</i>
2 FILER NAME <i>John Green</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/20/25</i>	5 Full name of contributor <i>JESUS Manuel Navar</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$ 250.00</i>
	6 Contributor address; <i>18211 Muir Glen San Antonio, TX 78257</i>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Law Office of Jesus Manuel Navar PLLC</i>	
Date <i>11/20/25</i>	Full name of contributor <i>Case Darwin</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 500.00</i>
	Contributor address; <i>604 Hopkins San Marcos, TX 78666</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Case J. Darwin & ASSD. INC</i>	
Date <i>11/20/25</i>	Full name of contributor <i>Jonathan Mitchell</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 1,000.00</i>
	Contributor address; <i>9523 Bonny Bridge San Antonio, TX 78240</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>TX Criminal Defense Group</i>	
Date <i>11/20/25</i>	Full name of contributor <i>Jonathan Fischer</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 1,000.00</i>
	Contributor address; <i>1405 Campbell Ave Ste 103</i>	City; State; Zip Code <i>Jourdanton, TX 78206</i>	
Principal occupation / Job title (See Instructions) <i>Assistant County Attorney</i>		Employer (See Instructions) <i>Atascosa County Attorney Office</i>	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>3 of 9</i>
2 FILER NAME <i>John Green</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/20/25</i>	5 Full name of contributor <i>Kelly Ybarra</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$ 100.00</i>
	6 Contributor address; <i>919 E Cedarst. Seguin TX 78155</i>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>Realtor</i>		9 Employer (See Instructions) <i>Self-employed</i>	
Date <i>11/20/2025</i>	Full name of contributor <i>Stacy Goodbread, Inc.</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 500.00</i>
	Contributor address; <i>893 Castill Ave New Braunfels, TX 78130</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Attorneys</i>		Employer (See Instructions) <i>Goodbread Law</i>	
Date <i>11/20/25</i>	Full name of contributor <i>Eric James</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 500.00</i>
	Contributor address; <i>606 Ridgebranch Dr. New Braunfels, TX 78130</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Elevator Inspector</i>		Employer (See Instructions) <i>ATIS Elevator Inspections</i>	
Date <i>11/21/25</i>	Full name of contributor <i>Todd Dudley</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 750.00</i>
	Contributor address; <i>100 N. Edward Gary B 103</i>	City; State; Zip Code <i>San Marcos, TX 78666</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Dudley Law Firm</i>	
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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>4 of 9</i>
2 FILER NAME <i>John Green</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/24/25</i>	5 Full name of contributor <i>Kathleen Walthall</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$ 1,000.00</i>
	6 Contributor address; <i>5 Greens Court San Antonio, TX 78216</i>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>N/A</i>	
Date <i>11/25/25</i>	Full name of contributor <i>Mimi Yam</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 10.00</i>
	Contributor address; <i>1004 Robin St. Houston TX 77019</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/25/25</i>	Full name of contributor <i>Jill Horadel</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 250.00</i>
	Contributor address; <i>233 Bingham Ct. Valencia CA 91354</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>	
Date <i>11/30/25</i>	Full name of contributor <i>Araceli Sierra</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 250.00</i>
	Contributor address; <i>11518 Whisper Moss San Antonio TX 78230</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Physician Assistant</i>		Employer (See Instructions) <i>R Family Medical</i>	
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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>5 of 9</i>
2 FILER NAME <i>John Green</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/2/25</i>	5 Full name of contributor <i>Kenneth Kassner</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$ 1,000.00</i>
	6 Contributor address; <i>1362 Nera Ln Meridian, ID 83642</i>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>N/A</i>	
Date <i>12/3/25</i>	Full name of contributor <i>Jonathan Watkins</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 300.00</i>
	Contributor address; <i>130 E. Travis St Ste. 425</i>	City; State; Zip Code <i>San Antonio, TX 78205</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Law Office of Jonathan Watkins</i>	
Date <i>12/3/25</i>	Full name of contributor <i>John Whalen</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 200.00</i>
	Contributor address; <i>130 Lewis St. San Antonio, TX 78212</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Law Office of John Whalen</i>	
Date <i>12/3/25</i>	Full name of contributor <i>Jean Green</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 1,000.00</i>
	Contributor address; <i>414 E. Shaffer Vw Meridian, CA 83642</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>6 of 9</i>
2 FILER NAME <i>John Green</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/10/25</i>	5 Full name of contributor <i>Rosmary Scott</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$ 1,000.00</i>
	6 Contributor address; <i>3576 Olde Moss Schertz, TX 78154</i>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>Administrative Assistant</i>		9 Employer (See Instructions) <i>Schertz Bank & Trust</i>	
Date <i>12/10/25</i>	Full name of contributor <i>Roy Richard</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 1,000.00</i>
	Contributor address; <i>519 Main St. Schertz, TX 78154</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/10/25</i>	Full name of contributor <i>Guy Scott</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 1,000.00</i>
	Contributor address; <i>3576 Olde Moss Schertz, TX 78154</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>	
Date <i>12/16/25</i>	Full name of contributor <i>Michael Green</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 250.00</i>
	Contributor address; <i>3916 Carwinion Way Carmel, IN 46032</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Maintenance Pilot</i>		Employer (See Instructions) <i>United Airlines</i>	
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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>7 of 9</i>
2 FILER NAME <i>John Green</i>			3 Filer ID (Ethics Commission Filer)
4 Date <i>12/17/25</i>	5 Full name of contributor <i>Aaron Seymour</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$ 1,000.00</i>
	6 Contributor address; <i>140 S. Walnut Ave. New Braunfels, TX 78130</i>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Seymour & Vaughn</i>	
Date <i>12/17/25</i>	Full name of contributor <i>Michael McCarthy</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address; <i>231 Pelican Bay Niederwald, TX 78640</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/18/25</i>	Full name of contributor <i>Jesus Manuel Navar</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 500.00</i>
	Contributor address; <i>18211 Muir Glen Dr. San Antonio, TX 78257</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Law Office of Jesus Manuel Navar PLLC</i>	
Date <i>12/20/25</i>	Full name of contributor <i>Eddie Ochea</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 1,000.00</i>
	Contributor address; <i>405 Alexander Hamilton San Antonio, TX 78228</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Medical Sales</i>		Employer (See Instructions) <i>G.B. Asso. LLC</i>	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>8 of 9</i>
2 FILER NAME <i>John Green</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/20/25</i>	5 Full name of contributor <i>W. Paul Parash</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$ 500.00</i>
	6 Contributor address; <i>210 Stagecoach Tr. Box 52</i>	City; State; Zip Code <i>San Marcos, TX 78666</i>	
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Paul Parash at law</i>	
Date <i>12/23/25</i>	Full name of contributor <i>Daniel Green</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 1,000.00</i>
	Contributor address; <i>2306 Contest Ln. Thymarket, VA 20169</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Aerospace Engineer</i>		Employer (See Instructions) <i>Leidos</i>	
Date <i>12/23/25</i>	Full name of contributor <i>Sarah Green</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 750.00</i>
	Contributor address; <i>19571 Allegheny Way Caldwell, ID 83605</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions)	
Date <i>12/23/25</i>	Full name of contributor <i>Joseph Green</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 1,000.00</i>
	Contributor address; <i>8846 West Wall Dr. Boise, ID 83709</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Military</i>		Employer (See Instructions) <i>Idaho Air National Guard</i>	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>9 of 9</i>
2 FILER NAME <i>John Green</i>			3 Filer ID (Ethics Commission Filer)
4 Date <i>12/29/25</i>	5 Full name of contributor <i>Shanan Friesenhahn</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$ 500.00</i>
6 Contributor address; <i>237 Fennix Fox Cibolo, TX 78108</i>	City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>	9 Employer (See Instructions) <i>N/A</i>		
Date <i>12/30/25</i>	Full name of contributor <i>Douglas Bode</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; <i>917 E. Humphreys St. Seguin, TX 78155</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Self-employed</i>	Employer (See Instructions) <i>Bodeco Amusements</i>		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <input type="text" value="1"/></p>
<p>2 FILER NAME <i>John Green</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$</p>				
<p>5 Date <i>11/20/25</i></p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Andrew Del Cuelo</i>)</p>			<p>8 Amount of Contribution \$ <input type="text" value="\$500.00"/></p>
	<p>7 Contributor address; <i>823 Hoefer Av. San Antonio, TX 78210</i></p>	<p>City;</p>	<p>State;</p>	<p>Zip Code</p>
				<p>9 In-kind contribution description <i>Food for Fundraiser</i></p>
<p>Check if travel outside of Texas. Complete Schedule T</p>				
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL)(See Instructions)</p>		
<p>12 Contributor's principal occupation (FOR JUDICIAL) <i>Attorney</i></p>		<p>13 Contributor's job title (FOR JUDICIAL)(See Instructions) <i>Attorney</i></p>		
<p>14 Contributor's employer/law firm (FOR JUDICIAL) <i>Ramos & Del Cuelo PLLC</i></p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date Contributor address; City; State; Zip Code</p>				<p>Amount of Contribution \$</p>
<p>In-kind contribution description</p>				
<p>Check if travel outside of Texas. Complete Schedule T</p>				
<p>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</p>		<p>Employer (FOR NON-JUDICIAL)(See Instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL)(See Instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<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>				

**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)		
2	John Green			
4 Date	5 Payee name	City; State; Zip Code		
11/20/25	The Seguin Power Plant			
6 Amount (\$)	7 Payee address;			
\$1,000.00	2006 S. State Hwy 123 Seguin, TX 78155			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Event Expense	Food Buffet		
	(c) Check if travel outside of Texas. Complete Schedule T.	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			
11/25/25	Pay Pal			
Amount (\$)	Payee address;	City; State; Zip Code		
\$157.11	2211 N. 1st Street San Jose, CA 95131			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	PayPal Processing Fees	PayPal Processing Fee for Nov. 25, 2025 - Dec. 23, 2025		
	(c) 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
Date	Payee name			
12/2/25	Fast Signs			
Amount (\$)	Payee address;	City; State; Zip Code		
\$330.36	209 N. Edwards Gary St. San Marcos, TX 78666			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expense	Retractable and Grommet Banners (2)		
	(c) 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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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)
2	John Green	
4 Date	5 Payee name	City; State; Zip Code
12/4/25	Guadalupe County Republican Party	
6 Amount (\$)	7 Payee address;	
\$1500.00	P.O. Box 551 Cibolo, TX 78108	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	Filing Fee
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
12/5/25	Jaeger FC, A Consultancy Group	
Amount (\$)	Payee address;	City; State; Zip Code
\$575.00	1122 Par Four	San Antonio, TX 78221
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Push cards development & Print Web development & hosting
	(c) 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		
Date	Payee name	
12/23/25	Jaeger FC, A Consultancy Group	
Amount (\$)	Payee address;	City; State; Zip Code
\$4,438.25	1122 Par Four	San Antonio, TX 78221
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Political Signs (350) Wire stakes (250 pieces)
	(c) 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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	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 G: 1	2 FILER NAME John Green		3 Filer ID (Ethics Commission Filers)
4 Date 11-20-25	5 Payee name The Seguin Power Plant		
6 Amount (\$) 267.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, 2006 S. State Hwy 123	City; Seguin	State; TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food Buffet - order #3015	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
Date 11-20-25	Payee name The Seguin Power Plant		
Amount (\$) 499.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 2006 S. State Hwy 123	City; Seguin	State; TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food / Beverage - order #2010	
	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
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	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

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